

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>11/01/2021</u> and ending <u>10/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ROCHE BROS. 401(K) AND PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/30/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/30/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/30/1966</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROCHE BROS. SUPERMARKETS, CO.</u> <u>11 HAMPSHIRE ST.</u> <u>MANSFIELD, MA 02048</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-2264124</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-694-5240</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>445110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-2264124</u>	2c Plan Sponsor's telephone number <u>781-694-5240</u>	2d Business code (see instructions) <u>445110</u>	
2b Employer Identification Number (EIN) <u>04-2264124</u>					
2c Plan Sponsor's telephone number <u>781-694-5240</u>					
2d Business code (see instructions) <u>445110</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2023	MARK SULLIVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3334
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2695
a(2) Total number of active participants at the end of the plan year		6a(2)	2439
b Retired or separated participants receiving benefits.....		6b	58
c Other retired or separated participants entitled to future benefits		6c	469
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2966
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	55
f Total. Add lines 6d and 6e		6f	3021
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2046
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	136
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022	
A Name of plan ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCHE BROS. SUPERMARKETS, CO.	D Employer Identification Number (EIN) 04-2264124

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA GUARANTEED INVESTMENT OPTION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	62481	2046	11/01/2021	10/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 21040657**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 17540096**c** Additions: (1) Contributions deposited during the year **7c(1)** 455187(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 377273(4) Transferred from separate account..... **7c(4)**(5) Other (specify below)..... **7c(5)** 4995585

▶ TRANSFER IN, LOAN PRINCIPAL & INTEREST PAID

(6) Total additions **7c(6)** 5828045**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 23368141**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1073786(2) Administration charge made by carrier..... **7e(2)** 24153(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 1229545

▶ TRANSFERS OUT & LOANS ISSUED

(5) Total deductions **7e(5)** 2327484**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 21040657

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022		
A Name of plan ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCHE BROS. SUPERMARKETS, CO.	D Employer Identification Number (EIN) 04-2264124	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3869044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORD KEEPER	171532	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

NATIONAL FINANCIAL SERVICES

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

MID ATLANTIC CAPITAL CORPORATION

25-1409618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	24150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

ROYAL ALLIANCE ASSOCIATES

93-0987232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	109733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK 40 EAST 52ND ST NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS 111 HUNTINGTON AVE BOSTON, MA 02199	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILMINGTON TRUST 1100 NORTH MARKET ST WILMINGTON, DE 19890	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK 40 EAST 52ND ST NEW YORK, NY 10022	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS 111 HUNTINGTON AVE BOSTON, MA 02199	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILMINGTON TRUST 1100 NORTH MARKET ST WILMINGTON, DE 19890	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MID ATLANTIC CAPITAL CORPORATION	33 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILMINGTON TRUST 1100 NORTH MARKET ST WILMINGTON, DE 19890	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022

A Name of plan <u>ROCHE BROS. 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROCHE BROS. SUPERMARKETS, CO.</u>	D Employer Identification Number (EIN) <u>04-2264124</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH SINGLE CORE BD FD</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>82-1986152-325</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6842152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY FUND R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>38-4139853-631</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2653171</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY SMALL CP VAL II R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>38-4126250-554</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2370542</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS FUND CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>86-1819869-672</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2593946</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX AGG 2025 FD CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2935740-228</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1575373</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX AGG 2035 FD CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-2987118-231</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>191904</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX AGG 2045 FD CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>47-3026996-234</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68273</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX AGG 2055 FD CLASS R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-3170652-237	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13295
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX AGG RETMENT FD CL R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-2836296-225	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14879
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX CNSV RTMENT FD CL R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-2916729-227	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28407
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX CONSV 2025 FD CL R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-2961375-230	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50482
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX CONSV 2035 FD CL R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-3018134-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473978
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX MOD 2025 FD CLASS R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-2950747-229	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19100927
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX MOD 2035 FD CLASS R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-3002484-232	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10163300
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX MOD 2045 FD CLASS R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-3071639-235	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3265667
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX MOD 2055 FD CLASS R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-3188067-238	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2796897
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FLEXPATH IDX MOD RETMENT FD CL R1](#)

b Name of sponsor of entity listed in (a): [WILMINGTON TRUST](#)

c EIN-PN 47-2851418-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7067610
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX AGGRES 2065 CLASS R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 38-7271381-762	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX MOD 2065 CLASS R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 38-7271382-763	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FLEXPATH INDEX CNSV 2065 CLASS R1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 38-7271383-764	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39553
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP VALUE R2**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8695595
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP GROWTH R2**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 38-4126247-549	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2287427
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WILMINGTONBLACKROCK EAFE EQ IDX 1**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5265822
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WILMINGTONCLEARBRIDGE LG CAP GR R2**

b Name of sponsor of entity listed in (a): **WILMINGTON TRUST**

c EIN-PN 82-4435820-375	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7199528
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022		
A Name of plan ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCHE BROS. SUPERMARKETS, CO.	D Employer Identification Number (EIN) 04-2264124	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3271	4132
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4028180	4055311
(9) Value of interest in common/collective trusts.....	1c(9)	104917448	82759066
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	78745421	61244966
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17540096	21040657
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	205234416	169104132

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	205234416	169104132
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2788055	
(B) Participants	2a(1)(B)	4347521	
(C) Others (including rollovers).....	2a(1)(C)	377613	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7513189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	187154	
(F) Other	2b(1)(F)	377263	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		564417
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2155972	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2155972
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-20954441
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-13542291
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-24263154
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11547450	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11547450
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		14265
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	24150	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	109733	
(4) Other.....	2i(4)	171532	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		305415
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11867130
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-36130284
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		73862

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 11/01/2021 and ending 10/31/2022

A Name of plan ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROCHE BROS. SUPERMARKETS, CO.	D Employer Identification Number (EIN) 04-2264124

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	331

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Roche Bros. 401(k) and Profit Sharing Plan

Financial Report
October 31, 2022

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Independent Auditor's Report

Plan Participants and Board of Directors
Roche Bros. 401(k) and Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of Roche Bros. 401(k) and Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of October 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended October 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of their knowledge and belief.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2022 financial statements.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2022 financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, line 4a—schedule of delinquent participant contributions and schedule H, line 4i—schedule of assets (held at end of year), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated August 12, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Boston, Massachusetts
August 15, 2023

Roche Bros. 401(k) and Profit Sharing Plan

**Statements of Net Assets Available for Benefits
October 31, 2022 and 2021**

	2022	2021
Assets		
Investments, at fair value:		
Mutual funds	\$ 61,170,537	\$ 78,641,806
Common collective trusts	82,759,065	104,917,448
Money market fund	74,427	103,615
Total investments, at fair value	144,004,029	183,662,869
Investment, at contract value	21,040,657	17,540,096
Total investments	165,044,686	201,202,965
Receivables:		
Employer contributions receivable	650,772	676,619
Notes receivable from participants	4,427,432	4,488,663
Total receivables	5,078,204	5,165,282
Net assets available for benefits	\$ 170,122,890	\$ 206,368,247

See notes to financial statements.

Roche Bros. 401(k) and Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits Year Ended October 31, 2022

Investment income (loss):	
Net depreciation in the fair value of investments	\$ (34,496,736)
Interest and dividend income	2,533,233
Net investment loss	<u>(31,963,503)</u>
Interest income on notes receivable from participants	<u>187,154</u>
Contributions:	
Employer	2,762,208
Participants	4,347,522
Participant rollovers	377,612
Total contributions	<u>7,487,342</u>
	<u>(24,289,007)</u>
Deductions from net assets attributed to:	
Benefits paid to participants	11,650,935
Administrative expenses	305,415
Total deductions	<u>11,956,350</u>
Net decrease in net assets available for benefits	(36,245,357)
Net assets available for benefits:	
Beginning of year	<u>206,368,247</u>
End of year	<u><u>\$ 170,122,890</u></u>

See notes to financial statements.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of the Roche Bros. 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established by Roche Bros. Supermarkets, Co. (the Company or Plan Sponsor) on December 30, 1966, covering full and part-time employees of the Company. Effective November 1, 2021, the Plan adopted a non-standardized form of a prototype plan sponsored by Transamerica Retirement Solutions LLC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. In order to be eligible to participate in the Plan, an employee must have 90 days of service and be 18 years or older. In addition, employees covered by a collective bargaining agreement, independent contractors, leased employees and nonresident aliens are not eligible to participate in the Plan.

Contributions: The Plan consists of an elective deferral program, a profit-sharing program and a matching program. Under the elective deferral program, participants may contribute up to 80% of pretax annual compensation, as defined in the plan document. Participants may also make Roth contributions up to 80% of compensation. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions.

Under the profit-sharing program, the Company annually determines whether they will make a contribution to the Plan out of profits for that year. In order to receive profit-sharing contributions, an employee must have worked 1,000 hours of service during the plan year and be employed on the last day of the plan year; these requirements are waived if termination is due to retirement (normal retirement age, age 65), disability or death. The Company declared a discretionary contribution of \$710,721 (\$59,949 of which was paid from forfeitures subsequent to the fiscal year-end) for the plan year ended October 31, 2022. The discretionary contribution for the plan year ended October 31, 2022, was remitted to the Plan subsequent to year-end, and the contribution, net of forfeitures used, is recorded as a receivable at October 31, 2022. The Company's profit-sharing contributions are allocated based on the compensation paid to each participant by the Company during the year.

Under the matching program, the Plan makes safe harbor matching contributions up to 4% of the qualified compensation contributed by the participant. In order to receive a safe harbor matching contribution, a participant must have 90 days of service and be 18 years or older. Total employer safe harbor matching contributions were \$2,111,436 for the plan year ended October 31, 2022.

Special rules of the Internal Revenue Service (IRS) limit the amount of both participant and employer contributions that can be made annually to the Plan in order to prevent the Plan from being discriminatory.

An eligible participant may transfer, tax free to the Plan, a distribution from another qualified plan provided the transfer qualifies as a rollover contribution under the Internal Revenue Code (the IRC).

Participant accounts: Each participant's account is credited with the participant's contributions, the Plan Sponsor's matching contribution, allocations of any profit-sharing contribution, plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Vesting: Participants are vested immediately in their contributions and employer safe harbor matching contributions plus actual earnings thereon. Any part of an eligible employee's account attributable to the Plan Sponsor's profit-sharing contributions and the earnings thereon shall be vested in accordance with the following schedule:

Years of Vesting Service	Percentage Vested
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 years and thereafter	100%

Investment options: Upon enrollment in the Plan, a participant may direct contributions in any investment options offered by the Plan. All of the investments are participant directed. Participants may change their allocation on a daily basis.

Payment of benefits: The value of the participant's account will be distributed upon termination of service due to death, disability, retirement or termination of employment. In-service withdrawals are also permitted for financial hardships, as defined by the IRC, or when a participant attains age 59½. Participants may receive a distribution in the form of installment payments, a lump-sum payment or a rollover equal to the participant's vested interest in his or her account. Balances of \$1,000 or less will be distributed without consent for termination of service and if the aggregate vested account balance to be distributed does not exceed \$5,000 and the participant is not over the age of 62, the account balance will automatically be rolled over to a traditional individual retirement account (IRA) serviced by the Plan's third-party administrator, Transamerica Retirement Solutions.

Forfeitures and expense budget account: Forfeitures may be used to offset Plan expenses and reduce future employer contributions. Forfeited nonvested accounts totaled \$59,949 and \$59,005 at October 31, 2022 and 2021, respectively. For the fiscal year ended October 31, 2022, amounts forfeited plus income totaled \$59,949, and forfeitures of \$59,005 were used to reduce profit-sharing contributions.

The Plan also has an expense budget account which is funded with the revenue generated from investment funds offered by the Plan, and funds in this account are to be used to offset plan-related expenses. The balance in the expense budget account at October 31, 2022 and 2021, totaled \$10,984 and \$41,145, respectively. During the fiscal year ended October 31, 2022, \$139,485 from the expense budget account was used to offset plan expenses and \$109,324 of additions were credited to the account. The balances in the forfeiture and expense budget accounts at October 31, 2022 and 2021, are reported in interest bearing cash on the statements of net assets available for benefits.

Notes receivable from participants: Participants may borrow from their vested account balance a minimum of \$500, up to the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance during the preceding 12-month period. Amounts borrowed are secured by the participant's remaining account balance and bears interest at the prime rate as stated in the Wall Street Journal plus 1%. Current loans outstanding bear interest rates of 4.25% to 7.25% and mature through 2032. Principal and interest are paid through payroll deductions.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value, except for an investment in a fully benefit responsive investment contract, which is stated at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is equal to deposits made to the guaranteed income fund, plus interest credited under the terms of the contract, less any withdrawals. See Note 4 for discussion of fair value measurements and Note 5 for discussion of the contract value investment.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of October 31, 2022 or 2021. If a participant ceases to make loan repayments and incurs a distributable event, and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Plan administration: Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee directly receives compensation from the Plan. These costs and most other administrative expenses are paid and absorbed directly by the Plan Sponsor.

Income taxes: U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Roché Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by Certifying Entities

The following is a summary of the Plan's asset information as of October 31, 2022 and 2021, and for the year ended October 31, 2022, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the certifying entities furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the certifying entities that information provided to the Plan Administrator by the entities related to the following assets is complete and accurate. In the below table, mutual funds, the money market fund, common collective trusts and notes receivable from participants are certified by State Street Bank and Trust as of October 31, 2022 and 2021, respectively. As of October 31, 2022 and 2021, the investment contract is certified by Transamerica Life Insurance Company. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following assets:

	October 31	
	2022	2021
Investments:		
Mutual funds, at fair value	\$ 61,170,537	\$ 78,641,806
Common collective trusts, at fair value	82,759,065	104,917,448
Investment contract, at contract value	21,040,657	17,540,096
Money market fund, at fair value	74,427	103,615
	<u>\$ 165,044,686</u>	<u>\$ 201,202,965</u>
Notes receivable from participants	<u>\$ 4,427,432</u>	<u>\$ 4,488,663</u>

The certifying entities also certified to the completeness and accuracy of \$34,496,736 of net depreciation in the fair value of investments, \$2,533,233 of interest and dividend income and \$187,154 of interest income related to notes receivable from participants for the year ended October 31, 2022.

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Roché Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2022 and 2021:

Mutual funds: Valued at quoted market prices of the funds held by the Plan. Mutual funds are categorized as Level 1 as they are actively traded and no valuation adjustments have been applied.

Money market fund: Valued at cost, which approximates fair value. The money market fund is categorized as Level 1.

Common collective trusts: Valued at net asset value (NAV) per unit based on the underlying assets of the trust and based on audited financial statements. The estimated fair value of these investments is based on the value of the underlying assets, as reported to the Plan by Transamerica Investment Advisors.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2022 and 2021.

Description	Assets at Fair Value as of October 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 61,170,537	\$ -	\$ -	\$ 61,170,537
Money market fund	74,427	-	-	74,427
	<u>\$ 61,244,964</u>	<u>\$ -</u>	<u>\$ -</u>	<u>61,244,964</u>
Investments measured at NAV (a)				82,759,065
Investments at fair value				<u>\$ 144,004,029</u>

Description	Assets at Fair Value as of October 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 78,641,806	\$ -	\$ -	\$ 78,641,806
Money market fund	103,615	-	-	103,615
	<u>\$ 78,745,421</u>	<u>\$ -</u>	<u>\$ -</u>	<u>78,745,421</u>
Investments measured at NAV (a)				104,917,448
Investments at fair value				<u>\$ 183,662,869</u>

(a) In accordance with the Fair Value Measurements topic, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of October 31, 2022 and 2021.

Investment	Fair Value		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
	2022	2021			
Common collective trusts:					
Wilmington Trust flexPATH Index+ Moderate 2025 Fund Class R1	\$ 19,100,927	\$ 25,249,176	None	Daily	*
Wilmington Trust flexPATH Index+ Moderate 2035 Fund Class R1	10,163,300	11,969,037	None	Daily	*
Wilmington Trust Large Cap Value R2	8,695,595	10,187,483	None	Daily	*
Wilmington Trust Wilmington/Clearbridge Large Cap Growth R2	7,199,528	9,857,211	None	Daily	*
Wilmington Trust flexPATH Index+ Moderate Retirement Fund Class R1	7,067,610	8,968,995	None	Daily	*
Lord Abbett Core Bond Class R1	6,842,152	8,386,055	None	Daily	*
Wilmington Trust Wilmington/BlackRock EAFE Equity Index 1	5,265,822	6,998,893	None	Daily	*
Wilmington Trust flexPATHIndex+ Moderate 2045 Fund Class R1	3,265,667	4,253,047	None	Daily	*
Wilmington Trust flexPATH Index+ Moderate 2055 Fund Class R1	2,796,897	3,346,187	None	Daily	*
Wellington International Equity Fund R1	2,653,171	3,411,324	None	Daily	*
Wilmington Trust Emerging Markets Fund Class R1	2,593,946	3,632,041	None	Daily	*
American Century Small Cap Value II R1	2,370,542	-	None	Daily	*
Wilmington Trust Mid Cap Growth R2	2,287,427	3,319,764	None	Daily	*
Wilmington Trust flexPATH Index+ Aggres 2025 Fund Class R1	1,575,373	1,354,384	None	Daily	*
Wilmington Trust flexPATH Index+ Conserv 2035 Fund Class R1	473,978	576,281	None	Daily	*
Wilmington Trust flexPATH Index+ Aggres 2035 Fund Class R1	191,904	263,162	None	Daily	*
Wilmington Trust flexPATH Index+ Aggres 2045 Fund Class R1	68,273	79,775	None	Daily	*
Wilmington Trust flexPATH Index+ Conserv 2025 Fund Class R1	50,482	61,648	None	Daily	*
Wilmington Trust flexPATH Index+ Moderate 2065 Class R1	39,553	-	None	Daily	*
Wilmington Trust flexPATH Index+ Conserv Retirement Fund Class R1	28,407	68,177	None	Daily	*
Wilmington Trust flexPATH Index+ Aggres Retirement Fund Class R1	14,879	17,508	None	Daily	*
Wilmington Trust flexPATH Index+ Aggres 2055 Fund Class R1	13,295	2,342	None	Daily	*
Wilmington Trust flexPATH Index+ Aggress 2065 Class R1	171	-	None	Daily	*
Wilmington Trust flexPATH Index+ Conserv 2065 Class R1	166	-	None	Daily	*
Wilmington Trust Small Cap Value R2	-	2,914,958	None	Daily	*
	\$ 82,759,065	\$ 104,917,448			

*Withdrawals from the fund will generally be permitted daily at NAV. The trusts may defer honoring employer withdrawal requests for up to 12 months.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 5. Guaranteed Income Fund

The Plan has a fully benefit-responsive guaranteed investment contract with Transamerica Life Insurance Company (TLIC). TLIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed income fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Since the guaranteed income fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed income fund. Contract value, as reported to the Plan by TLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfers of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the fund issuer or otherwise. The crediting interest rate may be increased at any time and cannot be decreased for a period of at least six months following the most recent reset date. In no event may the interest rate be less than the minimum guaranteed interest rate of 0%. The interest rate was 2.30% and 1.95% at October 31, 2022 and 2021, respectively.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include any event which would have a material adverse effect on TLIC's financial experience under the contract, including but not limited to, a merger, significant layoffs, bankruptcy, implementation of early retirement incentive programs, or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with plan participants, is probable.

The guaranteed investment contract does not have a maturity date. The Plan may terminate the contract by written notice to TLIC, with immediate effect upon receipt of such notice. TLIC may only terminate the contract under specific occurrences detailed within the contract.

Note 6. Party-in-Interest Transactions

The guaranteed investment contract is managed by TLIC, an affiliate of Transamerica Retirement Solutions LLC, the custodian of the Plan and, therefore qualifying it as party-in-interest transactions.

In addition, the Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions also qualify as party-in-interest transactions as that term is defined in Section 3(14) of ERISA.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 8. Income Tax Status

The Plan is qualified under the appropriate section of the IRC and intends to continue as a qualified plan. The IRS has determined and informed the Plan Sponsor, by a letter dated June 30, 2020, that the Plan, as designed, is qualified under the appropriate section(s) of the IRC.

Roche Bros. 401(k) and Profit Sharing Plan

Notes to Financial Statements

Note 9. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

Approximately 12% of the Plan's assets are held in the Transamerica Guaranteed Investment Option as of October 31, 2022, which is backed by the general assets of Transamerica. As such, this is considered a concentration of credit risk. There was no concentration of credit risk as of October 31, 2021.

Note 10. Nonexempt Transactions

For the year ended October 31, 2022, the Company inadvertently failed to deposit \$73,862 of participant deferrals and loan repayments within the required timeframe as stated by the DOL regulations. For the late remittances, the Company has reimbursed the Plan for lost earnings, and will file Form 5330 and pay the applicable excise tax in 2022.

Note 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at October 31, 2022 and 2021, to the Form 5500:

	October 31	
	2022	2021
Net assets available for benefits per the financial statements	\$ 170,122,890	\$ 206,368,247
Differences in:		
Employer profit sharing contribution receivable	(650,772)	(676,619)
Deemed distributions	(367,992)	(457,212)
Net assets per the Form 5500	<u>\$ 169,104,126</u>	<u>\$ 205,234,416</u>

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended October 31, 2022:

	Year Ended October 31, 2022
Net decrease in net assets available for benefits per the financial statements	\$ (36,245,357)
Change in employer profit sharing contribution receivable	25,847
Change in deemed distributions	89,220
Net decrease per the Form 5500	<u>\$ (36,130,290)</u>

Note 12. Subsequent Events

The Plan Administrator has evaluated subsequent events through August 15, 2023, the date the financial statements were available to be issued.

Roche Bros. 401(k) and Profit Sharing Plan

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
Year Ended October 31, 2022**

Employer Identification Number: 04-2264124

Plan Number: 001

			Total that Constitute Nonexempt Prohibited Transactions				
			Check if Late			Contributions	Total Fully
			Participant	Contributions	Contributions	Pending	Corrected
			Loan	Not Corrected	Corrected	Correction	Under VFCP
Participant Contributions			Repayments		Outside VFCP	in VFCP	and
Transferred Late to Plan							PTE 2002-51
Amount	Date	Date					
Withheld	Withheld	Remitted					
\$ 73,862	6/22/2022	7/14/2022	✓	\$ -	\$ 73,862	\$ -	\$ -

* Amounts have been remitted to the Plan during the year ended October 31, 2022.

Roche Bros. 401(k) and Profit Sharing Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) October 31, 2022

Employer Identification Number: 04-2264124

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, Maturity Value	Cost**	Current Value
* Transamerica Guaranteed Investment Option		Guaranteed income fund***	\$	21,040,657
flexPATH Index+ Moderate 2025 Fund Class R1		Common collective trust		19,100,927
flexPATH Index+ Moderate 2035 Fund Class R1		Common collective trust		10,163,300
Large Cap Value R2		Common collective trust		8,695,595
Wilmington/Clearbridge Large Cap Growth R2		Common collective trust		7,199,528
flexPATH Index+ Moderate Retirement Fund Class R1		Common collective trust		7,067,610
Lord Abbett Core Bond Class R1		Common collective trust		6,842,152
Wilmington/BlackRock EAFE Equity Index 1		Common collective trust		5,265,822
flexPATH Index+ Moderate 2045 Fund Class R1		Common collective trust		3,265,667
flexPATH Index+ Moderate 2055 Fund Class R1		Common collective trust		2,796,897
International Equity Fund R1		Common collective trust		2,653,171
Emerging Markets Fund Class R1		Common collective trust		2,593,946
American Century Small Cap Value II R1		Common collective trust		2,370,542
Mid Cap Growth R2		Common collective trust		2,287,427
flexPATH Index+ Aggres 2025 Fund Class R1		Common collective trust		1,575,373
flexPATH Index+ Conserv 2035 Fund Class R1		Common collective trust		473,978
flexPATH Index+ Aggres 2035 Fund Class R1		Common collective trust		191,904
flexPATH Index+ Aggres 2045 Fund Class R1		Common collective trust		68,273
flexPATH Index+ Conserv 2025 Fund Class R1		Common collective trust		50,482
flexPATH Index+ Moderate 2065 Class R1		Common collective trust		39,553
flexPATH Index+ Conserv Retirement Fund Class R1		Common collective trust		28,407
flexPATH Index+ Aggres Retirement Fund Class R1		Common collective trust		14,879
flexPATH Index+ Aggres 2055 Fund Class R1		Common collective trust		13,295
flexPATH Index+ Aggress 2065 Class R1		Common collective trust		171
flexPATH Index+ Conserv 2065 Class R1		Common collective trust		166
American Funds Fundamental Invs R4		Mutual fund		12,880,431
Fidelity 500 Index		Mutual fund		11,369,556
Putnam Dynamic Asset Allocation Balanced Y		Mutual fund		8,450,877
T. Rowe Price Spectrum Income		Mutual fund		4,647,818
Vanguard Strategic Equity Inv		Mutual fund		4,527,510
PIMCO Real Return Instl		Mutual fund		3,847,636
American Funds New Perspective R6		Mutual fund		3,310,538
JPMorgan Small Cap Equity I		Mutual fund		3,070,087
Fidelity Small Cap Index		Mutual fund		2,679,091
MFS Mid Cap Value R4		Mutual fund		2,450,137
Putnam Dynamic Asset Allocation Growth Y		Mutual fund		1,600,447
Principal Real Estate Securities R6		Mutual fund		1,411,905
BlackRock Technology Opportunities Instl		Mutual fund		531,826
Putnam Dynamic Asset Allocation Conserv Y		Mutual fund		392,678
Vanguard Treasury Money Market Inv		Money market fund		74,427
* Participant loans		Participant loans: 4.25% to 7.25%; maturing through 2032		4,055,311
			\$	169,099,997

* Designates party in interest.

** All investments are participant directed; therefore, cost information has not been presented.

*** Reported on Form 5500 as insurance company general account.

Schedule C, Line 2(h) Formula Descriptions

Roche Bros. 401(k) and Profit Sharing Plan

EIN No.: 04-2264124, Plan No. 001

Plan Year Ending: 10/31/2022

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

TRANSAMERICA RETIREMENT SOLUTIONS	13-3689044
NATIONAL FINANCIAL SERVICES	04-3523567
MID ATLANTIC CAPITAL CORPORATION	25-1409618

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Transamerica Retirement Solutions	Revenue to National Financial Services	Revenue to Mid Atlantic Capital Corporation
AMERICAN FUNDS	AMERICAN FUNDAMENTAL INVEST R4	11/1/2021	10/31/2022	33.950	1.050	
BLACKROCK	BLACKROCK TECHNOLOGY OPPORTUNITIES INSTL	11/1/2021	10/31/2022	24.25	0.75	
JP MORGAN	JPMORGAN SMALL CAP EQUITY I	11/1/2021	10/31/2022	24.250	0.750	
MFS	MFS MID CAP VALUE R4	11/1/2021	10/31/2022	14.55	0.45	
PUTNAM	PUTNAM DYNAMIC ASSET ALLOCATION BALANCED Y	11/1/2021	10/31/2022	24.250	0.750	
PUTNAM	PUTNAM DYNAMIC ASSET ALLOCATION CONSERV Y	11/1/2021	10/31/2022	24.25	0.75	
PUTNAM	PUTNAM DYNAMIC ASSET ALLOCATION GROWTH Y	11/1/2021	10/31/2022	24.25	0.75	
T ROWE PRICE	T. ROWE PRICE SPECTRUM INCOME	11/1/2021	10/31/2022	14.550	0.450	
WILMINGTON TRUST	LARGE CAP VALUE R2	11/1/2021	10/31/2022	24.25	0.75	
WILMINGTON TRUST	MID CAP GROWTH R2	11/1/2021	10/31/2022	24.25	0.75	
WILMINGTON TRUST	SMALL CAP VALUE R2	11/1/2021	4/28/2022	24.25	0.75	
WILMINGTON TRUST	WILMINGTON/CLEARBRIDGE LARGE CAP GROWTH R2	11/1/2021	10/31/2022	24.063		0.938

Roche Bros. 401(k) and Profit Sharing Plan
EIN No.:04-2264124, Plan No. 001
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 10/31/2022

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) CURRENT VALUE
*	Transamerica Life Ins. Co.	Transamerica Guaranteed Investment Option	\$ 21,040,657
		GENERAL ACCOUNT TOTAL	\$ 21,040,657
	Lord Abbett	Lord Abbett Core Bond Class R1	\$ 6,842,152
	Wilmington Trust	American Century Small cp Val II R1	\$ 2,370,542
	Wilmington Trust	Emerging Markets Fund Class R1	\$ 2,593,946
	Wilmington Trust	flexPATH Idx+ Agg 2025 Fd Class R1	\$ 1,575,373
	Wilmington Trust	flexPATH Idx+ Agg 2035 Fd Class R1	\$ 191,904
	Wilmington Trust	flexPATH Idx+ Agg 2045 Fd Class R1	\$ 68,273
	Wilmington Trust	flexPATH Idx+ Agg 2055 Fd Class R1	\$ 13,295
	Wilmington Trust	flexPATH Idx+ Agg Retment Fd CI R1	\$ 14,879
	Wilmington Trust	flexPATH Idx+ Cnsv Rtment Fd CI R1	\$ 28,407
	Wilmington Trust	flexPATH Idx+ Consv 2025 Fd CI R1	\$ 50,482
	Wilmington Trust	flexPATH Idx+ Consv 2035 Fd CI R1	\$ 473,978
	Wilmington Trust	flexPATH Idx+ Mod 2025 Fd Class R1	\$ 19,100,927
	Wilmington Trust	flexPATH Idx+ Mod 2035 Fd Class R1	\$ 10,163,300
	Wilmington Trust	flexPATH Idx+ Mod 2045 Fd Class R1	\$ 3,265,667
	Wilmington Trust	flexPATH Idx+ Mod 2055 Fd Class R1	\$ 2,796,897
	Wilmington Trust	flexPATH Idx+ Mod Retment Fd CI R1	\$ 7,067,610
	Wilmington Trust	flexPATH Index+ Aggress 2065 Class R1	\$ 171
	Wilmington Trust	flexPATH Index+ Consv 2065 Class R1	\$ 39,553
	Wilmington Trust	flexPATH Index+ Mod 2065 Class R1	\$ 166
	Wilmington Trust	International Equity Fund R1	\$ 2,653,171
	Wilmington Trust	Large Cap Value R2	\$ 8,695,595
	Wilmington Trust	Mid Cap Growth R2	\$ 2,287,427
	Wilmington Trust	Wilmington/BlackRock EAFE Eq Idx 1	\$ 5,265,822
	Wilmington Trust	Wilmington/Clearbridge Lg Cap Gr R2	\$ 7,199,528
		COLLECTIVE TRUST FUNDS TOTAL	\$ 82,759,066
	American Funds	American Funds Fundamental Inv R4	\$ 12,880,431
	American Funds	American Funds New Perspective R6	\$ 3,310,538
	BlackRock	BlackRock Tech Opportunities Instl	\$ 531,826
	Fidelity	Fidelity 500 Index	\$ 11,369,556
	Fidelity	Fidelity Small Cap Index	\$ 2,679,091
	JPMorgan	JPMorgan Small Cap Equity I	\$ 3,070,087
	MFS	MFS Mid Cap Value R4	\$ 2,450,137
	PIMCO	PIMCO Real Return Instl	\$ 3,847,636
	Principal	Principal Real Estate Securities R6	\$ 1,411,905
	Putnam	Putnam Dynamic asset alloc Bal Y	\$ 8,450,877
	Putnam	Putnam Dynamic asset alloc Conserv Y	\$ 392,679
	Putnam	Putnam Dynamic asset alloc Growth Y	\$ 1,600,447
	T. Rowe Price	T. Rowe Price Spectrum Income	\$ 4,647,818
	Vanguard	Vanguard Strategic Equity	\$ 4,527,510
		MUTUAL FUNDS TOTAL	\$ 61,170,539
*	Participants	Notes Receivable with interest rates of 4.25% to 7.25%	\$ 4,055,311
		TOTAL PLAN ASSETS	\$ 169,025,573

* Indicates Party-In-Interest to the Plan