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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
THE WEGMANS RETIREMENT PLANS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1953

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)
WEGMANS FOOD MARKETS INC.

1500 BROOKS AVENUE
PO BOX 30844
ROCHESTER, NY 14603-0844

2b Employer Identification Number (EIN) 16-1309424

2c Plan Sponsor's telephone number 585-328-2550

2d Business code (see instructions) 445110

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.	12/26/2023	STEPHEN VAN ARSDALE
	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

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	49153
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)**	39720
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	41071
b	Retired or separated participants receiving benefits	**6b**	466
c	Other retired or separated participants entitled to future benefits	**6c**	9121
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	50658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	240
f	Total. Add lines **6d** and **6e**.	**6f**	50898
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	37316
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	369
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:

2E 2F 2G 2J 2K 2T 2A 3H 2R

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
THE WEGMANS RETIREMENT PLANS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEGMANS FOOD MARKETS INC.

D Employer Identification Number (EIN)
16-1309424

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	49528	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
DODGE & COX INCOME I - SS&C GIDS, 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.08%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(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.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(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.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
THE WEGMANS RETIREMENT PLANS

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WEGMANS FOOD MARKETS INC.

D Employer Identification Number (EIN)
16-1309424

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID CONTRA POOL CL A

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-133	C	316482267

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2055 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-113	C	111234240

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2035 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-092	C	271963332

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2045 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-094	C	141708080

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP II CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-025	C	64061140

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2020 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-089	C	119739497

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLEND INC T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-085	C	10431998

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2010 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-087	C	13074765

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2040 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-093	C	218381891

a Name of MTIA, CCT, PSA, or 103-12 IE: SP 500 INDEX PL CL C

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST

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)
82-6293122-001	C	143233313

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2005 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-086	C	9049471

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2030 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-091	C	353037183

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2050 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-095	C	161122987

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2025 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-090	C	254521366

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2060 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-147	C	56208848

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2015 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-088	C	34558526

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2065 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

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)
20-4659714-168	C	7059115

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
THE WEGMANS RETIREMENT PLANS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEGMANS FOOD MARKETS INC.

D Employer Identification Number (EIN)
16-1309424

Part I Asset and Liability Statement

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	0	247404
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	48448875	50054028
(2) Participant contributions	1b(2)	1928453	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38244452	43626946
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	139677
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	43707243	43822876
(9) Value of interest in common/collective trusts	1c(9)	1991571674	2285868019
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	366321524	392083080
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2490222221	2815842030
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2490222221	2815842030

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)	73482563	
(B) Participants	2a(1)(B)	105571469	
(C) Others (including rollovers)	2a(1)(C)	8287175	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		187341207
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1484916	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2238081	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3722997
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25726221	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25726221
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	35991	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		35991

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		267300823
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7517431
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		491644670
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165880711	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		165880711
f Corrective distributions (see instructions)	2f		2641
g Certain deemed distributions of participant loans (see instructions)	2g		98489
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	43020	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		43020
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		166024861
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		325619809
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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)** [X] 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: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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:

		Yes	No	Amount
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.)	4a		X	

		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?	4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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?	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?	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.)	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.)	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l	X		28574
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
THE WEGMANS RETIREMENT PLANS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WEGMANS FOOD MARKETS INC.

D Employer Identification Number (EIN)
16-1309424

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** |

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): 04-6568107

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** |

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

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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_____

The Wegmans Retirement Plans

Employer ID No: 16-1309424
Plan Number: 001

Financial Statements as of and for the
Years Ended June 30, 2023 and 2022,
Supplemental Schedule as of June 30, 2023,
and Independent Auditor's Report

THE WEGMANS RETIREMENT PLANS

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1–3
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2023 AND 2022:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6–12
SUPPLEMENTAL SCHEDULE AS OF JUNE 30, 2023—	13
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)	14

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

Deloitte & Touche LLP
910 Bausch & Lomb Place
Rochester, NY 14604
USA

Tel:+1 585 238 3300
Fax:+1 585 232 2890
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To The Wegmans Retirement Plans Advisory Committee

Opinion

We have audited the financial statements of the Wegmans Retirement Plans (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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.

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 for one year after the date that the financial statements are 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 Financial Statements

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.

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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor'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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte & Touche LLP

December 21, 2023

THE WEGMANS RETIREMENT PLANS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2023 AND 2022

	2023	2022
ASSETS:		
Participant directed investments—at fair value:		
Mutual funds	$ 398,373,093	$ 370,267,373
Collective investment trusts	2,285,868,019	1,991,571,674
Money market fund	37,724,014	34,298,604
Total investments	2,721,965,126	2,396,137,651
Receivables:		
Notes receivable from participants	43,822,876	43,707,243
Employer contributions	50,054,028	48,448,875
Participant receivables	-	1,928,453
Total receivables	93,876,904	94,084,571
TOTAL ASSETS	2,815,842,030	2,490,222,222
NET ASSETS AVAILABLE FOR BENEFITS	$2,815,842,030	$2,490,222,222

See notes to financial statements.

THE WEGMANS RETIREMENT PLANS

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

	2023	2022
ADDITIONS:		
Investment income (loss):		
Interest and dividend income	$ 27,211,137	$ 29,372,175
Net appreciation (depreciation) in fair value of investments	274,854,245	(491,397,215)
Net investment income (loss)	302,065,382	(462,025,040)
Other income—interest income on notes receivable from participants	2,238,081	2,049,789
Total other income	2,238,081	2,049,789
Contributions:		
Participants	105,568,828	104,291,745
Employer	73,482,563	72,146,074
Rollover	8,287,175	4,015,624
Total contributions	187,338,566	180,453,443
Total additions	491,642,029	(279,521,808)
DEDUCTIONS:		
Benefits paid to participants	165,979,200	173,155,637
Administrative expenses	43,021	140,858
Total deductions	166,022,221	173,296,495
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	325,619,808	(452,818,303)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	2,490,222,222	2,943,040,525
End of year	$2,815,842,030	$2,490,222,222

See notes to financial statements.

1. DESCRIPTION OF PLAN

The following description of The Wegmans Retirement Plans (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General—The Plan was established on July 1, 1953. The Plan is a defined contribution plan covering substantially all employees of Wegmans Food Markets, Inc. (the "Company"), except those employees that are classified as independent contractors or leased employees. An employee shall be eligible to become a participant for purposes of making tax-deferred contributions immediately upon the employee's date of hire, or if later, the date the employee attains age 21.

Participants are eligible to receive Company discretionary contributions and matching contributions upon completion of one year of service. A year of service is defined as twelve consecutive months beginning on the employee's date of hire or a Plan year beginning with the Plan year following the employee's date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participants in the Plan who fail to complete 1,000 hours of service during the Plan year are considered to be "inactive participants" with respect to the Company's discretionary contribution and do not share in such contribution for the Plan year, but may continue to make elective deferrals and continue to receive Company matching contributions.

Administration—The Retirement Plan Committee of the Company serves as Plan administrator (the "Administrator") and is solely responsible for the general administration of the Plan and carrying out Plan provisions. Fidelity Management Trust Company (the "Trustee") serves as trustee of the Plan and Fidelity Workplace Services LLC provides the Plan's third-party recordkeeping services.

Contributions—Participants may elect to contribute up to 50% of their eligible compensation, subject to the maximum amount allowed under the Internal Revenue Code (the "Code"). Deferral limits under the Code were $22,500 and $20,500 for the years ended December 31, 2023 and 2022, respectively. In addition, participants who attained the age of 50 before the end of the calendar year were eligible to make "catch up" contributions up to $7,500 and $6,500 for the years ended December 31, 2023 and 2022, respectively.

Participants are allowed to make rollover contributions from other qualified plans into the Plan in accordance with regulations under the Code.

The Company makes a matching contribution equal to a percentage of the participant's elective deferrals. For the years ended June 30, 2023 and 2022, the Company made a matching contribution equal to 50% of the participant's elective deferrals up to 6% of the participant's eligible compensation. The Company's matching contribution is made on a quarterly basis. During the years ended June 30, 2023 and 2022, matching contributions totaled $31,241,521 and $31,188,615, respectively.

The Company may also make a discretionary contribution to all eligible participants based on the relationship of their individual annual compensation, up to a maximum amount allowed by the Code, adjusted to reflect length of service, to the total adjusted annual compensation for all participants. The Company's discretionary contribution is made on an annual basis. During the years ended June 30, 2023 and 2022, discretionary contributions were $42,541,042 and $41,457,010, respectively.

Participant Accounts—Each participant's account is credited with the participant's contributions, the Company's matching contribution and an allocation of (a) the Company's discretionary contribution, (b) participant forfeitures, if available, and (c) Plan earnings (losses), and is charged with withdrawals and 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.

Vesting—Participants are immediately vested in their elective deferrals, rollover contributions, the Company's matching contributions and actual earnings thereon. Vesting in the Company's discretionary contribution portion of their account plus earnings is based on years of service. A participant is 100% vested after three years of service. If a participant terminates employment due to total disability or death, they will become fully vested in the Company's discretionary contributions, regardless of length of service. If a participant terminates employment on or after age 60 with at least five years of participation in the Plan, they will become fully vested in the Company's discretionary contributions.

Notes Receivable from Participants—Participants may borrow up to 50% of their account balances. The minimum loan withdrawal is $1,000, and the maximum loan balance is $50,000 less the highest outstanding balance of a loan made during the one-year period prior to the new loan. Participants are charged a $50 loan fee for each new loan and may only have one outstanding loan at a time. The terms of each loan are set by the Administrator, within the Code, in a uniform and nondiscriminatory manner. Note repayment terms range up to a maximum of five years, unless used for the purpose of purchasing a participant's principal residence. Interest is charged at a fixed rate, as determined by the Administrator, commensurate with the rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Principal and interest is paid ratably through payroll deductions with the entire balance due immediately upon the participant's termination of employment with the Company. As of June 30, 2023, participant loans have maturities through 2038 and interest rates ranging from 4.25% to 9.25%.

Investments—Participants direct the investment of their account into various investment options offered by the Plan. The Plan offers a number of investment options including mutual funds ("registered investment companies"), money market fund and collective investment trusts.

Participants may change their allocations between funds offered by the Plan at any time.

BrokerageLink—The BrokerageLink account is a brokerage account that allows participants to self-direct their elective deferrals, rollover contributions and Company matching and discretionary contributions in a broad range of mutual and exchange traded funds not offered within the Plan's standard investment options. The initial deposit into the brokerage account is $2,500, and participants that establish an account can then make contributions through payroll deductions. Interest, dividends and net appreciation (depreciation) are automatically reinvested in the same fund, unless the participant chooses otherwise.

Payment of Benefits—Upon termination of employment due to death, total disability or attaining normal retirement age, a participant or designated beneficiary may elect to either receive a lump- sum

distribution equal to the current value of the participant's account, or to receive periodic installments. If upon termination of employment for other than attaining normal retirement age, death or total disability, and the participant's vested account balance is greater than $1,000, the participant may elect to receive a lump-sum distribution, a direct rollover to a qualified plan under Section 401 of the Code or a direct rollover to a qualified Individual Retirement Account equal to the current value of his or her vested account balance, or may elect to keep their investments in the Plan. If the vested account balance is less than $1,000, the balance will be distributed to the participant after termination.

Forfeitures—For the years ended June 30, 2023 and 2022, forfeited nonvested accounts totaled $552,138 and $586,702, respectively. These accounts are primarily used to reduce future employer contributions. For the years ended June 30, 2023 and 2022, employer contributions were reduced by $300,000 and $500,000, respectively, from forfeited nonvested accounts.

Administrative Expenses—Administrative transactional expenses charged to the Plan totaled $43,021 and $140,858 for the years ended June 30, 2023 and 2022, respectively. Administrative transactional expenses, such as loan and distribution transactions, are paid by participants. The Plan receives revenue credits from certain investments which are used to offset administrative transactional expenses paid by participants. Other administrative fees are paid by the Company.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates—The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investments—Investments are reported at fair 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. The Administrator determines the Plan's valuation policies utilizing information provided by the Trustee and investment advisors. See Note 3 for a discussion of fair value measurements.

Risks and Uncertainties—The Plan provides various investment options to participants, including mutual and money market funds and collective investment trusts. Investment securities are exposed to various risks such as interest rate, market and credit risks, and overall market volatility. Market volatility includes risks related to pandemics and international conflicts. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying financial statements.

Income Recognition and Changes in Plan Assets—Contributions are recorded by the Plan when withheld from participants and accrued by the Company. Interest and dividends are allocated to the Plan as earned. Purchases and sales of securities are recorded on a trade date basis. Net appreciation (depreciation) of investments on the accompanying statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual and money market funds and collective investment trusts are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as reductions of investment income for such investments.

Notes Receivable from Participants—Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as deemed distributions based upon the terms of the Plan document.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

3. 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are as follows:

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.

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

Shares of mutual and money market funds are valued based on the quoted market prices held by the Plan at year end. These funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds held by the Plan are deemed to be actively traded. The Plan offers a Self Directed Brokerage Account (“SDBA”) for Plan participants. As of June 30, 2023 and 2022, the SDBA is composed of mutual and exchange traded funds. The mutual and exchange traded funds held in the SDBA are based on quoted market prices in an active market.

As permitted by GAAP, the Plan uses net asset value (“NAV”) as a practical expedient to determine the fair value of the collective investment trust funds. NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Participant transactions (purchases and sales) may occur daily. Redemption for the collective investment trusts is permitted daily with no other restrictions or notice periods and there are no unfunded commitments (see Note 4 for restrictions on the stable value fund). In accordance with GAAP, the collective investment trust funds measured at NAV have not been classified in the fair value hierarchy.

The fair value amounts presented below for the collective investment trusts, based on NAV as practical expedient, are intended to permit reconciliation to the amounts presented in the Statements of Net Assets Available for Benefits.

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. While the Administrator believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

The fair value of investments measured on a recurring basis at the reporting date of June 30, 2023 is presented below:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 345,051,404	$ -	$ -	$ 345,051,404
BrokerageLink—self directed	53,321,689	-	-	53,321,689
Money market fund	37,724,014	-	-	37,724,014
	$ 436,097,107	$ -	$ -	436,097,107
Collective investment trusts measured at NAV:				
Stable value				64,061,140
Large-cap stock index				143,233,313
Large cap stock growth				316,482,267
Target retirement date				1,762,091,299
Total collective investment trusts				2,285,868,019
Total investments				$ 2,721,965,126

The fair value of investments measured on a recurring basis at the reporting date of June 30, 2022 is presented below:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 325,451,939	$ -	$ -	$ 325,451,939
BrokerageLink—self directed	44,815,434	-	-	44,815,434
Money market fund	34,298,604	-	-	34,298,604
	$ 404,565,977	$ -	$ -	404,565,977
Collective investment trusts measured at NAV:				
Stable value				68,000,490
Large-cap stock index				115,392,153
Large cap stock growth				257,886,258
Target retirement date				1,550,292,773
Total collective investment trusts				1,991,571,674
Total investments				$ 2,396,137,651

4. STABLE VALUE FUND

The Fidelity Managed Income Portfolio II (the "Portfolio" or "Stable Value Fund") is a fully benefit-responsive collective investment trust sponsored by an affiliate of the Trustee. The beneficial interest of each participant is represented by units. Units are issued and redeemed daily at the Portfolio's constant net asset value of $1 per unit. Distribution to the Portfolio's unit holders is declared daily from the net investment income and automatically reinvested in the Portfolio on a monthly basis, when paid. It is the policy of the Portfolio to use its best efforts to maintain a stable net asset value of $1 per unit, although there is no guarantee that the Portfolio will be able to maintain this value.

Participants ordinarily may direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the Portfolio, plus earnings, less participant withdrawals and administrative expenses. The Portfolio imposes certain restrictions on participants. Participants are not permitted to make direct transfers from the Portfolio into a competing fund without first exchanging transfers into a non-competing fund for a period of 90 days.

The Portfolio may be subject to circumstances that affects its ability to transact at contract value. The following employer-initiated events may limit the ability of the Portfolio to transact at contract value:

- A failure of the Plan or its trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA,
- Any communication given to Plan participants designed to influence a participant not to invest in the Portfolio or to transfer assets out of the Portfolio,
- Any transfer of assets from the Portfolio directly into a competing investment option,
- The establishment of a defined contribution plan that competes with the Plan for employee contributions,

- A complete or partial termination of the Plan or its merger with another plan.

Plan management believes that the occurrence of events that would cause the Portfolio to transact at less than contract value is not probable.

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds, money market fund, and collective investment trusts managed by Fidelity Investments, an affiliate of the Trustee. All transactions with Fidelity Investments qualify as exempt party-in-interest transactions. Fees paid by the Plan to Fidelity Investments for the transaction services were $43,021 and $140,858 for the years ended June 30, 2023 and 2022, respectively. Transactions involving notes receivable from participants also qualify as party-in-interest transactions.

6. FEDERAL INCOME TAX STATUS

Each year, the IRS publishes a Required Amendments List for individually designed plans, which specifies changes in qualification requirements. The list requires plans to be amended for each change, as applicable, to retain its tax-exempt status. Management believes the Plan and related trust are currently designed, and have been amended, and are being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements for the years ended June 30, 2023 and 2022.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their Company discretionary contributions as of the date of termination.

8. SUBSEQUENT EVENTS

For the year ended June 30, 2023, the Plan Administrator has evaluated subsequent events through December 21, 2023, which is the date the accompanying financial statements were available to be issued.

During the fiscal year ended June 30, 2023, the Plan was amended to allow for a short year running from July 1, 2023 through December 31, 2023. Furthermore, the Plan's fiscal year is formally changed to a twelve-consecutive-month period ending December 31, which commences on January 1, 2024. Eligibility, vesting, and years of service provisions of the Plan are amended for employees of the Company who commence employment during the short Plan year.

* * * * * *

SUPPLEMENTAL SCHEDULE

THE WEGMANS RETIREMENT PLANS

EIN: 16-1309424
Plan Number: 001

FORM 5500 SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JUNE 30, 2023

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, or Maturity	(e) Current Value
	Participant-directed investments: **		
	T. Rowe Price	T. Rowe Price Institutional Small Cap Stock	$ 133,734,407
	T. Rowe Price	T. Rowe Price Institutional Large Cap Value	82,624,818
	American Funds	American Funds EuroPacific Growth	55,255,136
	Dodge & Cox	Dodge & Cox Income	53,881,667
*	Fidelity Investments	BrokerageLink	53,321,689
	Vanguard	Vanguard Inflation Protected Securities	19,555,376
		Total mutual funds	398,373,093
*	Fidelity Investments	Fidelity Freedom Blend Income Commingled Pool	10,431,998
*	Fidelity Investments	Fidelity Freedom Blend 2005 Commingled Pool	9,049,471
*	Fidelity Investments	Fidelity Freedom Blend 2010 Commingled Pool	13,074,765
*	Fidelity Investments	Fidelity Freedom Blend 2015 Commingled Pool	34,558,526
*	Fidelity Investments	Fidelity Freedom Blend 2020 Commingled Pool	119,739,497
*	Fidelity Investments	Fidelity Freedom Blend 2025 Commingled Pool	254,521,366
*	Fidelity Investments	Fidelity Freedom Blend 2030 Commingled Pool	353,037,183
*	Fidelity Investments	Fidelity Freedom Blend 2035 Commingled Pool	271,963,332
*	Fidelity Investments	Fidelity Freedom Blend 2040 Commingled Pool	218,381,891
*	Fidelity Investments	Fidelity Freedom Blend 2045 Commingled Pool	141,708,080
*	Fidelity Investments	Fidelity Freedom Blend 2050 Commingled Pool	161,122,987
*	Fidelity Investments	Fidelity Freedom Blend 2055 Commingled Pool	111,234,240
*	Fidelity Investments	Fidelity Freedom Blend 2060 Commingled Pool	56,208,848
*	Fidelity Investments	Fidelity Freedom Blend 2065 Commingled Pool	7,059,115
*	Fidelity Investments	Fidelity Contrafund Pool	316,482,267
*	Fidelity Investments	Fidelity Managed Income Portfolio II	64,061,140
*	Fidelity Investments	Fidelity Spartan 500 Index Pool	143,233,313
		Total collective investment trusts	2,285,868,019
*	Fidelity Investments	Fidelity Government Money Market Fund	37,724,014
*	Various participants	Notes receivable from participants ***	43,822,876
			$2,765,788,002

* Denotes party-in-interest.
** Cost information is not required for participant-directed investments and, therefore, is not included.
*** Maturity dates through May 2038. Interest rates range from 4.25% to 9.25%.

THE WEGMANS RETIREMENT PLANS

EIN: 16-1309424
Plan Number: 001

FORM 5500 SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF JUNE 30, 2023

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, or Maturity	(e) Current Value
	Participant-directed investments: **		
	T. Rowe Price	T. Rowe Price Institutional Small Cap Stock	$ 133,734,407
	T. Rowe Price	T. Rowe Price Institutional Large Cap Value	82,624,818
	American Funds	American Funds EuroPacific Growth	55,255,136
	Dodge & Cox	Dodge & Cox Income	53,881,667
*	Fidelity Investments	BrokerageLink	53,321,689
	Vanguard	Vanguard Inflation Protected Securities	19,555,376
		Total mutual funds	398,373,093
*	Fidelity Investments	Fidelity Freedom Blend Income Commingled Pool	10,431,998
*	Fidelity Investments	Fidelity Freedom Blend 2005 Commingled Pool	9,049,471
*	Fidelity Investments	Fidelity Freedom Blend 2010 Commingled Pool	13,074,765
*	Fidelity Investments	Fidelity Freedom Blend 2015 Commingled Pool	34,558,526
*	Fidelity Investments	Fidelity Freedom Blend 2020 Commingled Pool	119,739,497
*	Fidelity Investments	Fidelity Freedom Blend 2025 Commingled Pool	254,521,366
*	Fidelity Investments	Fidelity Freedom Blend 2030 Commingled Pool	353,037,183
*	Fidelity Investments	Fidelity Freedom Blend 2035 Commingled Pool	271,963,332
*	Fidelity Investments	Fidelity Freedom Blend 2040 Commingled Pool	218,381,891
*	Fidelity Investments	Fidelity Freedom Blend 2045 Commingled Pool	141,708,080
*	Fidelity Investments	Fidelity Freedom Blend 2050 Commingled Pool	161,122,987
*	Fidelity Investments	Fidelity Freedom Blend 2055 Commingled Pool	111,234,240
*	Fidelity Investments	Fidelity Freedom Blend 2060 Commingled Pool	56,208,848
*	Fidelity Investments	Fidelity Freedom Blend 2065 Commingled Pool	7,059,115
*	Fidelity Investments	Fidelity Contrafund Pool	316,482,267
*	Fidelity Investments	Fidelity Managed Income Portfolio II	64,061,140
*	Fidelity Investments	Fidelity Spartan 500 Index Pool	143,233,313
		Total collective investment trusts	2,285,868,019
*	Fidelity Investments	Fidelity Government Money Market Fund	37,724,014
*	Various participants	Notes receivable from participants ***	43,822,876
			$2,765,788,002

* Denotes party-in-interest.
** Cost information is not required for participant-directed investments and, therefore, is not included.
*** Maturity dates through May 2038. Interest rates range from 4.25% to 9.25%.