

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/02/2023 and ending 09/29/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>SCHNUCKS OUTSTATE PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> 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>SCHNUCK MARKETS, INC.</u></p> <p><u>11420 LACKLAND ROAD, PO BOX 46928</u> <u>ST. LOUIS, MO 63146</u></p>	<p><b>1c</b> Effective date of plan <u>03/29/1981</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>43-0726776</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>314-994-9900</u></p> <p><b>2d</b> Business code (see instructions) <u>445110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/11/2025	JACK RODEMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN 81-1125597	
<b>a</b> Sponsor's name SCHNUCK MARKETS, INC.		<b>4d</b> PN 003	
<b>c</b> Plan Name SCHNUCKS OUTSTATE PENSION PLAN			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3413	
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	660	
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	613	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	868	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	1683	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b>	3164	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	108	
<b>f</b> Total. Add lines 6d and 6e. ....	<b>6f</b>	3272	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	24	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/02/2023 and ending 09/29/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>SCHNUCKS OUTSTATE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHNUCK MARKETS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0726776</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>02</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>114320231</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>125752254</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>912</u>	<u>57621708</u>
	<b>b</b> For terminated vested participants .....	<u>1841</u>	<u>41688019</u>
	<b>c</b> For active participants .....	<u>660</u>	<u>27560295</u>
	<b>d</b> Total .....	<u>3413</u>	<u>126870022</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.34 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>848709</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>2616484</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>3465193</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/20/2025</u>
	<u>ANDREW WITTE</u>	Date
	Type or print name of actuary	<u>23-05764</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>314-719-3836</u>
	<u>4220 DUNCAN AVENUE</u> <u>SUITE 401</u> <u>SAINT LOUIS, MO 63110</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	16038097
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	5072131
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	10965966
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.14</u> % .....	0	563651
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		3650931
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.14</u> % .....		187658
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		3838589
<b>d</b>	Portion of (c) to be added to prefunding balance .....		3838589
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	15368206

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	86.88 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	86.88 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	88.28 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/13/2025	4000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	4000000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3465193	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	16669412	1648724	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	5113917	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	5113917	5113917
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/02/2023** and ending **09/29/2024**

<b>A</b> Name of plan <b>SCHNUCKS OUTSTATE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHNUCK MARKETS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0726776</b>	

**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).....  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

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**(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)

NORTHERN TRUST

36-1561860

(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?
14 25 27 50	NONE	329151	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING

22-2232264

(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?
11 17 50 64	NONE	207555	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK

400 HOWARD ST  
SAN FRANCISCO, CA 94105

(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?
27 50	NONE	24148	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name: ARMANINO LLP	<b>b</b> EIN: 94-6214841
<b>c</b> Position: ACCOUNTANT	
<b>d</b> Address: 6 CITY PLACE DR 900 ST LOUIS, MO 63141	<b>e</b> Telephone: 314-983-1200

Explanation: CHANGE IN EIN ONLY FOR ARMANINO LLP.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/02/2023 and ending 09/29/2024

<b>A</b> Name of plan <u>SCHNUCKS OUTSTATE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHNUCK MARKETS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>43-0726776</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: NTCC EMERGING MARKETS FD FEBT

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

<b>c</b> EIN-PN <u>06-6275604-012</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5084411</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTCC INTL EQUITY FD FEBT

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

<b>c</b> EIN-PN <u>06-6275604-014</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12015764</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLTV RUSSELL 1000 INDX FD

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

<b>c</b> EIN-PN <u>45-6138509-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11543570</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTCC ARISTOTLE LCV NL AFEBT FD

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

<b>c</b> EIN-PN <u>06-6275604-247</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2046839</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTCC SMALL CAP FD FEBT

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

<b>c</b> EIN-PN <u>06-6275604-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2536163</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: NTCC POLEN LARGE CAP GROWTH

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

<b>c</b> EIN-PN <u>82-6192524-262</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2075378</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK LONG DUR CORP CRD SCR

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

<b>c</b> EIN-PN <u>27-4520291-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9054542</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **CF BLACKROCK US STRIPS 20 BD FD**

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

<b>c</b> EIN-PN <b>82-2249590-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>24699806</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTCC HI YIELD BO FD FEBT**

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

<b>c</b> EIN-PN <b>06-6275604-007</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9047330</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NT COLLECTIVE SHORT TERM INV FUND**

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

<b>c</b> EIN-PN <b>45-6138589-084</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1839</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTCC JACOBS LEVY NL FUND DEBT**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC.**

<b>c</b> EIN-PN <b>82-6192524-279</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5528224</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTCC HUTCHKINS & WILEY VALUE**

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

<b>c</b> EIN-PN <b>82-6192524-280</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2040211</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **NTCC LONG CORPORATE FUND FEBT**

**b** Name of sponsor of entity listed in (a): **NORTHERN TRUST INVESTMENTS, INC.**

<b>c</b> EIN-PN <b>82-6192524-274</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20427929</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **METLIFE INVST MGMT MC INVST TRUST**

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

<b>c</b> EIN-PN <b>46-2596644-062</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3658079</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<p style="text-align: center;"><b>SCHEDULE G</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>Financial Transaction Schedules</b></p> <p>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).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2023 or fiscal plan year beginning **10/02/2023** and ending **09/29/2024**

<p><b>A</b> Name of plan <b>SCHNUCKS OUTSTATE PENSION PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHNUCK MARKETS, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-0726776</b></p>

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**  
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
□		

	Amount received during reporting year			Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

**Part II Schedule of Leases in Default or Classified as Uncollectible**

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

**Part III Nonexempt Transactions**

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
NORTHERN TRUST INVESTMENTS, INC.	AFFILIATE OF THE TRUSTEE	ASSET BASED FEES WERE CHARGED IN ADDITION TO MANAGEMENT FEES	1754		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/02/2023** and ending **09/29/2024**

<b>A</b> Name of plan <b>SCHNUCKS OUTSTATE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHNUCK MARKETS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0726776</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4000000	4000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	86771	237275
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	54191
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	16385863	16308357
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	89508867	109760085
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4572521	638090
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	114554022	130997998
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	254182	352576
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	254182	352576
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	114299840	130645422

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	4000000	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		4000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	999208	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		999208
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	2270412	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	17891636	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		23095
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		25184351

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5979972	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5979972
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	16633	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	336666	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	16633	
(7) Actuarial fees .....	<b>2i(7)</b>	207555	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	164826	
(11) Other expenses .....	<b>2i(11)</b>	2116484	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2858797
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8838769

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		16345582
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **ARMANINO LLP**

(2) EIN: **33-2514127**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)	X		1754
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**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 544130.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/02/2023** and ending **09/29/2024**

<b>A</b> Name of plan <b>SCHNUCKS OUTSTATE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHNUCK MARKETS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>43-0726776</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**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): 41-0417860

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>99</b>
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: 34.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 43.0 %  
 High-Yield Debt: 7.0 % Real Assets: 13.0 % Cash or Cash Equivalents: 0.0 % Other: 3.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**Schnucks Outstate Pension Plan**

Financial Statements and Supplemental Schedules

September 29, 2024 and October 1, 2023



## TABLE OF CONTENTS

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	<u>Page</u>
<b>Independent Auditor's Report</b> .....	1
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits.....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Statement of Accumulated Plan Benefits .....	7
Statement of Changes in Accumulated Plan Benefits.....	8
Notes to Financial Statements .....	9
<b>Supplemental Schedules</b>	
Schedule of Assets (Held at End of Year) .....	18
Schedule of Reportable Transactions .....	19
Schedule of Nonexempt (Prohibited) Transactions.....	21



## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Schnucks Outstate Pension Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audits**

We have performed audits of the accompanying financial statements of Schnucks Outstate Pension 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 statements of net assets available for benefits as of September 29, 2024 and October 1, 2023, and the statement of accumulated plan benefits and the related statements of changes in accumulated plan benefits for the year ended October 2, 2023 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Schnucks Outstate Pension Plan's 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of September 29, 2024 and October 1, 2023, and for the years then ended, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Schnucks Outstate Pension 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.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audits 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 Schnucks Outstate Pension Plan's ability to continue as a going concern within 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 Audits of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 generally accepted auditing standards 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 audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Schnucks Outstate Pension 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 Schnucks Outstate Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 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 accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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 Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of assets (held at end of year) as of September 29, 2024, reportable transactions and schedule of nonexempt transactions for the year then ended (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 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 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 generally accepted auditing standards. 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 their form and content, are presented in conformity with the Department of Labor'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 Department of Labor'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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Armenino LLP*

St. Louis, Missouri

July 11, 2025

## SCHNUCKS OUTSTATE PENSION PLAN

### Statements of Net Assets Available for Benefits

September 29, 2024 and October 1, 2023

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value (Note E)		
Cash	\$ 54,191	\$ -
Mutual funds	638,090	4,572,521
Collective trusts	109,760,085	89,508,867
Limited partnerships	16,308,357	16,385,863
	<hr/>	<hr/>
Total investments	126,760,723	110,467,251
Receivables		
Employer	4,000,000	4,000,000
Accrued investment earnings	82,640	-
Pending trades	154,635	86,771
	<hr/>	<hr/>
Total receivables	4,237,275	4,086,771
	<hr/>	<hr/>
<b>Total Assets</b>	<b>130,997,998</b>	<b>114,554,022</b>
<b>LIABILITIES</b>		
Pending trades	235,436	86,251
Fees payable	117,140	167,931
	<hr/>	<hr/>
<b>Total Liabilities</b>	<b>352,576</b>	<b>254,182</b>
	<hr/>	<hr/>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 130,645,422</b>	<b>\$ 114,299,840</b>
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The accompanying notes are an integral part of these financial statements.

## SCHNUCKS OUTSTATE PENSION PLAN

### Statements of Changes in Net Assets Available for Benefits

Years ended September 29, 2024 and October 1, 2023

	<u>2024</u>	<u>2023</u>
<b>Additions to net assets attributed to:</b>		
Employer contributions	<u>\$ 4,000,000</u>	<u>\$ 4,000,000</u>
<b>Total additions</b>	<b>4,000,000</b>	4,000,000
<b>Deductions from net assets attributed to:</b>		
Benefits paid to participants	5,979,972	5,282,674
PBGC expense	2,116,484	2,315,936
Administrative expenses	<u>344,826</u>	<u>340,853</u>
<b>Total deductions</b>	<b>8,441,282</b>	7,939,463
<b>Investment income:</b>		
Net appreciation in fair value of investments	19,707,517	4,682,283
Interest and dividend income	<u>1,079,347</u>	<u>993,082</u>
<b>Total investment income</b>	<u>20,786,864</u>	5,675,365
<b>NET INCREASE</b>	<b>16,345,582</b>	1,735,902
<b>Net assets available for benefits at beginning of year</b>	<u>114,299,840</u>	112,563,938
<b>Net assets available for benefits at end of year</b>	<u><u>\$ 130,645,422</u></u>	<u>\$ 114,299,840</u>

The accompanying notes are an integral part of these financial statements.

## SCHNUCKS OUTSTATE PENSION PLAN

### Statement of Accumulated Plan Benefits

October 2, 2023

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	<u>October 2, 2023</u>
<b>Actuarial present value of accumulated Plan benefits (Note B)</b>	
<b>Vested benefits:</b>	
Participants currently receiving payments	\$ 52,043,230
Other participants	<u>61,956,231</u>
<b>Total vested benefits</b>	<b>113,999,461</b>
<b>Nonvested benefits</b>	<u>146,511</u>
<b>TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS</b>	<b><u>\$ 114,145,972</u></b>

The accompanying notes are an integral part of these financial statements.

## SCHNUCKS OUTSTATE PENSION PLAN

### Statement of Changes in Accumulated Plan Benefits

For the year ended October 2, 2023

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	<u>October 2, 2023</u>
<b>Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year</b>	<b>\$ 112,389,033</b>
<b>Increase (decrease) during the year attributable to: (Note B)</b>	
Interest	6,587,170
Assumption changes	-
Other changes	452,443
Benefits paid	<u>(5,282,674)</u>
<b>Net increase</b>	<u>1,756,939</u>
<b>Actuarial Present Value of Accumulated Plan Benefits - End of Year</b>	<u><u>\$ 114,145,972</u></u>

The accompanying notes are an integral part of these financial statements.

# SCHNUCKS OUTSTATE PENSION PLAN

## Notes to Financial Statements

September 29, 2024

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### Note A - Description of Plan

The following brief description of the Schnucks Outstate Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

#### **General**

The Plan covers employees in certain divisions of outstate store locations of Schnuck Markets, Inc. (the Company or Plan Sponsor). It is a noncontributory, defined benefit pension plan established originally March 29, 1981 and restated on October 2, 2023. The Plan is designed under the applicable provision of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan eligibility is evaluated annually and participants who have completed 1,000 hours of service during a one-year period of employment or have attained at least 1,000 hours in a Plan year may enter the Plan. Effective September 25, 2011, the Plan was amended to freeze entry into the Plan by non-union store level teammates.

#### **Benefits**

Plan benefits accumulate annually based on hours of service credited for each Plan year. Plan benefits vest 100% after five years of service under the five-year "cliff" vesting method. Plan participants who terminate employment prior to completing five years of vesting service forfeit their right to benefits under the Plan.

Benefits are payable upon normal retirement, death, or permanent disability. Participants who terminate employment prior to normal retirement are entitled to receive their vested benefits according to the Plan provisions. Participants who elect early retirement, as permissible under the Plan, will receive reduced benefits as specified in the Plan. The normal form of benefit for married participants is a joint and survivor form of benefit, and for single participants, a single life annuity form of benefit.

If a terminated participant's nonforfeitable accrued benefits do not exceed \$5,000, a single lump sum will be distributed either directly to the participant or to a designated individual retirement account.

#### **Plan Administration**

The Plan is overseen by the Retirement Plans Committee appointed by the Company. The Retirement Plans Committee contracts third-party companies and administrative service organizations to administer the Plan.

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

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#### Note A - Description of Plan

##### ***Fiscal Year End***

The Plan uses the same fiscal year end as the Plan Sponsor, which is the Sunday closest to September 30. Fiscal year 2024 ended on September 29, 2024, and fiscal year 2023 ended on Sunday, October 1, 2023. Fiscal years 2024 and 2023 include 52 weeks. Plan management has elected to adopt the measurement date practical expedient, which permits the Plan to report investments as of the month end date that is closest to the Plan's fiscal year end, when the fiscal period does not coincide with a month end. Therefore, investment values have been reported as of September 30, 2024 and 2023.

#### Note B - Summary of Significant Accounting Policies

##### ***Basis of Accounting***

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

##### ***Contributions and Contribution receivable***

Employer contributions are recorded in the year they are earned and to coincide with the year in which the Company records contributions. The Plan records receivables for all contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

##### ***Use of Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

##### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

##### ***Investment Valuation and Income Recognition***

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 Plan's Retirement Plans Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note E for discussion of fair value measurements.

Transactions 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 in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

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#### Note B - Summary of Significant Accounting Policies (Continued)

##### *Investment Valuation and Income Recognition (Continued)*

Management fees and operating expenses charged to the Plan for investments in mutual funds and collective trusts are deducted from income earned and are not separately stated. Consequently, management fees and operating expenses are reflected as a reduction in investment returns for these assets.

##### *Actuarial Assumptions and Accumulated Plan Benefits*

The calculation of the actuarial present value of accumulated Plan benefits was made by consulting actuaries as of October 2, 2023. The Company believes that the use of the October 2 measurement date does not result in materially different results than if the September 29 date had been used. The more significant actuarial assumptions underlying this valuation were as follows:

Investments return	6% (same in prior year)
Mortality	Pri-2012 aggregate blue-collar table projected using scale MP-2021. (same in prior year)
Retirement age	The assumed retirement age is the later of the Normal Retirement Age or the participant's age on the valuation date. The Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65 or, for the Mechanics Group, age 60. The assumed average retirement age is based on the retirement rate tables reflecting the experience of the Company.

Accumulated Plan Benefits represent those future periodic payments that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan Benefits are expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of Accumulated Plan Benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated payment obligations to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrement assumptions such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment date.

##### *Subsequent Events*

The Plan evaluated all subsequent events through July 11, 2025, the date the financial statements were available to be issued.

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

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#### Note C - Funding Policy

The Company's funding policy is to contribute to the Plan amounts sufficient, upon an actuarially determined basis, to provide benefits under the Plan in accordance with the minimum funding requirements of ERISA. Employer contributions for the 2024 and 2023 Plan years exceeded the minimum funding requirements of ERISA.

#### Note D - Certification of Investments

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) and schedule of reportable transactions, including investments held at September 29, 2024, and October 1, 2023, and net appreciation in fair value of investments, interest, and dividends for the years ended September 29, 2024, and October 1, 2023, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by The Northern Trust Company ("Northern Trust"), the Trustee of the Plan as of and for the years ended September 29, 2024, and October 1, 2023.

#### Note E - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described 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;

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.

**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.

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

#### Note E - Fair Value Measurements (Continued)

The 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 September 29, 2024 and October 1, 2023.

*Mutual funds* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Collective trusts* – Valued at the NAV of units of bank collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Limited partnership* – Valued using the NAV per share, or its equivalent, as a practical expedient for fair value. Valuations provided by the respective fund's management considering variables such as the financial performance of the underlying investments, recent sales prices of underlying investments, and other pertinent information.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value on September 29, 2024:

Description	Total September 29, 2024	Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 638,090	\$ 638,090	\$ -	\$ -
Total assets in the fair value hierarchy	638,090	638,090	-	-
Investments measured at net asset value*	126,068,442	-	-	-
Investments at fair value	\$ 126,706,532	\$ 638,090	\$ -	\$ -

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

#### Note E - Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value on October 1, 2023:

Description	Total October 1, 2023	Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 4,572,521	\$ 4,572,521	\$ -	\$ -
Total assets in the fair value hierarchy	4,572,521	4,572,521	-	-
Investments measured at net asset value*	105,894,730	-	-	-
Investments at fair value	\$ 110,467,251	\$ 110,467,251	\$ -	\$ -

\* Certain investments that are measured at net asset value per share (or its equivalent) 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 statements of net assets available for benefits. See Note F regarding investments measured at fair value using net asset value per share.

#### Note F - Investments Measured at Fair Value Using Net Asset Value per Share

The following table summarizes investments valued at fair value based on NAV per unit as of September 29, 2024, and October 1, 2023:

Investment Name	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Prime Property Fund, LLC (a)	\$ 7,962,587	\$ 8,715,071	-	Quarterly	3 months
GDIF US Hedged Feeder Fund LP (b)	8,345,770	7,670,792	-	Quarterly	3 months
Collective Trusts	109,760,085	89,508,867	-	Daily	Daily

- (a) Investment strategy is to acquire, own, and hold for investment and ultimately dispose of investments in real estate and real estate assets with the intention of achieving current income, capital appreciation, or both.
- (b) The GDIF US Hedged Feeder Fund, LP's investment strategy is to acquire, own, and hold for investment and ultimately dispose of investments in infrastructure investments through its investments in various related funds with the intention of achieving current income, capital appreciation, or both. The Plan can redeem its interest quarterly, upon one quarter's advance notice, subject to available cash.

## SCHNUCKS OUTSTATE PENSION PLAN

### Notes to Financial Statements - Continued

September 29, 2024

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#### Note G - Priorities Upon Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment to participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. For plan terminations occurring during 2025 and 2024 that ceiling is \$7,432 and \$7,108 per month, respectively. That ceiling applies to those who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their vested benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially funded by the then existing assets and the PBGC guaranty while other benefits may not be funded.

#### Note H - Related Party and Party-In-Interest Transactions

ERISA defines party-in-interest similarly to the definition of a related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be party-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee associate or relatives of such persons.

Certain Plan investments are shares of mutual funds and collective trusts managed by Northern Trust for the Plan and, therefore, these transactions qualify as party-in-interest transactions as Northern Trust is the Plan trustee. Fees paid by the Plan for investment management services were included as a reduction of the return earned on investments.

## **SCHNUCKS OUTSTATE PENSION PLAN**

### **Notes to Financial Statements - Continued**

September 29, 2024

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#### **Note I - Tax Status**

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated April 2, 2018, that the Plan is designed in accordance with applicable sections of the IRC. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 29, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note J - Risks and Uncertainties**

The Plan invests in securities which, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

#### **Note K – Nonexempt (Prohibited) Transactions**

In connection with an internal compliance review, Northern Trust Investments, Inc. ("Northern OCIO"), an affiliate of the Trustee, identified that it had inadvertently engaged in a nonexempt prohibited transaction under ERISA. Specifically, in 2022, Northern OCIO invested assets of the Pension Plan in the Igneo GDIF US Hedged Feeder Fund LP (the "Igneo Fund"). At the time of the investment, the Igneo Fund had retained an affiliate of Northern OCIO, The Northern Trust Company, to provide administrative and custody-related services in exchange for an asset-based fee. This arrangement resulted in a prohibited transaction under ERISA Section 406 due to the compensation received by a party in interest. Northern OCIO has taken steps to address the issue and is evaluating appropriate corrective actions in accordance with applicable Department of Labor guidance. The correction related to the periods prior to September 29, 2024, to be made after the year end is a total of \$11,245 which includes the fees charged and lost earnings and interest that was determined using the Department of Labor voluntary correction calculator.

## **Supplemental Schedules**

**SCHNUCKS OUTSTATE PENSION PLAN**  
**EIN #43-0726776 PLAN 003**

**Schedule of Assets (Held at End of Year)**

**Form 5500 - Schedule H - Item 4i**

September 29, 2024

(See Independent Auditor's Report)

a) b)	Identity of issue, borrower, lessor, or similar party	c)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	d)	Cost	e)	Current Value
*	Northern Trust Multi-Manager Global Listed Infrastructure Fund		Mutual Fund		\$ 607,401		\$ 638,090
	Total Mutual Funds				<u>607,401</u>		<u>638,090</u>
	Limited Partnerships & Collective Trusts:						
*	Northern Trust Polen Large Cap Growth		Collective Trust		1,501,223		2,075,378
*	Northern Trust Small Cap Fund		Collective Trust		1,201,196		2,536,163
*	Northern Trust International Equity Fund		Collective Trust		6,400,800		12,015,764
	Blackrock Long Duration Corporate Credit Screened Non-lendable Fund		Collective Trust		8,571,144		9,054,542
*	Northern Trust High Yield Bond Fund		Collective Trust		6,095,269		9,047,330
*	Northern Trust Collective Russell 1000 Index Fund		Collective Trust		6,072,255		11,543,570
	Metlife Emerging Market Debt Collective Trust Class 1		Collective Trust		3,416,000		3,658,079
*	Northern Trust Long Corporate Fund DEBT		Collective Trust		18,500,000		20,427,929
*	Northern Trust Aristotle Large Cap Value NL Fund		Collective Trust		780,435		2,046,839
*	Northern Trust Jacobs Levy Core Equity NL Fund		Collective Trust		4,861,087		5,528,224
	Northern Trust Collective Funds Trust Short-Term Investment Fund		Collective Trust		1,839		1,839
	Blackrock U.S. STRIPS 20+ Year Bond Index Fund Non-Lendable Fund		Collective Trust		27,998,788		24,699,806
*	Northern Trust Emerging Markets Fund		Collective Trust		2,931,161		5,084,411
*	Northern Trust Collective Funds Trust Hotchkis & Wiley Value Opportunities NL Fund		Collective Trust		1,536,593		2,040,211
	The Prime Property Fund, LLC		Limited Partnership		7,374,393		7,962,587
*	GDIF US Hedged Feeder Fund, LP		Limited Partnership		7,003,826		8,345,770
	Total Limited Partnerships & Collective Trusts				<u>104,246,009</u>		<u>126,068,442</u>
	Total Investments				<u>\$ 104,853,410</u>		<u>\$ 126,706,532</u>

\* Represents party-in-interest to the Plan.

**SCHNUCKS OUTSTATE PENSION PLAN**  
**EIN #43-0726776 PLAN 003**

**Schedule of Reportable Transactions**  
**Form 5500 - Schedule H - Item 4j**

Year Ended September 29, 2024

(See Independent Auditor's Report)

**Single transactions involving an amount in excess of  
5 percent of beginning total net assets:**

a)	Identity of party involved	b)	Description of asset	c)	Purchase price	d)	Selling price	g)	Cost of assets	h)	Current value of assets on transaction date	i)	Net gain or (loss)
*	Northern Trust		Short-Term Investment Fund	\$	8,992,280	\$	-		\$ 8,992,280	\$	8,992,280	\$	-
*	Northern Trust		Short-Term Investment Fund		3,412,908		-		3,412,908		3,412,908		-
*	Northern Trust		Short-Term Investment Fund		4,000,000		-		4,000,000		4,000,000		-
*	Northern Trust		Northern Trust Long Corporate Fund DEBT		16,500,000		-		16,500,000		16,500,000		-
	Blackrock		Long Duration Corporate Credit Screened Non-Lendable Fund		4,000,000		-		4,000,000		4,000,000		-
	Blackrock		U.S. STRIPS 20+ Year Bond Index Fund		5,000,000		-		5,000,000		5,000,000		-
*	Northern Trust		Short-Term Investment Fund		-		3,416,000		3,416,000		3,416,000		-
*	Northern Trust		Short-Term Investment Fund		-		8,999,714		8,999,714		8,999,714		-
	Blackrock		Long Duration Corporate Credit Screened Non-Lendable Fund		-		17,000,000		17,892,206		17,000,000		(892,206)
	Blackrock		U.S. STRIPS 20+ Year Bond Index Fund		-		3,500,000		3,976,018		3,500,000		(476,018)

\* Party-in-interest transaction

**SCHNUCKS OUTSTATE PENSION PLAN****EIN #43-0726776 PLAN 003****Schedule of Reportable Transactions (continued)****Form 5500 - Schedule H - Item 4j**

Year Ended September 29, 2024

(See Independent Auditor's Report)

**Series of transactions when aggregated involving an amount  
in excess of 5 percent of beginning total net assets:**

a)	Identity of party involved	b)	Description of asset	Number of purchases	Number of sales	g)	Cost of assets	h)	Current value of assets on transaction date	i)	Net gain or (loss)
*	Northern Trust		Short-Term Investment Fund	75			\$ 21,209,296		\$ 21,209,296		\$ -
	Blackrock		U.S. STRIPS 20+ Year Bond Index Fund	3			\$ 7,200,000		\$ 7,200,000		\$ -
*	Northern Trust		Corporate Fund for Employee Benefit Trusts	2			\$ 18,500,000		\$ 18,500,000		\$ -
	Blackrock		Long Duration Corporate Credit Screened Non-Lendable Fund		5		\$ 20,757,712		\$ 19,625,000		\$ (1,132,712)
*	Northern Trust		Short-Term Investment Fund		65		21,735,100		21,735,100		-
	Blackrock		U.S. STRIPS 20+ Year Bond Index Fund		2		\$ 6,176,261		\$ 5,400,000		\$ (776,261)

\* Party-in-interest transaction

**SCHNUCKS OUTSTATE PENSION PLAN**  
**EIN #43-0726776 PLAN 003**

**Schedule of Nonexempt Transactions**  
**Form 5500 - Schedule G - Part III**

Year Ended September 29, 2024

(See Independent Auditor's Report)

a) Identity of party involved	b) Relation to plan, employer, or other party-in-interest	c) Description of transaction including maturity date, rate of interest, collateral par or maturity value	(d) Transaction expense	(j)	Amount of earnings	Total transaction	Date of principal correction	Date of earning corrections
* Northern Trust Investments, Inc.	Affiliate of the Trustee	Asset based fees were charged in addition to management fees	\$ 9,491		\$ 1,754	\$ 11,245	6/30/2025	6/30/2025

\* Party-in-interest transaction

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of October 2, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		32 \$25,431	1							
25-29		11	9	2						
30-34		17	11	16	3					
35-39		10	5	20 \$37,853	21 \$45,790	8				
40-44		9	6	11	18	18	8			
45-49		12	6	11	9	17	22 \$37,797			
50-54		9	9	15	15	14	9	8	1	
55-59		7	10	7	8	14	19	13	6	3
60-64		9	7	18	8	18	21 \$40,969	9	11	21 \$43,603
65-69		8	5	8	4	8	5	2	1	
70+		2	1	5	3	3	2		1	

N-660

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of May 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of May 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
<b>Salary Increases</b>	4.00%
<b>Retirement Age</b>	
Active Participants	See Tables 1-2
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Curr.Liab.Disabled>1/1/95 Male & Female
<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

For ERISA Requirements

<b>Surviving Spouse Benefit</b>	It is assumed that 65% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
<b>Trust Expenses Included in Target Normal Cost</b>	\$500,000 + Actual PBGC Premium
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	October 2, 2023

Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of May 2022 to segment rates as of May 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Table 1

**Retirement Rates (Mechanics)**

<b>Age</b>	<b>Rate</b>
55-59	7.00%
60+	100.00%

Table 2

**Retirement Rates (Non-Mechanics)**

<b>Age</b>	<b>Rate</b>
55-60	7.00%
61	15.00%
62	25.00%
63	15.00%
64	25.00%
65	45.00%
66-69	40.00%
70+	100.00%

Table 3

**Termination Rates**

<b>Age</b>	<b>Years of Service</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6+</b>
<25	45.00%	45.00%	35.00%	35.00%	30.00%	20.00%
25-29	40.00%	40.00%	30.00%	30.00%	25.00%	20.00%
30-34	30.00%	25.00%	25.00%	17.50%	17.50%	15.00%
35-44	30.00%	25.00%	25.00%	17.50%	17.50%	10.00%
45+	30.00%	25.00%	25.00%	17.50%	17.50%	7.50%

<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210-0110 1210-0089</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2023 or fiscal plan year beginning <u>10/02/2023</u> and ending <u>09/29/2024</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here: .....	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: .....	<input type="checkbox"/>

<b>Part II Basic Plan Information—enter all requested information</b>											
<b>1a</b> Name of plan Schnucks Outstate Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">003</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td style="text-align: center;">03/29/1981</td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;">43-0726776</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td style="text-align: center;">314-994-9900</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;">445110</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	003	<b>1c</b> Effective date of plan	03/29/1981	<b>2b</b> Employer Identification Number (EIN)	43-0726776	<b>2c</b> Plan Sponsor's telephone number	314-994-9900	<b>2d</b> Business code (see instructions)	445110
<b>1b</b> Three-digit plan number (PN) ▶	003										
<b>1c</b> Effective date of plan	03/29/1981										
<b>2b</b> Employer Identification Number (EIN)	43-0726776										
<b>2c</b> Plan Sponsor's telephone number	314-994-9900										
<b>2d</b> Business code (see instructions)	445110										
<b>2a</b> 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)  Schnuck Markets, Inc.   11420 Lackland Road, PO Box 46928  St. Louis MO 63146											

**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.

<b>SIGN HERE</b>		<u>7/11/25</u>	Jack Rodemann
	<small>Signature of plan administrator</small>	<small>Date</small>	<small>Enter name of individual signing as plan administrator</small>
<b>SIGN HERE</b>			
	<small>Signature of employer/plan sponsor</small>	<small>Date</small>	<small>Enter name of individual signing as employer or plan sponsor</small>
<b>SIGN HERE</b>			
	<small>Signature of DFE</small>	<small>Date</small>	<small>Enter name of individual signing as DFE</small>

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name Schnuck Markets, Inc. <b>c</b> Plan Name Schnucks Outstate Pension Plan	<b>4b</b> EIN 81-1125597 <b>4d</b> PN 003
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 3,413
<b>6</b> 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).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 660
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 613
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b> 868
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b> 1,683
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....	<b>6d</b> 3,164
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b> 108
<b>f</b> Total. Add lines 6d and 6e.....	<b>6f</b> 3,272
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b> 24
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1B

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>Plan Name</b>	<b>Schnucks Outstate Pension Plan</b>
<b>Plan Sponsor EIN</b>	<b>43-0726776</b>
<b>ERISA Plan No.</b>	<b>003</b>
<b>Plan Year End</b>	<b>9/29/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/02/2023 and ending 09/29/2024

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Schnucks Outstate Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Schnuck Markets, Inc.	<b>D</b> Employer Identification Number (EIN) 43-0726776	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>02</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	114,320,231
	<b>b</b> Actuarial value.....	<b>2b</b>	125,752,254
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	912	57,621,708
	<b>b</b> For terminated vested participants.....	1,841	41,688,019
	<b>c</b> For active participants.....	660	27,560,295
	<b>d</b> Total.....	3,413	126,870,022
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.34%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	848,709
	<b>b</b> Expected plan-related expenses.....	<b>6b</b>	2,616,484
	<b>c</b> Target normal cost.....	<b>6c</b>	3,465,193

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	<u>06/20/2025</u> Date
	<u>Andrew Witte</u> Type or print name of actuary	<u>2305764</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</u> Firm name	<u>314-719-3836</u> Telephone number (including area code)
	<u>4220 Duncan Avenue Suite 401 Saint Louis MO 63110</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years.....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3,465,193
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	16,669,412	1,648,724
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	5,113,917
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	5,113,917	5,113,917

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 10/2/2023 at 5.34%</b>	<b>Interest Adjusted Contribution</b>
June 13, 2025	\$ 4,000,000	621	\$ 3,661,696
Total Contribution	\$ 4,000,000		\$ 3,661,696

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	7.00%	0.6957	2.92
61	15.00%	0.6470	5.92
62	25.00%	0.5499	8.52
63	15.00%	0.4125	3.90
64	25.00%	0.3506	5.61
65	45.00%	0.2629	7.69
66	40.00%	0.1446	3.82
67	40.00%	0.0868	2.33
68	40.00%	0.0521	1.42
69	40.00%	0.0312	0.86
70	100.00%	0.0187	1.31
	Weighted Average		61.61

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four-month lookback (as of May 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four-month lookback (as of May 2023), without regard to interest rate stabilization
1st Segment Rate	3.03%
2nd Segment Rate	4.11%
3rd Segment Rate	4.27%
<b>Salary Increases</b>	4.00%
<b>Retirement Age</b>	
Active Participants	See Tables 1-2
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Curr.Liab.Disabled>1/1/95 Male & Female
<b>Withdrawal Rates</b>	See Table 3
<b>Disability Rates</b>	None

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

For ERISA Requirements

<b>Surviving Spouse Benefit</b>	It is assumed that 65% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit and Compensation Limits</b>	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.
<b>Trust Expenses Included in Target Normal Cost</b>	\$500,000 + Actual PBGC Premium
<b>Actuarial Method</b>	Standard unit credit cost method
<b>Valuation Date</b>	October 2, 2023

Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of May 2022 to segment rates as of May 2023, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.
- A change in the mortality assumption from the 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Table 1

**Retirement Rates (Mechanics)**

<b>Age</b>	<b>Rate</b>
55-59	7.00%
60+	100.00%

Table 2

**Retirement Rates (Non-Mechanics)**

<b>Age</b>	<b>Rate</b>
55-60	7.00%
61	15.00%
62	25.00%
63	15.00%
64	25.00%
65	45.00%
66-69	40.00%
70+	100.00%

Table 3

**Termination Rates**

<b>Age</b>	<b>Years of Service</b>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6+</b>
<25	45.00%	45.00%	35.00%	35.00%	30.00%	20.00%
25-29	40.00%	40.00%	30.00%	30.00%	25.00%	20.00%
30-34	30.00%	25.00%	25.00%	17.50%	17.50%	15.00%
35-44	30.00%	25.00%	25.00%	17.50%	17.50%	10.00%
45+	30.00%	25.00%	25.00%	17.50%	17.50%	7.50%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	March 29, 1981
Plan Year:	Same as fiscal year
Employer Fiscal Year	Monday following Sunday nearest September 30 through Sunday nearest September 30
Plan Administrator:	Administrative Committee

Eligibility

On or after March 29, 1981 an Employee becomes a participant on the Entry Date next following the end of the first year of eligibility. The Entry Date is defined as the first or the 183rd day of a plan year. A year of Eligibility Service is defined as one year of 1,000 hours of service (commencing at employment or at a plan year beginning date). In addition, participants from the Logli stores must be at least 21 years of age to be eligible.

No non-union participants are eligible to join this plan if they were hired on or after September 25, 2011.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. For those becoming participants on or after April 5, 1994, only hours worked while a participant count towards the benefit. If an employee works 1,000 hours during a plan year but works less than 1,000 hours while a participant during such year, he shall be given prorated credit for service less than 1,000 hours in the plan year.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the Employee in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability while the participant is being paid directly or indirectly by the Employer, or
- (4) A maternity or paternity leave of absence.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

### Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the later of the attainment of age sixty-five and the fifth anniversary of participation in the plan, but for Mechanics and Wash Bay this is age sixty and the fifth anniversary.

### Average Compensation

The average of the highest five consecutive plan years of W-2 Compensation paid. Compensation for the year of separation may be included in the average if 1,000 hours were completed in that year. For benefit purposes, compensation used in any year shall not exceed the maximum compensation limit for that year. This definition is only applicable for Non-Logli participants for the benefit accrued as of October 1, 1994.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Plan Provisions

Normal Retirement Benefit

The amount of monthly benefit to be paid in monthly installments for life commencing at the Normal Retirement Date and based on service to the Normal Retirement Date is:

For the groups that are not affiliated with the Logli stores, benefit accrual rates based upon service as a participants are shown below;

Benefit multiplier dates	10/03/99-10/03/04	10/04/04-09/30/07	10/01/07-forward	10/03/99-10/1/2006	10/02/06-10/02/16	10/03/16 forward
Group Name	Mechanics	Mechanics	Mechanics	Long-Haul Drivers	Long-Haul Drivers	Long-Haul Drivers
<b>Hours</b>						
=> 1,750	110.00	115.00	120.00	50.00	60.00	60.00
1,500-1,749	96.25	100.63	105.00	43.75	52.50	52.50
1,250-1,499	82.50	86.25	90.00	37.50	45.00	45.00
1,000-1,249	68.75	71.88	75.00	31.25	37.50	37.50
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

Benefit multiplier dates	10/03/05-09/30/07	10/01/07-forward	03/29/81 - 10/01/94	10/01/94 - 09/30/02	09/30/02-10/03/2010	10/03/10-forward	09/30/02 forward
Group Name	Wash Bay	Wash Bay	All other non-Logli locations	All other non-Logli locations	Nonunion All other Non-Logli locations	Nonunion All other Non-Logli locations	Union All other Non-Logli locations Prior to move to \$30 schedule
<b>Hours</b>							
=> 1,750	50.00	55.00	24.00	30.00	45.00	30.00	45.00
1,500-1,749	43.75	48.13	21.00	25.75	38.75	26.25	38.75
1,250-1,499	37.50	41.25	18.00	21.50	32.50	22.50	32.50
1,000-1,249	31.25	34.38	15.00	17.25	26.25	18.75	26.25
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For the above locations, benefits accrued during a past year under a different multiplier do not change when future multipliers change. On 2/27/2011, benefits for Nonunion All other Non-Logli locations were reduced from being based upon the \$45 multiplier to being based upon the \$30 multiplier. On 10/3/2011 Carbondale Unions moved to the \$30 schedule. On 10/1/2012 plan the Centralia Union moved to the \$30 schedule. On 8/1/2014 Jefferson City Unions moved to the \$30 schedule. On 2/23/2015 the Evansville Unions moved to the \$30 schedule. On 10/01/2015 the Columbia Union moved to the \$30 schedule. On 5/16/2016 Bakery Associates moved to the \$30 schedule.

In the event of mid plan year changes to the multiplier schedule, participants get the greater of the \$45 schedule for the year to the amendment, and the \$30 schedule for the entire year.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Plan Provisions

For participants from the Midstates Dairy Location benefits are accrued as follows;

Effective Date	03/29/81	01/01/92	01/01/97	01/01/01	01/01/03	01/01/05
<b>Hours</b>						
=> 1,750	\$35.00	\$50.00	\$70.00	\$75.00	\$80.00	\$85.00
1,500-1,749	Unavailable	43.75	61.25	65.63	70.00	74.38
1,250-1,499	Unavailable	37.50	52.50	56.25	60.00	63.75
1,000-1,249	Unavailable	31.25	43.75	46.88	50.00	53.13
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

There were no benefit amounts accrued until 03/29/1981. At each effective date for the Midstates Group, the benefit amounts for all prior years are increased to the new schedule, provided service was performed after the applicable effective date. This is different than for other locations. Note that this location was sold in July 2007, so there are no additional accruals under the Midstates formula.

The plan year 03/29/1988 – 10/01/1988 was a short plan year. For that year the hours are multiplied by two for the determination of vesting and benefit service.

Any benefit calculated under the above hours counting rules may not be less than the Accrued Benefit as of October 1, 1994. The plan's provisions at that time called for a minimum benefit of 1% times years of a five year average salary times years of credited service.

For Logli Division Employees, the benefit is calculated using 1.30% of career average pay going forward. Some prior years' benefits were calculated using a slightly different formula. This career average pay benefit is limited to \$3,000 per month at age 65. Prior to the 2011-12 plan year the benefit formula was 1.75% of career average earnings.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Early Retirement Benefit

#### **For Eligible Employees other than Logli, Mechanics and Midstates Dairy**

Upon the completion of ten years of service and the attainment of age fifty-five, or the completion of five years of service and the attainment of age sixty, a participant may elect to retire. He/she may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his/her Normal Retirement Date, with the benefit being reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which the payment date precedes the Normal Retirement Date.

#### **For Mechanics**

These participants have the same reductions as shown above, except the benefits are reduced from age 60 rather than from age 65.

#### **For Midstates Dairy**

These participants have the same reductions as shown above, except for terminations that take place in 2004 or after there is no early retirement reduction for those that are at least age 57 and whose age plus vesting service is at least 80 upon termination of employment

#### **For Logli Division Employees**

Upon the attainment of age 55 with 5 years of service, benefits payable prior to age normal retirement age are reduced to their actuarial equivalent using the 1951 Group Annuity Table and 2½% interest

### Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

### Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Disability Retirement Benefit

#### For Logli Division Employees

There is no disability benefit beyond the ordinary terminated vested benefit.

#### For Other Eligible Employees

A participant who retires due to a disability is eligible to receive a 60-month certain annuity with a monthly benefit equal to his Accrued Benefit with no reduction. Such benefit will commence following the month Social Security disability benefits commence and end upon death or recovery from disability if prior to the 60-month period. Upon cessation of the period, the actuarial equivalent amount paid during the timeframe will reduce the ultimate retirement benefit otherwise payable.

### Death Benefit

In the event of an active or inactive married vested participant's death before reaching eligibility for early retirement, his surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant separated from service on the date of death, survived to the earliest retirement date, began receiving benefits in the form of an immediate qualified joint and 50% survivor annuity at the earliest retirement age, and died on the day after the earliest retirement age.

### Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

### Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below with his spouse as beneficiary. The options for the Non-Logli participants are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his beneficiary for their lifetime.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his beneficiary for their lifetime.
- (3) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis using the UP-1984 Mortality Table and a 6% interest rate. Lump sums are not offered.

For the optional benefits available to Logli division employees, please see the formal plan document.

### Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

### Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document. In the event the summary above varies from the actual Plan document, the Plan document provisions apply.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of October 2, 2023  
 Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		32 \$25,431	1							
25-29		11	9	2						
30-34		17	11	16	3					
35-39		10	5	20 \$37,853	21 \$45,790	8				
40-44		9	6	11	18	18	8			
45-49		12	6	11	9	17	22 \$37,797			
50-54		9	9	15	15	14	9	8	1	
55-59		7	10	7	8	14	19	13	6	3
60-64		9	7	18	8	18	21 \$40,969	9	11	21 \$43,603
65-69		8	5	8	4	8	5	2	1	
70+		2	1	5	3	3	2		1	

N-660

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2023	492,408	235,578	5,293,474	6,021,460
2024	785,947	428,233	5,188,105	6,402,285
2025	1,019,347	619,087	5,088,308	6,726,742
2026	1,210,455	907,371	4,969,008	7,086,834
2027	1,373,894	1,220,667	4,853,397	7,447,958
2028	1,513,162	1,532,370	4,730,720	7,776,252
2029	1,631,364	1,879,585	4,586,723	8,097,672
2030	1,746,743	2,079,354	4,446,955	8,273,052
2031	1,811,870	2,300,366	4,297,117	8,409,353
2032	1,866,936	2,453,802	4,139,755	8,460,493
2033	1,925,687	2,642,891	3,975,769	8,544,347
2034	1,958,189	2,833,357	3,804,733	8,596,279
2035	1,986,144	3,008,832	3,626,857	8,621,833
2036	2,020,305	3,188,539	3,442,766	8,651,610
2037	2,036,592	3,321,720	3,253,170	8,611,482
2038	2,053,643	3,476,521	3,058,870	8,589,034
2039	2,074,387	3,599,920	2,860,775	8,535,082
2040	2,079,506	3,712,473	2,659,926	8,451,905
2041	2,082,231	3,814,745	2,457,498	8,354,474
2042	2,078,743	3,890,316	2,254,779	8,223,838
2043	2,085,863	3,955,857	2,053,184	8,094,904
2044	2,087,342	3,993,293	1,854,267	7,934,902
2045	2,074,899	4,059,624	1,659,712	7,794,235
2046	2,051,946	4,075,323	1,471,329	7,598,598
2047	2,029,211	4,089,792	1,290,972	7,409,975
2048	2,007,124	4,091,446	1,120,439	7,219,009
2049	1,987,488	4,073,301	961,378	7,022,167
2050	1,913,135	4,002,039	815,155	6,730,329
2051	1,867,559	3,925,394	682,746	6,475,699
2052	1,795,473	3,817,924	564,714	6,178,111
2053	1,714,308	3,686,357	461,187	5,861,852
2054	1,624,443	3,532,152	371,857	5,528,452
2055	1,552,841	3,355,839	296,041	5,204,721
2056	1,465,895	3,182,987	232,756	4,881,638
2057	1,386,545	2,996,229	180,797	4,563,571
2058	1,304,828	2,802,764	138,824	4,246,416
2059	1,215,985	2,611,482	105,456	3,932,923
2060	1,129,676	2,423,481	79,328	3,632,485
2061	1,048,512	2,240,913	59,157	3,348,582
2062	971,420	2,065,798	43,787	3,081,005
2063	902,284	1,895,594	32,209	2,830,087
2064	831,119	1,732,335	23,575	2,587,029
2065	765,264	1,576,313	17,192	2,358,769
2066	702,798	1,427,737	12,504	2,143,039

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2067	641,713	1,286,754	9,080	1,937,547
2068	583,849	1,153,471	6,588	1,743,908
2069	528,707	1,027,976	4,781	1,561,464
2070	476,503	910,342	3,472	1,390,317
2071	427,183	800,627	2,527	1,230,337
2072	380,764	698,885	1,843	1,081,492

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

<b>Type of Base</b>	<b>Present Value of Installment</b>	<b>Date Established</b>	<b>Years Remaining</b>	<b>Amortization Installment</b>
Shortfall	\$ 7,010,037	October 2, 2020	12	\$ 751,577
Shortfall	\$ (3,347,948)	October 2, 2021	13	\$ (338,726)
Shortfall	\$ 10,053,783	October 2, 2022	14	\$ 965,386
Shortfall	\$ 2,953,540	October 2, 2023	15	\$ 270,487

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 10/2/2023 at 5.34%</b>	<b>Interest Adjusted Contribution</b>
June 13, 2025	\$ 4,000,000	621	\$ 3,661,696
Total Contribution	\$ 4,000,000		\$ 3,661,696

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	7.00%	0.6957	2.92
61	15.00%	0.6470	5.92
62	25.00%	0.5499	8.52
63	15.00%	0.4125	3.90
64	25.00%	0.3506	5.61
65	45.00%	0.2629	7.69
66	40.00%	0.1446	3.82
67	40.00%	0.0868	2.33
68	40.00%	0.0521	1.42
69	40.00%	0.0312	0.86
70	100.00%	0.0187	1.31
	Weighted Average		61.61

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	492,408	235,578	5,293,474	6,021,460
2024	785,947	428,233	5,188,105	6,402,285
2025	1,019,347	619,087	5,088,308	6,726,742
2026	1,210,455	907,371	4,969,008	7,086,834
2027	1,373,894	1,220,667	4,853,397	7,447,958
2028	1,513,162	1,532,370	4,730,720	7,776,252
2029	1,631,364	1,879,585	4,586,723	8,097,672
2030	1,746,743	2,079,354	4,446,955	8,273,052
2031	1,811,870	2,300,366	4,297,117	8,409,353
2032	1,866,936	2,453,802	4,139,755	8,460,493
2033	1,925,687	2,642,891	3,975,769	8,544,347
2034	1,958,189	2,833,357	3,804,733	8,596,279
2035	1,986,144	3,008,832	3,626,857	8,621,833
2036	2,020,305	3,188,539	3,442,766	8,651,610
2037	2,036,592	3,321,720	3,253,170	8,611,482
2038	2,053,643	3,476,521	3,058,870	8,589,034
2039	2,074,387	3,599,920	2,860,775	8,535,082
2040	2,079,506	3,712,473	2,659,926	8,451,905
2041	2,082,231	3,814,745	2,457,498	8,354,474
2042	2,078,743	3,890,316	2,254,779	8,223,838
2043	2,085,863	3,955,857	2,053,184	8,094,904
2044	2,087,342	3,993,293	1,854,267	7,934,902
2045	2,074,899	4,059,624	1,659,712	7,794,235
2046	2,051,946	4,075,323	1,471,329	7,598,598
2047	2,029,211	4,089,792	1,290,972	7,409,975
2048	2,007,124	4,091,446	1,120,439	7,219,009
2049	1,987,488	4,073,301	961,378	7,022,167
2050	1,913,135	4,002,039	815,155	6,730,329
2051	1,867,559	3,925,394	682,746	6,475,699
2052	1,795,473	3,817,924	564,714	6,178,111
2053	1,714,308	3,686,357	461,187	5,861,852
2054	1,624,443	3,532,152	371,857	5,528,452
2055	1,552,841	3,355,839	296,041	5,204,721
2056	1,465,895	3,182,987	232,756	4,881,638
2057	1,386,545	2,996,229	180,797	4,563,571
2058	1,304,828	2,802,764	138,824	4,246,416
2059	1,215,985	2,611,482	105,456	3,932,923
2060	1,129,676	2,423,481	79,328	3,632,485
2061	1,048,512	2,240,913	59,157	3,348,582
2062	971,420	2,065,798	43,787	3,081,005
2063	902,284	1,895,594	32,209	2,830,087
2064	831,119	1,732,335	23,575	2,587,029
2065	765,264	1,576,313	17,192	2,358,769
2066	702,798	1,427,737	12,504	2,143,039

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2067	641,713	1,286,754	9,080	1,937,547
2068	583,849	1,153,471	6,588	1,743,908
2069	528,707	1,027,976	4,781	1,561,464
2070	476,503	910,342	3,472	1,390,317
2071	427,183	800,627	2,527	1,230,337
2072	380,764	698,885	1,843	1,081,492

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	March 29, 1981
Plan Year:	Same as fiscal year
Employer Fiscal Year	Monday following Sunday nearest September 30 through Sunday nearest September 30
Plan Administrator:	Administrative Committee

Eligibility

On or after March 29, 1981 an Employee becomes a participant on the Entry Date next following the end of the first year of eligibility. The Entry Date is defined as the first or the 183rd day of a plan year. A year of Eligibility Service is defined as one year of 1,000 hours of service (commencing at employment or at a plan year beginning date). In addition, participants from the Logli stores must be at least 21 years of age to be eligible.

No non-union participants are eligible to join this plan if they were hired on or after September 25, 2011.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. For those becoming participants on or after April 5, 1994, only hours worked while a participant count towards the benefit. If an employee works 1,000 hours during a plan year but works less than 1,000 hours while a participant during such year, he shall be given prorated credit for service less than 1,000 hours in the plan year.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the Employee in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability while the participant is being paid directly or indirectly by the Employer, or
- (4) A maternity or paternity leave of absence.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

### Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the later of the attainment of age sixty-five and the fifth anniversary of participation in the plan, but for Mechanics and Wash Bay this is age sixty and the fifth anniversary.

### Average Compensation

The average of the highest five consecutive plan years of W-2 Compensation paid. Compensation for the year of separation may be included in the average if 1,000 hours were completed in that year. For benefit purposes, compensation used in any year shall not exceed the maximum compensation limit for that year. This definition is only applicable for Non-Logli participants for the benefit accrued as of October 1, 1994.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Plan Provisions

Normal Retirement Benefit

The amount of monthly benefit to be paid in monthly installments for life commencing at the Normal Retirement Date and based on service to the Normal Retirement Date is:

For the groups that are not affiliated with the Logli stores, benefit accrual rates based upon service as a participants are shown below;

Benefit	10/03/99-	10/04/04-	10/01/07-	10/03/99-	10/02/06-	10/03/16
multiplier dates	10/03/04	09/30/07	forward	10/1/2006	10/02/16	forward
Group Name	Mechanics	Mechanics	Mechanics	Long-Haul Drivers	Long-Haul Drivers	Long-Haul Drivers
<b>Hours</b>						
=> 1,750	110.00	115.00	120.00	50.00	60.00	60.00
1,500-1,749	96.25	100.63	105.00	43.75	52.50	52.50
1,250-1,499	82.50	86.25	90.00	37.50	45.00	45.00
1,000-1,249	68.75	71.88	75.00	31.25	37.50	37.50
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

  

Benefit	10/03/05-	10/01/07-	03/29/81-	10/01/94-	09/30/02-	10/03/10-	09/30/02
multiplier dates	09/30/07	forward	10/01/94	09/30/02	10/03/2010	forward	forward
Group Name	Wash Bay	Wash Bay	All other non- Logli locations	All other non- Logli locations	Nonunion All other Non-Logli locations	Nonunion All other Non-Logli locations	Union All other Non- Logli locations Prior to move to \$30 schedule
<b>Hours</b>							
=> 1,750	50.00	55.00	24.00	30.00	45.00	30.00	45.00
1,500-1,749	43.75	48.13	21.00	25.75	38.75	26.25	38.75
1,250-1,499	37.50	41.25	18.00	21.50	32.50	22.50	32.50
1,000-1,249	31.25	34.38	15.00	17.25	26.25	18.75	26.25
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For the above locations, benefits accrued during a past year under a different multiplier do not change when future multipliers change. On 2/27/2011, benefits for Nonunion All other Non-Logli locations were reduced from being based upon the \$45 multiplier to being based upon the \$30 multiplier. On 10/3/2011 Carbondale Unions moved to the \$30 schedule. On 10/1/2012 plan the Centralia Union moved to the \$30 schedule. On 8/1/2014 Jefferson City Unions moved to the \$30 schedule. On 2/23/2015 the Evansville Unions moved to the \$30 schedule. On 10/01/2015 the Columbia Union moved to the \$30 schedule. On 5/16/2016 Bakery Associates moved to the \$30 schedule.

In the event of mid plan year changes to the multiplier schedule, participants get the greater of the \$45 schedule for the year to the amendment, and the \$30 schedule for the entire year.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Plan Provisions

For participants from the Midstates Dairy Location benefits are accrued as follows;

Effective Date	03/29/81	01/01/92	01/01/97	01/01/01	01/01/03	01/01/05
<b>Hours</b>						
=> 1,750	\$35.00	\$50.00	\$70.00	\$75.00	\$80.00	\$85.00
1,500-1,749	Unavailable	43.75	61.25	65.63	70.00	74.38
1,250-1,499	Unavailable	37.50	52.50	56.25	60.00	63.75
1,000-1,249	Unavailable	31.25	43.75	46.88	50.00	53.13
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

There were no benefit amounts accrued until 03/29/1981. At each effective date for the Midstates Group, the benefit amounts for all prior years are increased to the new schedule, provided service was performed after the applicable effective date. This is different than for other locations. Note that this location was sold in July 2007, so there are no additional accruals under the Midstates formula.

The plan year 03/29/1988 – 10/01/1988 was a short plan year. For that year the hours are multiplied by two for the determination of vesting and benefit service.

Any benefit calculated under the above hours counting rules may not be less than the Accrued Benefit as of October 1, 1994. The plan’s provisions at that time called for a minimum benefit of 1% times years of a five year average salary times years of credited service.

For Logli Division Employees, the benefit is calculated using 1.30% of career average pay going forward. Some prior years’ benefits were calculated using a slightly different formula. This career average pay benefit is limited to \$3,000 per month at age 65. Prior to the 2011-12 plan year the benefit formula was 1.75% of career average earnings.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Early Retirement Benefit

#### **For Eligible Employees other than Logli, Mechanics and Midstates Dairy**

Upon the completion of ten years of service and the attainment of age fifty-five, or the completion of five years of service and the attainment of age sixty, a participant may elect to retire. He/she may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his/her Normal Retirement Date, with the benefit being reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which the payment date precedes the Normal Retirement Date.

#### **For Mechanics**

These participants have the same reductions as shown above, except the benefits are reduced from age 60 rather than from age 65.

#### **For Midstates Dairy**

These participants have the same reductions as shown above, except for terminations that take place in 2004 or after there is no early retirement reduction for those that are at least age 57 and whose age plus vesting service is at least 80 upon termination of employment

#### **For Logli Division Employees**

Upon the attainment of age 55 with 5 years of service, benefits payable prior to age normal retirement age are reduced to their actuarial equivalent using the 1951 Group Annuity Table and 2½% interest

### Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

### Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Disability Retirement Benefit

#### For Logli Division Employees

There is no disability benefit beyond the ordinary terminated vested benefit.

#### For Other Eligible Employees

A participant who retires due to a disability is eligible to receive a 60-month certain annuity with a monthly benefit equal to his Accrued Benefit with no reduction. Such benefit will commence following the month Social Security disability benefits commence and end upon death or recovery from disability if prior to the 60-month period. Upon cessation of the period, the actuarial equivalent amount paid during the timeframe will reduce the ultimate retirement benefit otherwise payable.

### Death Benefit

In the event of an active or inactive married vested participant's death before reaching eligibility for early retirement, his surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant separated from service on the date of death, survived to the earliest retirement date, began receiving benefits in the form of an immediate qualified joint and 50% survivor annuity at the earliest retirement age, and died on the day after the earliest retirement age.

### Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

### Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

<b>Years of Service</b>	<b>Vested Percent</b>
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Schnucks Outstate Pension Plan  
EIN: 43-0726776 PN: 003

## Plan Provisions

### Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below with his spouse as beneficiary. The options for the Non-Logli participants are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his beneficiary for their lifetime.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his beneficiary for their lifetime.
- (3) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis using the UP-1984 Mortality Table and a 6% interest rate. Lump sums are not offered.

For the optional benefits available to Logli division employees, please see the formal plan document.

### Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

### Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document. In the event the summary above varies from the actual Plan document, the Plan document provisions apply.

### Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

<b>Plan Name</b>	<b>Schnucks Outstate Pension Plan</b>
<b>Plan Sponsor EIN</b>	<b>43-0726776</b>
<b>ERISA Plan No.</b>	<b>003</b>
<b>Plan Year End</b>	<b>9/29/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Schnucks Outstate Pension Plan  
 EIN: 43-0726776 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

<b>Type of Base</b>	<b>Present Value of Installment</b>	<b>Date Established</b>	<b>Years Remaining</b>	<b>Amortization Installment</b>
Shortfall	\$ 7,010,037	October 2, 2020	12	\$ 751,577
Shortfall	\$ (3,347,948)	October 2, 2021	13	\$ (338,726)
Shortfall	\$ 10,053,783	October 2, 2022	14	\$ 965,386
Shortfall	\$ 2,953,540	October 2, 2023	15	\$ 270,487