

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>1a Name of plan <u>RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>YOUNG'S MARKET COMPANY, LLC</u></p> <p><u>4300 WILDWOOD PARKWAY</u> <u>ATLANTA, GA 30339</u></p>	<p>1c Effective date of plan <u>12/01/1942</u></p> <p>2b Employer Identification Number (EIN) <u>33-0780329</u></p> <p>2c Plan Sponsor's telephone number <u>404-472-2040</u></p> <p>2d Business code (see instructions) <u>424800</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.

SIGN HERE	Filed with authorized/valid electronic signature.	08/29/2025	DENNIS BASHUK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor REPUBLIC NATIONAL DISTRIBUTING COMPANY, LLC RETIREMENT PLANS INVESTMENT COMMITTEE ONE NATIONAL DRIVE, S.W ATLANTA, GA 30336	3b Administrator's EIN 33-0780329 3c Administrator's telephone number 404-696-9440
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	702
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	148
a(2) Total number of active participants at the end of the plan year	6a(2)	136
b Retired or separated participants receiving benefits.....	6b	327
c Other retired or separated participants entitled to future benefits	6c	156
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	59
f Total. Add lines 6d and 6e	6f	678
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <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	9b 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan <u>RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	<u>54596290</u>	
b Actuarial value	2b	<u>57417380</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>353</u>	<u>45098744</u>	<u>45098744</u>
b For terminated vested participants	<u>213</u>	<u>12033077</u>	<u>12033077</u>
c For active participants	<u>148</u>	<u>5108473</u>	<u>5157424</u>
d Total	<u>714</u>	<u>62240294</u>	<u>62289245</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5 Effective interest rate	5	<u>5.04 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>710000</u>	
c Target normal cost	6c	<u>710000</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.

SIGN HERE <u>LAUREN SCHMIDT</u> Signature of actuary <u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name <u>30 SPEEN ST, STE. 500</u> <u>FRAMINGHAM, MA 01071</u> Address of the firm	<u>08/27/2025</u> Date <u>23-08606</u> Most recent enrollment number <u>781-373-6900</u> Telephone number (including area code)
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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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.58</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		809170
b(1)	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>5.18</u> %		41915
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		851085
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.17 %
15	Adjusted funding target attainment percentage	15	92.17 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(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		
04/15/2024	274000						
07/12/2024	274000						
10/11/2024	500000						
01/13/2025	500000						
04/14/2025	195000						
07/14/2025	195000						
Totals ▶			18(b)	1938000	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1857611

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c 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			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 710000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	4871865		507702
b Waiver amortization installment			
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
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1217702
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 1217702
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 1857611
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 639909
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329	

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

BLACKROCK FUND ADVISORS

94-2948313

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

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

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

THE VANGUARD GROUP, INC.

23-1945930

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

BOYD WATTERSON GSA FUND

34-1922005

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

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

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

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

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

AGILIS PARTNERS LLC

04-3513306

(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 14 17	NONE	250489	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)

LCG ASSOCIATES, INC.

75-1680350

(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?
51	NONE	50000	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)

U.S. CITIES INDUSTRIAL FUND GP LLC

36-4922991

(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?
51	NONE	31351	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"/>

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)

WINDHAM BRANNON, LLC

58-1763439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17500	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)

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YOUNG'S MARKET COMPANY, LLC	D Employer Identification Number (EIN) 33-0780329

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	952000	890000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	780966	1400093
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46233978	45130673
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6639570	4649930

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	54606514	52070696
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	54606514	52070696

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1938000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1938000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	58071	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		58071
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1579848	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1579848
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	15071394	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	15220461	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-149067
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-94319	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-94319

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-415457
c Other income	2c		198709
d Total income. Add all income amounts in column (b) and enter total	2d		3115785

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4857556	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4857556
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	156689	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17500	
(5) Investment advisory and investment management fees	2i(5)	80652	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	93800	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	445406	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		794047
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5651603

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2535818
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WINDHAM BRANNON, LLC

(2) EIN: 58-1763439

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 542021.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREMENT INCOME PLAN FOR NONBARGAINING UNIT EMPLOYEES OF YOUNG'S MARKET COMPANY, LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YOUNG'S MARKET COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>33-0780329</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-1466678

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		20
---	--	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**Retirement Income Plan for Nonbargaining Unit
Employees of Young's Market Company, LLC**

Financial Statements

December 31, 2024 and 2023

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and participants of the
Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

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

We have performed audits of the financial statements of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (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) which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits and statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements (the financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our 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 the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of the 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to

or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

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

Windham Brannon, LLC

August 28, 2025

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Line 22 –Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Population	Rates of Retirements	(2) * (3) Actual Retirements	(1) * (4) Age Weight
55	100.00	5%	5.00	275.00
56	95.00	5%	4.75	266.00
57	90.25	5%	4.51	257.21
58	85.74	5%	4.29	248.64
59	81.45	5%	4.07	240.28
60	77.38	5%	3.87	232.13
61	73.51	5%	3.68	224.20
62	69.83	15%	10.48	649.45
63	59.36	10%	5.94	373.96
64	53.42	10%	5.34	341.91
65	48.08	50%	24.04	1562.62
66	24.04	30%	7.21	476.00
67	16.83	50%	8.41	563.74
68	8.41	30%	2.52	171.65
69	5.89	30%	1.77	121.92
70	4.12	100%	4.12	288.60
Sum of Age Weight / 100:				62.93
Round to Nearest Age:				63

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions	
Effective Date	December 1, 1942. Most recent restatement effective January 1, 2015. Most recent amendment effective July 1, 2023.
Plan Year	Calendar year
Plan Status	Benefit accruals and Plan participation were frozen on December 31, 2002.
Eligibility	Any Employee of the company, excluding those covered by a collective bargaining agreement with pension benefits, an independent contractor, or leased employee.
Participation	First day of the month following one year of service. Participation and accrued benefit were frozen effective December 31, 2002.
Credited Service	Elapsed time from date of hire to date of termination. Credited Service was frozen effective December 31, 2002.
Vesting Service	Elapsed time from date of hire to date of termination.
Vesting Percentage	100% upon completion of 5 years of Vesting Service or attainment of age 65, or if the participant was actively employed on December 31, 2002, and 0% otherwise.
Grandfathered Participant	A participant who attained age 55 as of January 1, 1997 and whose age and Credited Service total at least 75 years with at least 15 years of Credited Service.
Pensionable Earnings	Total earnings, including wages, differential wage payments and earned income, but excluding car and expense allowance and severance payments. Earnings after December 31, 2002 are excluded.
Final Average Earnings	Average of the Pensionable Earnings received for the 120 latest calendar months (or all calendar months, if less than 120). Frozen as of December 31, 2002.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions

Normal Retirement

Eligibility The later of: 1) age 65 and 2) the earlier of five years of Vesting Service and five years from the first day of the Plan Year in which Plan membership occurs.

Annual Benefit Sum of (a), (b), and (c):

- (a) 2.33% of Final Average Earnings multiplied by Credited Service up to December 31, 1996 (December 31, 2001 for a Grandfathered Participant), not to exceed 15 years
- (b) 1.50% of Final Average Earnings multiplied by Credited Service up to December 31, 1996 (December 31, 2001 for a Grandfathered Participants), in excess of 15 years, not to exceed 20 years (i.e., 35 total years for formula parts (a) and (b))
- (c) 1.00% of Final Average Earnings multiplied by Credited Service earned on or after January 1, 1997 (January 1, 2002 for a Grandfathered Participant).

For participants with a vested benefit from another defined benefit plan affiliated with the plan sponsor (e.g., Union), the Accrued Benefit is the greater of:

- (1) Amount calculated by the above formula using only non-union service and compensation.
- (2) Amount calculated by the above formula using all service and compensation (Union and Non-Union) minus the vested accrued benefit earned through December 31, 2002 payable from the Union plan.

Early Retirement

Eligibility Age 55 and 5 years of Vesting Service.

Annual Benefit Normal Retirement Benefit reduced by the following:

- Less than 15 years of Vesting Service: $\frac{1}{2}$ of 1% for each month benefit commencement precedes Normal Retirement Date.
- At least 15 years of Vesting Service: $\frac{1}{2}$ of 1% for each month benefit commencement precedes age 62.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions

Deferred Retirement

Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (A) the Accrued Benefit as of the Late Retirement Date, and (B) Accrued Benefit as of Normal Retirement Date actuarially increased to the Late Retirement Date.

Actuarial increases are not provided if a Suspension of Benefits Notice is issued, except as required by law.

Deferred Vested

Eligibility

Termination for any reason other than death or retirement.

Annual Benefit

Accrued Benefit as of the date of termination multiplied by the Vesting Percentage. The benefit is payable at any age after Early Retirement Age. If benefits commence before Normal Retirement Age, the benefit will be reduced based on the reduction factors described in the Early Retirement Benefit section.

Pre-Retirement Death Benefit

Eligibility

Vested at death

Annual Benefit

Surviving Spouse Benefit:

The greater of:

- (a) 50% of the amount that would have been payable to the member as if the member had terminated on the earlier of his/her actual employment termination date or date of death, survived to his/her earliest retirement age, and had elected the 50% joint and survivor option provided the member had been married at least one year. Benefit commences no earlier than the first day of the month the member could have retired, but not later than the member's Required Beginning Date.
- (b) The actuarially equivalent benefit payable to other beneficiaries.

Benefit to All Other Beneficiaries:

If the participant does not have a qualified spouse or waives the spousal death benefit, a monthly benefit is payable to the surviving beneficiary immediately following the participant's date of death. The benefit is paid for ten years only. The benefit amount is the amount payable to the beneficiary as if the participant terminated employment on the earlier of his/her actual termination date or the day before his/her death, retired with a 50% Joint and Survivor option, then died the following day.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (continued)

Plan Provisions

In-Service Distribution	Participants at or beyond their Normal Retirement Date may elect to receive their retirement benefit while still actively employed.
Normal Form of Payment	Unmarried participants: Life annuity Married participants: Reduced 50% Joint and Survivor annuity
Optional Forms of Payment	Life annuity; Life annuity with 120 months guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; mandatory lump sum if value is under \$7,000
Optional Form Conversion Basis	Non-lump sum optional forms are calculated as the actuarial equivalent of the normal form, using the 1971 Group Annuity Mortality Table male rates with a six-year setback for beneficiaries and 7.0% interest.
Lump Sum Conversion Basis	Lump sums are calculated based on the normal form using the published IRS 417(e) Applicable Mortality and the 417(e) interest rates for the applicable plan year using a 3-month interest lookback (October rates) from the start of each plan year.
Employee Contributions	None
Maximum Pay and Benefits	Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The Plan is administered in compliance with these limits and increases them automatically as published by the IRS.

Changes Since Prior Valuation

Plan Provisions	The lump sum conversion basis was updated from using either the 417(e) interest rates for the applicable plan year or the 30-year Treasury rate, both using a 2-month interest lookback (November rates) from the start of each plan year, whichever provides the larger benefit, to using the 417(e) interest rates for the applicable plan year using a 3-month interest lookback (October rates) (i.e., the lookback month was changed and the comparison to the 30-year Treasury rate was removed).
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Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods

Actuarial Methods

The actuarial methods described in this section are either required by IRC Section 430 or were selected from the methods permitted by IRC Section 430.

Funding Method

The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

Asset Valuation Method

The Valuation Assets are determined using a method that spreads asset gains/(losses) over a two-year period on an annual basis. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions receivable, if any, are included in the Valuation Assets. This is known as an actuarial value of assets and is in compliance with the Pension Protection Act of 2006. As a result of applying these smoothing techniques, the valuation assets will generally fluctuate less than the market value of assets.

Measurement Date

January 1, 2024

Valuation Date

First day of the plan year.

Benefits Not Valued

We are not aware of any benefits required to be valued that were not. To the best of our knowledge, we have reflected all material provisions of the Plan.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Economic Assumptions

Interest Rates

Maximum Deductible September 2023 IRS Segment Rates:

First Segment	3.62%
Second Segment	4.46%
Third Segment	4.52%
Single Effective Rate	4.40%

Minimum Funding September 2023 IRS Segment Rates (reflecting segment rate stabilization as amended under the American Rescue Plan Act of 2021):

First Segment	4.75%
Second Segment	4.87%
Third Segment	5.59%
Single Effective Rate	5.04%

Expected Return on Assets 6.25% (for the 2023 plan year)

Future Increases in Maximum Pay and Benefits Pay and benefits limitations set by IRC 401(a)(17) and 415(b) are not assumed to increase in the future.

Plan-related Expenses \$710,000 was added to the Target Normal Cost to represent plan-related expenses, including PBGC premiums, anticipated to be paid from the Plan's assets for the plan year.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Demographic Assumptions

Healthy Mortality 2024 IRS prescribed mortality with separate rates for annuitants and non-annuitants and generational mortality projection.

Disability Incidence None

Retirement Rates of retirement from active status vary by age:

Age	Percentage
55-61	5%
62	15%
63-64	10%
65	50%
66	30%
67	50%
68-69	30%
70+	100%

Termination 75% of the Society of Actuaries' Small Plan Turnover. Sample rates of termination from active employment are illustrated below:

Age	Rate
40	7.050%
45	5.475%
50	4.200%
55	3.150%
60	2.250%
65	1.425%

Decrement Timing Beginning of year decrements.

Commencement Date for Deferred Vested Benefits Age 65.

Commencement Date for Pre-retirement Death Benefits Later of death of participant or age 65.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Demographic Assumptions (cont.)

Beneficiary Age Difference Female participants are assumed to be 3 years younger than their spouse. Male participants are assumed to be 3 years older than their spouse.

Actual beneficiary birth date is used for in-payment participants.

Form of Payment

Retirement

65% of participants are assumed to elect a life annuity and 35% are assumed to elect a 75% joint and survivor annuity.

Pre-retirement death benefit

Survivor portion of the 50% Joint and Survivor annuity is assumed except when the actual survivor form of payment is known, in which case the known form of payment is valued.

New Employees

No new or rehired employees are assumed.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Part V – Summary of Actuarial Assumptions/Methods (continued)

Rationale for Significant Actuarial Assumptions

Interest Rate	The lookback basis was selected from the methods permitted by IRC §430. The underlying rates are based on historical market data and are published periodically by the IRS.
Plan-related Expenses	As required IRC §430, we have estimated plan-related expenses anticipated to be paid from the Plan's assets for the coming plan year. This may include, but is not limited to, anticipated PBGC premiums, trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.
Assumed Rate of Return on Assets for Purposes of Calculating Actuarial Value of Assets	The assumed rate of return of 6.25% for the 2023 plan year, which was used in calculating the Actuarial Value of Assets as of January 1, 2024, is the assumed rate of return on assets for the 2023 plan year for the US GAAP valuation. This rate was then compared to the 3rd segment rate applicable for the plan year and limited if necessary.
Mortality	The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC §430. Updates are published periodically by the IRS.
Termination and Retirement	The termination and retirement rates are based on an experience study that was performed by the prior actuary in 2018. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Commencement Dates for Terminated Vested Participants	The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience. Early commencement factors for deferred vested benefits are subsidized for Terminated Vested participants with at least 15 years of service; however, based on an experience study that was performed by the prior actuary in 2018, participants generally did not commence benefits prior to age 65. Therefore, participants are assumed to commence at age 65. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Form of Payment	The assumed form of payment at commencement is based on an experience study that was performed by the prior actuary in 2018. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Beneficiary Age Difference	The spousal age difference assumption is based on the plan sponsor's expectations of their population.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Line 32 – Schedule of Amortization Bases

<u>Type of Base</u>	<u>Year Established</u>	<u>Remaining Period (Years)</u>	<u>Outstanding balance</u>	<u>2024 Installment</u>
Shortfall	1/1/2024	15	(\$1,968,275)	(\$179,074)
Shortfall	1/1/2023	14	\$5,642,166	\$538,504
Shortfall	1/1/2022	13	(\$3,373,383)	(\$339,424)
Shortfall	1/1/2021	12	\$4,571,357	\$487,696
Total			\$4,871,865	\$507,702

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at fair value	\$ 51,180,696	\$ 53,654,514
Employer contribution receivable	890,000	952,000
Total assets	52,070,696	54,606,514
Net assets available for benefits	\$ 52,070,696	\$ 54,606,514

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

Additions

Net change in fair value of investments	\$ (658,844)
Dividends and interest income	1,836,629
Employer contributions	1,938,000

Total additions	3,115,785
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Deductions

Benefits paid to participants or beneficiaries	4,857,556
Administrative expenses	794,047

Total deductions	5,651,603
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Net decrease	(2,535,818)
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Net assets available for benefits

Beginning of year	54,606,514
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End of year	\$ 52,070,696
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Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statements of Accumulated Plan Benefits December 31, 2024 and 2023

	2024	2023
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 41,437,460	\$ 41,708,006
Active participants	4,318,942	4,499,898
Other vested benefits	9,561,501	10,817,431
	55,317,903	57,025,335
Nonvested benefits	30,826	45,390
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 55,348,729	\$ 57,070,725

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Statement of Changes in Accumulated Plan Benefits For the Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 57,070,725
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Increase (decrease) during the year attributable to:	
Increase in interest due to decrease in discount period	3,390,065
Changes in actuarial assumptions	(432,530)
Actuarial loss	178,025
Benefits paid	(4,857,556)
<hr/>	
Net decrease	(1,721,996)
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Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 55,348,729
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Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

1. Description of Plan

The following description of the Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC (the Plan) provides only general information. Participants should refer to the Plan document, copies of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan covering nonbargaining unit employees of Young's Market Company, LLC and its subsidiaries and affiliates (collectively, the Company or Plan Sponsor) who completed at least one year of service prior to December 31, 2002, the date the Plan was frozen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2002 (Freeze Date), the Plan was amended to cease benefit accruals and close the Plan to new participants. All participants who were active participants on December 31, 2002, are fully vested. Vested participants may receive reduced benefits at age 55 or full benefits at age 65. A vested participant who discontinues employment with the Company has a deferred vested benefit available at age 65 (or at age 55 in a reduced amount).

Benefits

For participants who had at least 15 years of service, had attained age 55, and had a combined total of age and years of service of at least 75 years (Grandfathered Participants) who have not earned a vested benefit under another defined benefit pension plan to which the Company contributed, normal retirement benefits are the sum of (i) 2.33% of final average monthly compensation, multiplied by years of service determined on December 31, 2001, but not to exceed 15 years of service, (ii) 1.50% of final average monthly compensation, multiplied by years of service determined on December 31, 2001, in excess of 15, but not to exceed 35 years of service, and (iii) 1.00% of final average monthly compensation, multiplied by a full or partial year of service earned in 2002. Since the Plan was frozen on December 31, 2002, the participants will not earn years of service on or after December 31, 2002, and any compensation that is paid to the participants on or after December 31, 2002, will not be taken into account for purposes of calculating the final average monthly compensation.

For participants who are not a Grandfathered Participant and have not earned a vested benefit under another defined benefit pension plan to which the Company contributed, normal retirement benefits are the sum of (i) 2.33% of final average monthly compensation, multiplied by years of service determined on December 31, 1996, but not to exceed 15 years of service, (ii) 1.50% of final average monthly compensation, multiplied by years of service determined on

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

December 31, 1996, in excess of 15, but not to exceed 35 years of service, and (iii) 1.00% of final average monthly compensation, multiplied by years of service earned from 1997 to 2002.

For participants who have earned a vested benefit under another defined benefit pension plan to which the Company contributed, different formulas are used to adjust the benefit earned under the Plan based on years of service while the participant was an active participant in the Plan or by reducing the benefit amount calculated under the Plan by the vested accrued benefit earned under other Company-sponsored plans.

Early retirement benefits are available to vested participants who have attained age 55.

Participants with a vested benefit for which a lump sum present value equivalent is less than \$7,000 may be provided the option to receive a lump sum payment or have their benefit rolled over to an individual IRA.

Death Benefits

Death benefits are provided to participants' designated beneficiaries upon death of a participant in accordance with Plan provisions, which may vary depending upon if death is prior to participant's retirement or after termination of employment and before pension payments commence. Forms of death benefit payments and amounts may vary, depending upon Plan provisions. Amounts of death benefits may vary according to certain conditions noted above, but will be based on frozen accrued benefit calculated as of December 31, 2002.

Funding Policy

The Plan is funded by periodic employer contributions, which are actuarially determined to provide necessary assets to meet benefits payable to plan participants.

Administrative Expenses

The Plan pays the custodian fees, actuarial, audit, legal, and Pension Benefit Guaranty Corporation (PBGC) fees. Payments made to service providers of the Plan qualify as party-in-interest transactions. Investment-related expenses are included in the net change in fair value of investments.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, 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, and such estimates may be material to the financial statements.

Contributions

All contributions to the Plan are accounted for on the accrual basis and are made by the Plan Sponsor based on actuarially determined annual funding requirements of the Plan. As of December 31, 2024 and 2023, the Plan has met the current minimum funding contribution requirements of ERISA.

In accordance with Financial Accounting Standards Board's (FASB) Accounting Standards Codification 326, *Financial Instruments—Credit Losses*, the Company estimates the current credit risk associated with employer contribution receivables. The Company determined that no allowance for credit losses is necessary as of December 31, 2024 and 2023, and there was no activity in the allowance for credit loss account in 2024.

Valuation of Investments and Income Recognition

The Plan's investments are stated 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. See Note 5 for a discussion of fair value measurements.

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

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on participants' final average monthly compensation, as defined, and the number of years of credited service and in effect at the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included in accumulated plan benefits to the extent they are deemed attributable to employee service rendered through December 31, 2002.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through August 28, 2025, which is the date the financial statements were available to be issued.

3. Information Certified by the Qualified Institution

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net change in fair value of investments, and interest and dividend income for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal Bank (Principal), the Plan's qualified institution.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent consulting actuary and is the amount that results in applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Assumption changes primarily include changes in the interest rate from 6.20% to 6.30%.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

The significant assumptions used in the actuarial computations as of December 31, 2024 are as follows:

Interest rate	6.30%
Mortality basis	Pri-2012 mortality table for employees, retirees, and contingent survivors projected generationally with Scale MP-2021. The contingent survivor table is assumed only after retiree death.

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue in existence. If the Plan were to terminate, different actuarial assumptions and other factors might be applied in determining the actuarial present value of accumulated plan benefits. Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumption 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.

The Plan's Adjusted Funding Target Attainment Percentage (AFTAP), calculated under provisions of the IRC, was 86.99% and 92.17% at December 31, 2024 and 2023, respectively. There were no restrictions on benefit payments during 2024 or through the date of this report.

5. Investments and Fair Value Measurements

Plan investments as of December 31, 2024 and 2023 include a cash equivalent fund managed by Principal. Principal is a service provider for the Plan; therefore, transactions in this security qualify as party-in-interest transactions.

Investments are exposed to various risks, such as market, currency, interest rate, and credit risks. Market risks include U.S. and global events which could impact the value of Plan investments. Such events would include healthcare crises, such as a pandemic, international conflicts, supply chain disruptions, global monetary policy decisions, significant exogenous economic influences, and significant cybersecurity attacks, among others. It is at least reasonably possible that changes in their fair value will occur in the near term and that such changes could materially affect the funded status of the Plan and the amounts reported in the statement of net assets available for benefits.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

The FASB established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities, and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 – unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access

Level 2 – other significant observable inputs, including quoted prices in active markets for similar securities (ratings, interest rates, maturity, etc.) and quoted prices for identical securities in inactive markets

Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

Observable inputs are those based on market data obtained from sources independent of the Plan, and unobservable inputs reflect the Plan's own assumptions based on the best information available. The input levels are not necessarily an indication of the risk or liquidity associated with financial instruments at that level but rather the degree of judgment used in determining those values.

Following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

The cash equivalent includes a short-term money market fund that is stated at quoted market prices for the identical security in an active market (Level 1). The plan administrator's policy is to classify cash and cash equivalents held for investment purposes as investments in the accompanying statements of net assets available for benefits.

Investments in mutual funds and exchange-traded funds are valued at the daily closing price as reported by the fund. Mutual funds and exchange-traded funds held by the Plan are open-end funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds and exchange-traded funds held by the Plan are deemed to be actively traded (Level 1).

The Plan also invests in real estate investment funds. These funds are valued at NAV as the practical expedient, since the underlying assets typically do not have publicly available observable inputs. The fund managers value the underlying assets using the income approach. The income approach requires an estimate of cash flows for each investment over the anticipated

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

holding period. The fair value of the funds is determined by aggregating the value of the underlying assets less liabilities. Since the resulting valuations are based on estimates, the values may materially differ from the values that would be determined by negotiations held between parties in a sales transaction. The funds transact at NAV, daily. The investment strategies of the real estate funds are to provide investors with access to an institutional-quality portfolio of core real estate investments throughout the United States. As these are valued at NAV as a practical expedient rather than fair value, they are excluded from the fair value leveling hierarchy. The following table summarizes the real estate investment funds as of December 31, 2024 and 2023:

	2024	2023	Unfunded Commitment	Redemption	
				Frequency	Notice Period
Boyd Waterson GSA Fund, LP	\$ 1,483,989	\$ 3,318,096	n/a	Quarterly	60 days*
Nuveen U.S. Cities Industrial Fund, LP	3,162,284	3,316,217	n/a	Quarterly	45 days*
Total	\$ 4,646,273	\$ 6,634,313			

* Subject to the managers' ability to meet requested redemptions and managers may, at times, establish entry and exit queues which may take several quarters to fully execute such requests.

In July 2024, the Plan submitted requests for full redemption from both of the real estate investment funds and is currently in queue for redemption, with all proceeds expected to be received in late 2025 or early 2026.

The investments at December 31, 2024 and 2023 are comprised of the following:

	2024	
	Level 1	Total
Cash equivalent	\$ 1,403,750	\$ 1,403,750
Mutual funds and exchange-traded funds	45,130,673	45,130,673
Total assets at fair value	46,534,423	46,534,423
Real estate investment funds measured at NAV		4,646,273
Total		\$ 51,180,696

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Notes to Financial Statements December 31, 2024 and 2023

	2023	
	Level 1	Total
Cash equivalent	\$ 786,223	\$ 786,223
Mutual funds and exchange-traded funds	46,233,978	46,233,978
Total assets at fair value	47,020,201	47,020,201
Real estate investment funds measured at NAV		6,634,313
Total		\$ 53,654,514

6. Income Tax Status

The Internal Revenue Service has determined and informed the Company, by letter dated March 7, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax. The Plan's income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

7. Plan Termination

Although the Plan was frozen at December 31, 2002, the Company has not expressed any intent to terminate the Plan. However, the Plan may be discontinued at the option of the Company, subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations governing the priority order of participants' rights to the net assets of the Plan. To the extent unfunded benefits may exist, ERISA provides that such benefits, subject to certain limits, are eligible for payment by the PBGC, a federal corporation created by ERISA.

In general, the PBGC will guarantee the payment of most vested normal retirement age benefits and early retirement age benefits that employees were receiving or were entitled to receive as of the date the Plan terminated. Such benefits, however, are only guaranteed to the extent of the actuarial value of the vested benefits as of the date the Plan terminated, payable in the form of a straight-life annuity commencing at age 65. Additionally, the total amount of such guaranteed benefits is subject to an overall ceiling that is adjusted periodically by PBGC.

Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC

Schedule H, Line 4i – Schedule of Assets (Held of End of Year) EIN: 33-0780329 Plan Number: 001 December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
	* Principal/Fund A S1 Short Term Investment Fund	Cash Equivalent	\$ 1,400,093	\$ 1,403,750
	Europacific Growth Fund Class R6	Mutual Fund	4,388,031	3,539,347
	Fidelity 500 Index Fund	Mutual Fund	4,184,188	5,543,619
	Vanguard Long-Term Bond ETF	Exchange-Traded Fund	31,552,150	30,030,848
	iShares Select Dividend ETF	Exchange-Traded Fund	1,246,399	2,010,969
	Vanguard Midcap Viper	Mutual Fund	1,104,087	2,011,086
	Vanguard Small Cap Viper	Mutual Fund	1,173,395	1,994,804
	Total Mutual Funds and ETFs		43,648,250	45,130,673
	Boyd Watterson GSA Fund, LP	Real Estate Investment Fund	1,732,249	1,483,989
	Nuveen U.S. Cities Industrial Fund, LP	Real Estate Investment Fund	3,161,946	3,162,284
	Total Real Estate Investment Funds		4,894,195	4,646,273
	Total		\$ 49,942,538	\$ 51,180,696

* Indicates a party-in-interest to the Plan.

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
			53,654,513.84			
			2,682,725.69			
**	ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1					
01/31/24 B	3,434,987	1.000	0	3,434,987-*	3,434,987	
**	ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1					
02/05/24 S	5,055,427	1.000	0	5,055,427 *	5,055,427	0
	ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF					
02/01/24 B	68,105	74.220	681	5,055,427-*	5,055,427	
	GRAND TOTAL		681	13,545,841	13,545,841	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

**Indicates a party-in-interest to the Plan.

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY BROKER UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		53,654,513.84			
	COMPARATIVE VALUE (5%)		2,682,725.69			
BROKER: BNY CAPITAL MARKETS, INC.						
09/06/24	S	ISSUE: 464287168 - ISHARES SELECT DIVIDEND ETF 2,565 131.958	61	338,412	208,723	129,689
09/06/24	S	ISSUE: 922908629 - VANGUARD MIDCAP VIPER 955 249.722	26	238,459	138,482	99,976
09/06/24	S	ISSUE: 922908751 - VANGUARD SMALL CAP VIPER 620 222.852	16	138,152	87,630	50,522
09/10/24	B	ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF 26,545 75.826	531	2,013,324-	2,013,324	
12/18/24	S	ISSUE: 464287168 - ISHARES SELECT DIVIDEND ETF 973 133.643	23	130,011	79,177	50,835
12/18/24	S	ISSUE: 922908629 - VANGUARD MIDCAP VIPER 877 273.268	24	239,632	127,172	112,460
12/18/24	S	ISSUE: 922908751 - VANGUARD SMALL CAP VIPER 1,194 251.080	32	299,757	168,759	130,999
12/20/24	B	ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF 11,615 69.420	232	806,544-	806,544	
	SUB-TOTAL		945	4,204,291	3,629,811	574,481
BROKER: WALLACHBETH CAPITAL, LLC						
02/01/24	B	ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF 68,105 74.220	681	5,055,427-*	5,055,427	
	SUB-TOTAL		681	5,055,427	5,055,427	0
	GRAND TOTAL		1,626	9,259,718	8,685,238	574,481

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY BROKER		UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
			53,654,513.84			
			2,682,725.69			

** ISSUE: PF9980004 - SHORT-TERM INVESTMENT FUND A S1						
01/02/24 B	641	1.000	0	641-	641	
01/03/24 B	5,257	1.000	0	5,257-	5,257	
01/16/24 B	500,000	1.000	0	500,000-	500,000	
01/24/24 B	14,744	1.000	0	14,744-	14,744	
01/31/24 B	3,434,987	1.000	0	3,434,987-*	3,434,987	
02/01/24 B	1,522,957	1.000	0	1,522,957-	1,522,957	
02/02/24 B	3,327	1.000	0	3,327-	3,327	
02/06/24 B	92,319	1.000	0	92,319-	92,319	
03/06/24 B	98,755	1.000	0	98,755-	98,755	
03/06/24 B	981	1.000	0	981-	981	
03/15/24 B	4,159	1.000	0	4,159-	4,159	
03/26/24 B	9,196	1.000	0	9,196-	9,196	
03/27/24 B	25,657	1.000	0	25,657-	25,657	
04/02/24 B	2,695	1.000	0	2,695-	2,695	
04/04/24 B	112,663	1.000	0	112,663-	112,663	
04/15/24 B	500,000	1.000	0	500,000-	500,000	
04/29/24 B	890,440	1.000	0	890,440-	890,440	
05/01/24 B	680	1.000	0	680-	680	
05/02/24 B	2,633	1.000	0	2,633-	2,633	
05/06/24 B	104,036	1.000	0	104,036-	104,036	
06/03/24 B	653	1.000	0	653-	653	
06/04/24 B	6,360	1.000	0	6,360-	6,360	
06/05/24 B	108,340	1.000	0	108,340-	108,340	
06/17/24 B	17,542	1.000	0	17,542-	17,542	
07/01/24 B	653	1.000	0	653-	653	
07/02/24 B	12,707	1.000	0	12,707-	12,707	
07/05/24 B	107,893	1.000	0	107,893-	107,893	
07/12/24 B	500,000	1.000	0	500,000-	500,000	
07/18/24 B	5,902	1.000	0	5,902-	5,902	
07/25/24 B	72,443	1.000	0	72,443-	72,443	
07/29/24 B	834,560	1.000	0	834,560-	834,560	
08/02/24 B	4,399	1.000	0	4,399-	4,399	
08/05/24 B	106,832	1.000	0	106,832-	106,832	
08/13/24 B	463	1.000	0	463-	463	
08/22/24 B	208	1.000	0	208-	208	

**Indicates a party-in-interest to the Plan.

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/04/24 B	8,436	1.000	0	8,436-	8,436	
09/05/24 B	106,377	1.000	0	106,377-	106,377	
09/09/24 B	1,755,023	1.000	0	1,755,023-	1,755,023	
09/18/24 B	345	1.000	0	345-	345	
09/19/24 B	124	1.000	0	124-	124	
09/30/24 B	33,288	1.000	0	33,288-	33,288	
10/02/24 B	6,406	1.000	0	6,406-	6,406	
10/03/24 B	110,092	1.000	0	110,092-	110,092	
10/11/24 B	500,000	1.000	0	500,000-	500,000	
10/16/24 B	50,720	1.000	0	50,720-	50,720	
10/23/24 B	521	1.000	0	521-	521	
10/28/24 B	76,234	1.000	0	76,234-	76,234	
11/04/24 B	4,038	1.000	0	4,038-	4,038	
11/05/24 B	115,949	1.000	0	115,949-	115,949	
11/25/24 B	732	1.000	0	732-	732	
12/03/24 B	2,981	1.000	0	2,981-	2,981	
12/04/24 B	113,378	1.000	0	113,378-	113,378	
12/19/24 B	1,599,401	1.000	0	1,599,401-	1,599,401	
12/20/24 B	21,445	1.000	0	21,445-	21,445	
12/26/24 B	15,822	1.000	0	15,822-	15,822	
12/27/24 B	120,766	1.000	0	120,766-	120,766	
			-----	-----	-----	
	SUB-TOTAL OF BUYS	# 56	0	13,747,160	13,747,160	
01/02/24 S	387,389	1.000	0	387,389	387,389	0
01/04/24 S	12,500	1.000	0	12,500	12,500	0
02/05/24 S	5,055,427	1.000	0	5,055,427 *	5,055,427	0
02/22/24 S	726	1.000	0	726	726	0
03/01/24 S	386,899	1.000	0	386,899	386,899	0
03/04/24 S	11,987	1.000	0	11,987	11,987	0
03/08/24 S	981	1.000	0	981	981	0
03/27/24 S	8,550	1.000	0	8,550	8,550	0
03/27/24 S	87,650	1.000	0	87,650	87,650	0
04/01/24 S	386,604	1.000	0	386,604	386,604	0
04/25/24 S	339	1.000	0	339	339	0
05/01/24 S	377,525	1.000	0	377,525	377,525	0
05/03/24 S	680	1.000	0	680	680	0
05/23/24 S	460	1.000	0	460	460	0
05/30/24 S	60,000	1.000	0	60,000	60,000	0
06/03/24 S	387,389	1.000	0	387,389	387,389	0
06/11/24 S	12,500	1.000	0	12,500	12,500	0
06/24/24 S	1,506	1.000	0	1,506	1,506	0
06/25/24 S	1,103	1.000	0	1,103	1,103	0
07/01/24 S	382,278	1.000	0	382,278	382,278	0

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/08/24 S	653	1.000	0	653	653	0
07/16/24 S	22,798	1.000	0	22,798	22,798	0
07/25/24 S	1,122	1.000	0	1,122	1,122	0
08/01/24 S	430,417	1.000	0	430,417	430,417	0
08/20/24 S	50,689	1.000	0	50,689	50,689	0
08/26/24 S	208	1.000	0	208	208	0
08/27/24 S	5,000	1.000	0	5,000	5,000	0
09/03/24 S	387,239	1.000	0	387,239	387,239	0
09/04/24 S	17,000	1.000	0	17,000	17,000	0
09/11/24 S	2,013,324	1.000	0	2,013,324	2,013,324	0
09/17/24 S	29,300	1.000	0	29,300	29,300	0
09/23/24 S	468	1.000	0	468	468	0
09/24/24 S	1,347	1.000	0	1,347	1,347	0
10/01/24 S	381,900	1.000	0	381,900	381,900	0
10/04/24 S	445,406	1.000	0	445,406	445,406	0
10/16/24 S	2,848	1.000	0	2,848	2,848	0
10/18/24 S	50,720	1.000	0	50,720	50,720	0
10/25/24 S	521	1.000	0	521	521	0
11/01/24 S	490,028	1.000	0	490,028	490,028	0
11/13/24 S	8,000	1.000	0	8,000	8,000	0
11/15/24 S	219	1.000	0	219	219	0
11/21/24 S	399	1.000	0	399	399	0
12/02/24 S	392,588	1.000	0	392,588	392,588	0
12/10/24 S	26,800	1.000	0	26,800	26,800	0
12/23/24 S	806,544	1.000	0	806,544	806,544	0
SUB-TOTAL OF SALES # 45			0	13,128,031	13,128,031	0
SUB-TOTAL			0	26,875,191	26,875,191	0
ISSUE: 315911750 - FIDELITY 500 INDEX FD-AI #2328						
04/05/24 R	105	180.690	0	19,006-	19,006	
07/05/24 R	111	193.330	0	21,546-	21,546	
10/04/24 R	99	199.750	0	19,817-	19,817	
12/20/24 R	95	205.830	0	19,560-	19,560	
SUB-TOTAL OF REINVS # 4			0	79,929	79,929	
01/30/24 S	10,525	171.020	0	1,800,000	1,616,423	183,577
09/06/24 S	3,718	188.250	0	700,000	571,857	128,143
12/18/24 S	3,912	204.500	0	800,000	602,194	197,806

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 33-0780329 Plan Number: 001

For the Year Ended December 31, 2024

		SERIES / BY ISSUE				
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	SUB-TOTAL OF SALES # 3		0	3,300,000	2,790,474	509,525
	SUB-TOTAL		0	3,379,929	2,870,403	509,525
ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF						
02/01/24 B	68,105	74.220	681	5,055,427-*	5,055,427	
09/10/24 B	26,545	75.826	531	2,013,324-	2,013,324	
12/20/24 B	11,615	69.420	232	806,544-	806,544	
	SUB-TOTAL OF BUYS # 3		1,444	7,875,295	7,875,295	
	SUB-TOTAL		1,444	7,875,295	7,875,295	0
	GRAND TOTAL		1,444	38,130,415	37,620,889	509,525

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

**Reportable Income Plan for Nonbargaining Unit Employees of
Young's Market Company, LLC**

**Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 33-0780329 Plan Number: 001
For the Year Ended December 31, 2024**

		SINGLE / BY BROKER				
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		53,654,513.84			
	COMPARATIVE VALUE (5%)		2,682,725.69			
BROKER: WALLACHBETH CAPITAL, LLC						
ISSUE: 921937793 - VANGUARD LONG-TERM BOND ETF						
02/01/24 B	68,105	74.220	681	5,055,427-*	5,055,427	
	SUB-TOTAL		681	5,055,427	5,055,427	0
	GRAND TOTAL		681	5,055,427	5,055,427	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.58%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		809,170
	b(1) 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>5.18%</u>		41,915
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		851,085
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	92.17%
15	Adjusted funding target attainment percentage	15	92.17%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.49%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls					
18	Contributions made to the plan for the plan year by employer(s) and employees:					
	(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
	04/15/2024	274,000				
	07/12/2024	274,000				
	10/11/2024	500,000				
	01/13/2025	500,000				
	04/14/2025	195,000				
	07/14/2025	195,000				
	Totals ▶			18(b)	1,938,000	18(c)
						0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 1,857,611
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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
	c 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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 Demographic and benefit information		
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	710,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4,871,865	507,702	
b Waiver amortization installment			
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1,217,702	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	1,217,702	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,857,611	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	639,909	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Retirement Income Plan for Nonbargaining Unit Employees of Young's Market Company, LLC
EIN: 33-0780329 Plan Number: 001
Attachment to 2024 Form 5500, Schedule SB

Schedule SB, Line 26a – Schedule of Active Participant Data

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age											
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44		1									1
45 to 49		10	2								12
50 to 54		17	16								33
55 to 59		20	15	18	2						55
60 to 64		7	13	11	8						39
65 to 69		2	3				1				6
70 & up			2								2
Total	0	57	51	29	10	0	1	0	0	0	148