

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 06/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) HEINEN'S, INC.
2b Employer Identification Number (EIN) 34-0673060
2c Plan Sponsor's telephone number 216-475-2300
2d Business code (see instructions) 445110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 09/11/2025, CINDY ESSELL (plan administrator); 2. Filed with authorized/valid electronic signature, 09/11/2025, CINDY ESSELL (employer/plan sponsor); 3. Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	979
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	781
	6a(2)	755
	6b	0
	6c	136
	6d	891
	6e	2
	6f	893
	6g(1)	826
6g(2)	820	
6h	66	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.</p>	<p>D Employer Identification Number (EIN) 34-0673060</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	610799	893	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	16126278

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
▶		

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
▶		

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.	D Employer Identification Number (EIN) 34-0673060	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	166964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

USI ADVISORS, INC.

06-1397347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	37065	Yes <input type="checkbox"/> No <input checked="" 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
USI ADVISORS, INC.	27 99	37065
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HEINEN'S, INC.</u>	D Employer Identification Number (EIN) <u>34-0673060</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10640948</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4053331</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1431999</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL STABLE VALUE Z FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST CO</u>		
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8386829</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HEINEN'S, INC.	D Employer Identification Number (EIN) 34-0673060

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14126	744
(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)		
(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)	1364500	1154397
(9) Value of interest in common/collective trusts	1c(9)	8220454	8386829
(10) Value of interest in pooled separate accounts	1c(10)	12942319	16126278
(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)	39202854	44774761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	61744253	70443009
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	61744253	70443009

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)	1851002	
(B) Participants.....	2a(1)(B)	3379917	
(C) Others (including rollovers).....	2a(1)(C)	467019	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5697938
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	93634	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93634
(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)	790234	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		790234
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		225064
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2533269
(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)		4385235
c Other income	2c		10927
d Total income. Add all income amounts in column (b) and enter total	2d		13736301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4868500	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	2081	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4870581
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)	166964	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		166964
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5037545

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8698756
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: **HILL STONESTREET & CO.**

(2) EIN: **34-1521313**

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		500000
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 _____.

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.	<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 <u>HEINEN'S INC. ASSOCIATES' RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEINEN'S, INC.</u>	D Employer Identification Number (EIN) <u>34-0673060</u>	

Part I	Distributions
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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): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702477A.

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of the
HEINEN'S, INC. ASSOCIATES RETIREMENT INCOME PLAN

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

We have performed audits of the financial statements of Heinen's, Inc. Associates Retirement Income 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). The financial statements comprise the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the related Statement of Changes in Net Assets Available for Benefits With Fund Information and the Schedule H supplemental schedules included in Form 5500, Annual Return of Employee Benefit Plan for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Heinen's, Inc. Associates Retirement Income Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.013-5 of the Department of Labor'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 E to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the financial statements of Heinen's, Inc. Associates Retirement Income Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Heinen's, Inc. Associates Retirement Income Plan does not have sufficient accounting records and supporting documents relating to certain transactions related to the purchasing, selling, and valuing of investments. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibility of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) 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 Heinen's, Inc. Associates Retirement Income Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Heinen's, Inc. Associates Retirement Income Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of this report, we could not obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Heinen's, Inc. Associates Retirement Income Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedules Required by ERISA

The supplemental Schedule H line 4i Schedule of assets held at end of year as of 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.


Brunswick, Ohio
September 9, 2025

HEINEN'S, INC. ASSOCIATES RETIREMENT INCOME PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2024	December 31, 2023
ASSETS		
EMPLOYERS CONTRIBUTION RECEIVABLE	\$ 744	\$ 14,126
PARTICIPANTS CONTRIBUTION RECEIVABLE	-	-
PARTICIPANT DIRECTED INVESTMENTS AT FAIR VALUE		
EMPLOYER'S ACCOUNTS		
Pooled Separate Accounts		
Prin Inv S&P 400 Idx	557,087	382,230
Prin Inv S&P 500 Idx	4,449,280	3,571,089
Prin Inv S&P 600 Idx	1,539,842	1,621,782
Registered Investment Companies		
American Century Eqty Inc	1,269,063	1,247,750
American Funds Am Balanced	843,654	832,715
JP Morgan large Cap	2,544,619	2,054,956
Allspring GR R6	-	-
PIMCO	527,622	485,848
Vanguard TTL Intl Bond Idx Adm Fd	582,304	558,887
T Rowe Price Mid Cap Grwth	1,359,301	1,194,254
Clearbridge Small Cap	315,101	447,205
T Rowe Price Intl Disc	732,670	697,203
American Funds Europacific	2,285,492	2,276,136
Dodge and Cox Inc Fund	2,645,820	2,021,765
Vanguard Growth Index	1,695,655	1,067,035
Vanguard Sel Value	909,804	866,709
Vanguard Equity Income Adm Fd	972,660	652,071
Common collective Trust		
Principle Stable Value Z Fund	3,156,472	3,104,036
TOTAL EMPLOYER'S ACCOUNTS	26,386,446	23,081,671
SALARY DEFERRAL & ROLLOVER ACCOUNTS		
Pooled Separate Accounts		
Prin Inv S&P 400 Idx	874,911	633,698
Prin Inv S&P 500 Idx	6,191,668	4,228,708
Prin Inv S&P 600 Idx	2,513,490	2,504,813
Registered Investment Companies		
American Century Eqty Inc	2,218,948	2,114,860
American Funds Am Balanced	1,581,900	1,564,977
JP Morgan large Cap	5,641,126	3,133,813
Allspring GR R6	-	-
PIMCO	877,691	857,012
Vanguard TTL Intl Bond Idx Adm Fd	890,117	857,593
T Rowe Price Mid Cap Grwth	2,070,474	1,845,607
Clearbridge Small Cap	546,608	699,804
T Rowe Price Intl Disc	1,250,908	1,194,286
American Funds Europacific	3,691,450	3,498,438
Dodge and Cox Inc Fund	3,650,642	3,576,643
Vanguard Growth Index	2,759,725	2,748,795
Vanguard Sel Value	1,357,226	1,573,829
Vanguard Equity Income Adm Fd	1,554,177	1,134,662
Common collective Trust		
Principle Stable Value Z Fund	5,230,357	5,116,418
TOTAL SALARY DEFERRAL ACCOUNTS	42,901,418	37,283,956
Adjustment to contract value for fully benefit responsive investment contracts - Stable Value Z Fd	-	-
Notes receivable from participants	1,156,338	1,364,500
NET ASSETS AVAILABLE FOR BENEFITS	\$ 70,444,946	\$ 61,744,253

See Accountants' report and notes to financial statements.

HEINEN'S, INC. ASSOCIATES RETIREMENT INCOME PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS WITH FUND INFORMATION

Twelve Months Ended December 31, 2024

	Receivables and Loans	Principle Stable Val	Amer Cent Equity Inc	Amer Fnd Ann Bal	Prin Inv S&P 500 Idx	T Rowe Pr Midcp Gr	Clearbridge Adv Sm Cap	Prin Inv S&P 400 Idx	Prin Inv S&P 600 Idx	Amer Fnd Europacific	JP Morgan GR R6	Dodge Cox Inc Fund	Vanguard Gr Indx	Other funds	Total
ADDITIONS															
Additions to net assets attributed to:															
Interest & dividends		101,853		58,022		1,728				91,819	16,959	243,120	19,367	257,366	790,234
Capital gains		278,602		120,452		305,738	67,039			312,127	76,678			436,986	1,597,622
Fair value adjustment		-		-		-				-				-	-
Net appreciation & earnings		225,146	(17,608)	174,901	1,872,610	(27,385)	(11,787)	141,524	332,399	(110,250)	1,599,085	(106,809)	1,088,853	478,900	5,639,579
		225,146	362,847	353,375	1,872,610	280,081	55,252	141,524	332,399	293,696	1,692,722	136,311	1,109,220	1,173,252	8,027,435
Contributions:															
Participants'		557,333	169,511	48,264	330,242	144,487	30,214	36,804	197,202	360,940	164,496	364,789	248,381	726,254	3,379,917
Participants' rollover		17,015	5,124	-	6,839	6,371	-	-	8,898	15,209	358,564	10,975	8,183	29,841	467,019
Employer's	(13,382)	355,781	93,673	25,075	172,288	83,823	15,943	18,381	116,401	221,132	82,247	223,395	141,042	321,699	1,857,498
	(13,382)	930,129	267,308	73,339	509,369	234,681	48,157	55,185	322,501	597,281	605,307	599,159	397,606	1,079,794	5,704,434
TOTAL ADDITIONS	(13,382)	1,155,275	630,155	426,714	2,381,979	514,762	101,409	196,709	654,900	890,977	2,298,029	735,470	1,505,826	2,253,046	13,731,869
DEDUCTIONS															
Deductions from net assets attributed to:															
Benefits paid	-	902,300	298,826	228,645	398,359	282,819	87,090	34,975	198,083	486,961	361,317	412,732	222,062	970,043	4,864,212
TOTAL DEDUCTIONS	-	902,300	298,826	228,645	398,359	282,819	87,090	34,975	198,083	486,961	361,317	412,732	222,062	970,043	4,864,212
Net increase prior to inter-fund transfers and loans															
Inter-fund transfers and loans	(13,382)	252,975	331,329	198,089	1,983,620	251,943	14,319	161,734	456,817	404,016	1,936,712	322,738	1,283,764	1,283,003	8,867,657
Loan expenses	(25,713)	(8,660)	(8,660)	(5,438)	(19,625)	(7,616)	(2,264)	(2,665)	(9,973)	(15,947)	255,228	(139,738)	(9,695)	(174,858)	(166,964)
Inter-fund transfers	(208,162)	(60,887)	(197,268)	(164,769)	877,156	145,587	(297,355)	257,001	(520,107)	(185,701)	805,036	515,054	(634,519)	(331,066)	-
INCREASE (DECREASE)	(221,544)	166,375	125,401	27,862	2,841,151	389,914	(285,300)	416,070	(73,263)	202,368	2,996,976	698,054	639,550	777,079	8,700,693
NET ASSETS AVAILABLE															
Beginning of year	1,378,626	8,220,454	3,362,610	2,397,692	7,799,797	3,039,861	1,147,009	1,015,928	4,126,595	5,774,574	5,188,769	5,598,408	3,815,830	8,878,100	61,744,253
	1,157,082	8,386,829	3,488,011	2,425,554	10,640,948	3,429,775	861,709	1,431,998	4,053,332	5,976,942	8,185,745	6,296,462	4,455,380	9,665,179	70,444,946

See Accountants' report and notes to financial statement.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

Income and expenses are reported on the accrual basis of accounting. Employer and employee contributions are accrued by the trustee of the plan. Participant loans are valued at their face value less than the principal portion repaid plus accrued interest. Securities investments are reflected at fair value. Fully benefit-responsive investment contracts are reported at their contract value.

The Principle Stable Value Z Fund is considered a fully benefit-responsive investment contract and should be reflected at contract value within net assets available for benefits. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Most participant transactions are executed using contract value without adjustment. This contract does have surrender charges if it is terminated by the contract holder or a plan terminates its interest in such contract within certain time periods. If the contract holder is considering terminating the contract or a plan is considering terminating its interest in such contract in the near future, contract value less surrender charges may be a better proxy for fair value.

Estimates

The preparation of financial statements requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investments and income recognition

To comply with ERISA reporting requirements, investments are shown at their fair value in the financial statements. Fair value is determined by the custodian of the Plan, based on current trading prices which differ from investments reported under generally accepted accounting principles which require investments to be valued at historical cost. Purchases and sales of securities are recorded on the date the securities are traded.

Notes receivable from participants

Participant loans are shown at their face value less than the principal portion repaid plus accrued interest on the unpaid portion. Interest relating to participant loans range between 4.25% and 9.5% and are secured by the participants' vested accrued benefit. Loans are treated as distributions to the participant in the year deemed uncollectible; therefore, no allowance is necessary.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Benefits

Benefits are recorded when paid.

Cost of sponsor

The employer sponsor absorbs certain costs relative to the administration of the Plan, which are insignificant in relationship to the net assets available for benefits.

NOTE B - MAIN SPECIFICATIONS OF PLAN

1. Effective Date: June 1, 1961, as restated November 1, 2003 and amended on July 1, 2014.
2. Eligibility: All employees of the Company attaining age 21 and completing ninety days of service will participate in the plan. An employee, for purpose of this Plan, does not include any person who is included in a collective bargaining agreement to which the Company is required to make contributions.
3. Allocation of Company Contributions:

The plan includes a qualified automatic contribution arrangement (QACA) that applies to all eligible participants where the Company will provide a matching contribution of salary deferrals as defined in the plan.

The Company's discretionary contribution shall be allocated to those who are participants as of the last day of such plan year and who are eligible employees on such last day. An Adjusted Compensation amount shall be determined for each participant that shall be equal to the sum of his compensation for the Plan year plus that portion of his compensation for the Plan year that is in excess of 81% of the social security taxable wage base in effect as of the beginning of the plan year. The amount of each participant's share of the employer contribution for such Plan year shall be based on a defined formula as stipulated in article VI of the plan.

The amount of each such participant's share of forfeitures occurring during such plan year shall be in the ratio which his compensation for such plan year bears to the aggregate compensation of all such participants for such plan year. Forfeitures allocated during the year ended December 31, 2024, totaled \$128,453.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE B - MAIN SPECIFICATIONS OF PLAN (continued)

Notwithstanding the foregoing provisions of the paragraphs above, the amount of employer contributions and forfeitures which may be allocated to each participant shall in no event exceed the base contribution percentage by more than the lesser of

- a) the base contribution percentage, or
- b) the greater of 5.4 percentage points or the percentage equal to the portion of the rate of tax applicable to the Employer under Section 3111(a) of the Code at the beginning of the plan year attributable to the old age insurance portion of the Old Age Survivors and Disability Provision of the Social Security Act. Any excess shall be allocated in accordance with the provisions of said paragraph (2).

Further restrictions defined under Section 415(d) of the Internal Revenue Code are included which limit the maximum amount that can be allocated to a participant's account under the Plan for any limitation year. The amount of tax-deferred contributions made to the Plan on behalf of an eligible employee shall be a percentage of compensation, not less than 1% and not more than 80%.

4. Participation and Accounting:

As of the date an employee first becomes a participant, there shall be established accounts in his name which shall reflect his share of employee salary deferral, employer profit sharing, qualified non-elective, and 401(K) matching contributions and forfeitures, as well as such account's pro rata share of annual net increase or decrease in value of the assets of each account.

5. Changes in Participation:

A participant shall become an inactive participant on the date he/she is no longer an eligible employee. A participant will no longer be a participant on the date he/she is not an eligible employee and their account is zero. A participant can rejoin the plan as an active participant when he/she works another hour for the Company as an eligible employee.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE B - MAIN SPECIFICATIONS OF PLAN (continued)

6. Determination of
Former Participant's
Interest:

In the event the participant has completed at least 6 full years of continuous participation under the Plan prior to 2015, his/her entire interest in the Profit Sharing (since discontinued) and Matching Contributions Sub-account shall be distributable to him/her or to their contingent beneficiary. In any other case, the participant shall receive a 10% vested interest in his separate balance for each year of service for 2 years after the completion of 1 year of service, and a 20% vested interest for each service year after 2 years of service until 100% vested for accounts prior to 2015. Matching contributions made for all participants beginning in 2015 are subject to a different vesting schedule regardless of a participant's beginning date. A two-year cliff vesting schedule will apply to all matching contributions made beginning in 2015.

7. Contingent
Beneficiaries:

Each participant who is married must, unless his spouse consent, designate his spouse as his beneficiary to whom distribution shall be made in the event such participant dies before his interest shall have been distributed to him/her in full.

8. Payment
Distribution:

Payment on retirement, death, or termination of employment may be made in one of the following ways:

- (1) A lump sum.
- (2) Installments over a period equal to the life expectancy of the participant or the life expectancy of the participant's beneficiary if the participant has died, or a period not exceeding the joint life and last survivor expectancy of the participant and the participant's beneficiary.
- (3) Payments prior to age 59.5 while actively employed are available by loans, hardship, or withdrawal of employee rollover contributions. In service distributions after a participant attain age 59.5 are available from all vested account balances.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE C - FUNDING POLICY

Effective January 1, 2024, the Company discontinued its discretionary profit-sharing program. The Company increased its employer match for the 401(K) Plan to enhance employee retirement benefits. Contributions to the Plan may be limited by Internal Revenue Service Rules.

NOTE D - DESCRIPTION OF PRIORITIES UPON PLAN TERMINATION

In the event of the termination of the Plan by the employer, written notice thereof shall be given to all people who have a vested interest hereunder and to the Trustee. Upon any such termination of the Plan, the Trustee shall take the following actions for the benefit of participants, former participants and beneficiaries:

As of the termination date, the Trustee shall value all separate accounts and sub accounts and adjust all accounts in the manner provided in Article XI of the plan, with any unallocated forfeitures or contributions being allocated as stipulated in the plan up to the termination date. The termination date shall become a valuation date for purpose of Article XI. In determining the net worth of the Trust, the Trustee shall include as a liability, such amounts, as in its judgment, shall be necessary to pay all expenses in connection with the termination of the Trust and the liquidation and distribution of the Trust property, as well as other expenses, whether accrued or not, and shall include as an asset all accrued income.

The Trustee shall then segregate and transfer an amount equal to the entire interest of each participant, former participant and beneficiary in the Trust to a distribution account for the benefit of such participant, former participant or beneficiary. The Trustee shall hereafter dispose of all separate accounts to or for the benefit of such participant, former participant or beneficiary, in accordance with Article XV.

NOTE E – INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under ERISA. Accordingly, The Principal Financial Group, the custodian of the Plan, has certified to the completeness and accuracy of all investments and participant loans reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ending December 31, 2024, Note G, and the supplemental Schedule H, line 4i – Schedule of Assets Held at End of Year.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE F – RISKS AND UNCERTAINTIES

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

NOTE G - INVESTMENTS

The Plan's investments are held in a trust. The Plan maintains certain investments in eight funds which comprise approximately 62.7% of total assets. These funds have concentrations ranging between 5.17% and 14.43% of net assets attributable to participant self-direction. The investments have significantly different investment objectives; however, a change in economic factors may have a significant impact on total net assets.

Participants are given the ability to invest their account balances and contributions in various funds held by the Trustee. Assets currently in the Plan were sold, transferred, and invested as participants directed. The Statement of Net Assets Available for Benefits details each investment. Those investments that exceed 5% of total assets available for benefits are as follows:

Principle Stable Value Z Fd	\$8,386,829	12.19%
American Cent Equity Inc	3,488,011	5.17%
Dodge & Cox Inc Fd	6,296,462	8.51%
JP Morgan Lrg Cap	8,185,745	13.15%
American Funds Europacific	5,976,942	8.60%
SmallCap S&P 600 Index	4,053,332	5.86%
LargeCap S&P 500 Index	10,640,948	14.43%
Vanguard Gr Index	4,455,380	6.43%

No single plan transaction or series of transactions other than plan contributions or benefits paid would qualify as a reportable transaction.

During 2024 the Plan's investments (including gains and losses on investments bought and sold, as well as those held during the year) appreciated in value approximately \$5,632,000.

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE H – FAIR VALUE MEASUREMENTS

Fair value is the price that would be received to sell an asset or to transfer a liability in an orderly transaction between market participants at a measurement date. The fair value hierarchy prioritizes the inputs used to measure fair value into three categories Level 1, Level 2, and Level 3. The fair value hierarchy gives priority to quoted prices in active markets for identical assets or liabilities (Level 1) and lowest priority to unobservable inputs (Level 3).

Level 1 fair value measurements are based on quoted net asset values of the shares held by the Plan at year end. The fair value of the investments is based on the closing price reported on the active market where the individual securities are traded.

Level 3 fair value measurements for participant loans are valued based on the unpaid principal balance of the loan plus any accrued interest. The fair value of plan assets on a recurring basis for 2023 and 2024 are as follows:

<u>2023 Investment category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Participant loans	\$ 1,346,500	-		\$1,346,500
Mutual funds	<u>60,365,626</u>	<u>\$60,365,626</u>		<u>-</u>
Totals	<u>\$61,730,126</u>	<u>\$60,365,626</u>		<u>\$1,346,693</u>

<u>2024 Investment category</u>	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Participant loans	\$ 1,156,338	-		\$1,156,338
Mutual funds	<u>69,287,864</u>	<u>\$69,287,864</u>		<u>-</u>
Totals	<u>\$70,444,946</u>	<u>\$69,287,864</u>		<u>\$1,156,338</u>

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE H – FAIR VALUE MEASUREMENTS – (continued)

Effect of Level 3 inputs on net assets or liabilities:

<u>2023</u> <u>Investment category</u>	<u>Beginning</u> <u>Balance</u>	<u>Total gain</u> <u>or loss</u>	<u>Interest</u> <u>credited</u>	<u>Purchase</u> <u>Settlements</u>	<u>Ending</u> <u>Balance</u>	<u>Unrealized</u> <u>Gain (loss)</u>
Participant loans	<u>\$1,346,693</u>	<u>-</u>	<u>76,592</u>	<u>(58,785)</u>	<u>\$1,364,500</u>	<u>-</u>
Totals	<u>\$1,346,693</u>	<u>\$ -</u>	<u>\$76,592</u>	<u>\$(58,785)</u>	<u>\$1,364,500</u>	<u>\$ -</u>

<u>2024</u> <u>Investment category</u>	<u>Beginning</u> <u>Balance</u>	<u>Total gain</u> <u>or loss</u>	<u>Interest</u> <u>credited</u>	<u>Purchase</u> <u>Settlements</u>	<u>Ending</u> <u>Balance</u>	<u>Unrealized</u> <u>Gain (loss)</u>
Participant loans	<u>\$1,346,500</u>	<u>-</u>	<u>91,471</u>	<u>(281,633)</u>	<u>\$1,156,338</u>	<u>-</u>
Totals	<u>\$1,346,500</u>	<u>\$ -</u>	<u>\$91,471</u>	<u>\$(281,633)</u>	<u>\$1,156,338</u>	<u>\$ -</u>

NOTE I – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by The Principal Financial Group, the trustee as defined by the plan and, therefore, transactions with the trustee qualify as party-in-interest transactions. The supplemental Schedule H, line 4i – Schedule of Assets held at year end column (a) reflects those assets (*) that are considered to be party-in-interest related. Fees for management and other administrative services are paid by the plan sponsor.

Parties-in-interest consist of the following:

Heinen's, Inc. – sponsor
Principal Financial Group - custodian
Hill, Stonestreet & Co. – independent auditors
USI Advisor Services, LLC. – service provider
Thomas and J Jeffrey Heinen – trustees of the Plan

HEINEN'S INC. ASSOCIATES RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

NOTE J - SUBSEQUENT EVENTS

Management has undertaken a review of events after December 31, 2024, through July 15, 2025, the date available for issuance that could have an impact on the accompanying financial statements. Effective August 14, 2025, the Plan changed custodians from Principal Financial Group to Fidelity Investments.

NOTE K – FORM 5500 FILINGS SUBJECT TO AUDIT

The Plan's information filings (Form 5500) are subject to audit by the Internal Revenue Service and the Department of Labor. The Plan's open audit years are 2022 through 2024.

NOTE L - DATE OF PLAN DETERMINATION LETTER

The plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Service.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

04/14/25

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PLAN ID 6-10799

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

H' I. A' R I P

EIN 34 0673060
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	Registered Investment Company Amer Cent Equity Inc R6 Fund	\$ 0.00	\$ 5,976,942.08
American Century Investments	Registered Investment Company Amer Funds Amer Bal R6 Fd	Registered Investment Company ClearBridge Sm Cp Gr IS Fund	\$ 0.00	\$ 3,488,011.72
The American Funds	Registered Investment Company Legg Mason	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 2,425,553.25
Dodge and Cox Funds	Registered Investment Company JP Morgan Funds	Registered Investment Company JP Morgan Large Cap Gr R6 Fd	\$ 0.00	\$ 861,708.57
* Principal Life Insurance Company	Pooled Separate Accounts Prin IgCp S&P 500 Index SA-Z	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 6,296,462.80
* Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-Z	Registered Investment Company JP Morgan Large Cap Gr R6 Fd	\$ 0.00	\$ 8,185,744.62
* Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-Z	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 6,296,462.80
* Principal Global Investors Trust Co	Common/Collective Trust Principal Stable Value Z Fund	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 10,640,948.18
PIMCO Funds	Registered Investment Company PIMCO Real Return Instl Fund	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 1,431,998.58
T. Rowe Price Funds	Registered Investment Company T. Rowe Price Intl Disc I Fd	Registered Investment Company JP Morgan Large Cap Gr R6 Fd	\$ 0.00	\$ 4,053,331.41
T. Rowe Price Funds	Registered Investment Company T. Rowe Price Md-Cp Gr I Fd	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 8,386,829.00
Vanguard Group	Registered Investment Company Vangd Ttl Intl Bond Idx Adm Fd	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 1,405,314.90
Vanguard Group	Registered Investment Company Vanguard Equity-Inc Adm Fund	Registered Investment Company Dodge & Cox Income I Fund	\$ 0.00	\$ 1,983,578.77
			\$ 0.00	\$ 3,429,775.71
			\$ 0.00	\$ 1,472,421.86
			\$ 0.00	\$ 2,526,836.36

