

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2020
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) BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIABLE ANNUITY PLAN 16690 SWINGLEY RIDGE ROAD CHESTERFIELD, MO 63017-0758
2b	Employer Identification Number (EIN) 87-2735209
2c	Plan Sponsor's telephone number 636-532-8897
2d	Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2025	NANCY MEYER
	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 ☒ 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 1707
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) 1566 6a(2) 1602 6b 58 6c 102 6d 1762 6e 0 6f 1762 6g(1) 6g(2) 6h 176
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:

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)

a Pension Schedules

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

b General Schedules

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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	
▶ 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 THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIABLE ANNUITY PLAN	D Employer Identification Number (EIN) 87-2735209
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	8451764	
b	Actuarial value	2b	8451764	
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	44	440475	440475
b	For terminated vested participants	101	387726	387726
c	For active participants	1543	5179218	5694002
d	Total	1688	6007419	6522203
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
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	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	1543856	
b	Expected plan-related expenses	6b	360000	
c	Target normal cost	6c	1903856	

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	Signature of actuary JEREMY C. ROBERTS, FSA, MAAA Type or print name of actuary SEGal Firm name 101 NORTH WACKER DRIVE SUITE 500 CHICAGO, IL 60606-1724 Address of the firm	Date 23-06462 Most recent enrollment number 312-984-8500 Telephone number (including area code)
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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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>11.69</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1846941
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>5.25</u> %		96964
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		1943905
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
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	129.58 %
15 Adjusted funding target attainment percentage	15	129.58 %
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	136.81 %
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
02/01/2024	163901		07/10/2024	212817	
02/27/2024	18		08/06/2024	170832	
02/29/2024	162250		09/09/2024	208888	
04/08/2024	201222		09/17/2024	48	
05/06/2024	163576		10/08/2024	167132	
05/30/2024	165799		11/01/2024	14095	
Totals ▶			18(b)	1853540	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1807429

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

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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____%		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	%
15 Adjusted funding target attainment percentage	15	%
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	%
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
11/05/2024	150071				
11/12/2024	19				
01/07/2025	72872				
Totals ►			18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	1903856	
b Excess assets, if applicable, but not greater than line 31a	31b	1903856	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1807429	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1807429	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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		

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIABLE ANNUITY PLAN	D Employer Identification Number (EIN) 87-2735209

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

EPIC ADVISORS, INC.

16-1450952

(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	THIRD PARTY ADMINISTRATOR	99240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BORNER VAN DEUREN S.C.

39-1126909

(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?
29	LEGAL	37803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

(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	ACTUARIAL	35735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL MARCO ADVISORS

13-2646110

(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	INVESTMENT ADVISORY	23333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE

46-0619194

(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?
23	INSURANCE PROVIDER	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

43-0765316

(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	ACCOUNTING	14300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ST. LOUIS PRESORT, INC.

5051 SOUTHWEST AVE.
ST. LOUIS, MO 63110

(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?
		11831	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HAMMOND AND SHINNERS, P.C.

43-1429257

(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?
29	LEGAL	7601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORPOR

1270 SOLDIERS FIELD ROAD
BRIGHTON, MA 02135

(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	INVESTMENT ADVISORY	5541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIABLE ANNUITY PLAN	D Employer Identification Number (EIN) 87-2735209

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	102624	61493
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	214146	72872
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	11576	12517
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12691	22366
(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)	56	0
(6) Real estate (other than employer real property)	1c(6)	555315	578031
(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)	7717961	9905386
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6810	7500

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	8621179	10660165
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	19621	19413
i Acquisition indebtedness	1i		
j Other liabilities	1j	149584	165671
k Total liabilities (add all amounts in lines 1g through 1j)	1k	169205	185084
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8451974	10475081

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)	1853540	
(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)		1853540
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	301199	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		301199
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	280000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	290326	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-10326
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-18701	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-18701

		(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)		646554
c Other income	2c		43523
d Total income. Add all income amounts in column (b) and enter total	2d		2815789

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	389601	
(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)		389601
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)		
(3) Recordkeeping fees	2i(3)	99240	
(4) IQPA audit fees	2i(4)	14300	
(5) Investment advisory and investment management fees	2i(5)	28874	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	35735	
(8) Legal fees	2i(8)	45404	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	179528	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		403081
j Total expenses. Add all expense amounts in column (b) and enter total	2j		792682

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2023107
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 555413.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIABLE ANNUITY PLAN				D Employer Identification Number (EIN) 87-2735209	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-3967259					
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 85	
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 54.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 39.0 %

High-Yield Debt: _____ % Real Assets: 4.0 % Cash or Cash Equivalents: _____ % Other: 3.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments		2024	
			This Form is Open to Public Inspection	

Name of Plan	THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	87-2735209	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	32101	12042	46984	91127
2025	91880	14222	38826	144928
2026	160496	19147	37997	217640
2027	224197	23783	37151	285131
2028	274135	25685	36285	336105
2029	314839	25250	35397	375486
2030	344878	24783	34483	404144
2031	370906	24281	33543	428730
2032	391150	23744	32482	447376
2033	405747	23170	31149	460066
2034	416583	22556	29800	468939
2035	425967	23049	28636	477652
2036	431333	22705	27430	481468
2037	433588	22668	26185	482441
2038	434147	22611	24899	481657
2039	432175	24159	23575	479909
2040	429776	23257	22217	475250
2041	425799	24454	20827	471080
2042	420240	24713	19412	464365
2043	415142	23649	17978	456769
2044	409922	22539	16533	448994
2045	404235	22973	15085	442293
2046	398107	21774	13645	433526
2047	391959	20946	12224	425129
2048	384484	19931	10839	415254

Name of Plan	THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	87-2735209	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	374938	19656	9499	404093
2050	365764	18909	8221	392894
2051	354723	17648	7019	379390
2052	344067	17252	5907	367226
2053	331449	18217	4896	354562
2054	319567	17468	3994	341029
2055	310163	17368	3203	330734
2056	299091	19533	2525	321149
2057	288235	18526	1954	308715
2058	276339	18288	1483	296110
2059	265791	18951	1104	285846
2060	252398	18959	805	272162
2061	241483	20035	574	262092
2062	231103	20087	401	251591
2063	221701	19269	273	241243
2064	210856	19172	182	230210
2065	202913	18656	118	221687
2066	194502	18129	75	212706
2067	185713	17926	47	203686
2068	176468	17126	28	193622
2069	167109	16328	17	183454
2070	157342	15535	9	172886
2071	147595	14747	5	162347
2072	138078	13964	3	152045
2073	128810	13183	2	141995

***THE DIERBERGS MARKETS, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN***
FINANCIAL STATEMENTS
DECEMBER 31, 2024

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Independent Auditors' Report

Board of Trustees
The Dierbergs Markets, Inc. and
Local 655 Variable Annuity Plan
St. Louis, Missouri

Scope And Nature Of The ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of The Dierbergs Markets, Inc. And Local 655 Variable Annuity Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 on the procedures performed as described in the Auditors' Responsibilities For The Audit Of The Financial Statements section:

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

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

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

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

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

Other Matter - Supplemental Schedules Required By ERISA

The supplemental schedules of assets held at end of year as of December 31, 2024 and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have 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 auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

RubinBrown LLP

September 26, 2025

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments - At Fair Value		
Mutual funds	\$ 9,905,386	\$ 7,717,961
Limited partnership	435,330	417,243
Total Investments - At Fair Value	10,340,716	8,135,204
 Non Interest-Bearing Cash	 61,493	 102,624
 Contributions Receivable	 72,872	 214,146
 Net Assets Available For Benefits	 \$ 10,475,081	 \$ 8,451,974

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2024	2023
Additions To Net Assets Attributed To:		
Company contributions	\$ 1,853,540	\$ 2,102,557
Deductions From Net Assets Attributed To:		
Benefits paid	389,601	211,937
Administrative fees	359,558	375,247
Total Deductions	749,159	587,184
Investment Income		
Net change in fair value of investments	617,527	599,315
Dividend income	301,199	206,128
Net Investment Income	918,726	805,443
Net Increase	2,023,107	2,320,816
Net Assets Available For Benefits - Beginning Of Year	8,451,974	6,131,158
Net Assets Available For Benefits - End Of Year	\$ 10,475,081	\$ 8,451,974

THE DIERBERGS MARKET, INC. AND LOCAL 655 VARIABLE ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

1. Description Of The Plan

The following is a summary description of The Dierbergs Markets, Inc. And Local 655 Variable Annuity Plan (the Plan) and provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General

The Plan is a single-employer variable annuity pension plan established and maintained pursuant to a Memorandum of Agreement that Dierbergs Markets, Inc. (the Company) entered with the United Food and Commercial Workers (UFCW) Local Union No. 655 and UFCW Local Union No. 881, dated December 3, 2019. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participation

An employee is eligible to participate in the Plan upon satisfying the following:

- Employee who works for an employer who is subject to the collective bargaining agreement between the Company and UFCW Local Union No. 655 and UFCW Local Union No. 881 on the earlier of the employee's hire date or January 1 or July 1 following the completion of a year of service, but no earlier than January 1, 2020.
- Employee who was a participant in the United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (Local 655 Plan) on December 31, 2019, and is employed by an employer who is subject to the collective bargaining agreement between the Company and UFCW Local Union No. 655 and UFCW Local Union No. 881 on January 1, 2020, shall automatically become a participant in the Plan on January 1, 2020.

Contributions

The Company contributes to the Plan for each hour worked by the participant at rates negotiated through collective bargaining.

Contributions are intended to be at least sufficient to fund the participants' current service costs and to fund the Plan's future benefit obligations. Company contributions for the years ended December 31, 2024 and 2023 met the minimum funding requirements of ERISA.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

Pension Benefits And Vesting

The Plan is designed to provide income during retirement years. The Plan provides for normal retirement for terminated participants upon reaching normal retirement age (age 65). Monthly benefit payments to a retiree fluctuate based on a formula defined in the Plan Document. Adjustments to benefit payments are made annually by comparing the actual investment returns to the assumed investment returns (the Hurdle Rate). Retiree benefit payments may increase as actual investment returns exceed the Hurdle Rate. The normal retirement pension benefit is payable in monthly annuity payments for the retiree's lifetime.

The Company also makes contributions to a stabilization reserve account that is used at the discretion of the Pension Plan's Board of Trustees to potentially mitigate reductions in monthly benefit payments for retirees arising from actual investment returns in any given Plan year that are below the Hurdle Rate.

The Plan also provides for early retirement and disability benefits.

Participants earn annual pension credits based on hours of service and become fully vested in their benefits after five years of service, including time served in the Local 655 Plan, or upon reaching normal retirement age.

Detailed information about vesting and benefit provisions are included in the Plan Document.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, 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, and changes therein. Actual results could differ from those estimates.

THE DIERBERGS MARKET, INC. AND LOCAL 655 VARIABLE ANNUITY PLAN

Notes To Financial Statements *(Continued)*

Investment Valuation And Income Recognition

The Plan's investments are reported at fair value, which 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 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date 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.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at December 31, 2024 or 2023.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are due under the Plan's provisions for 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 are based on annual earnings, length of service, and in the case of the Account Pension Benefit, an offset allowance for Social Security benefits. For present employees, the valuation date is considered the employee termination date for calculating accumulated plan benefits.

Payment Of Benefits

Benefits are recorded when paid.

Subsequent Events

Management has reviewed subsequent events through the date of the Independent Auditors' Report, which is the date the financial statements were available for issue.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

3. Certified Investment Information

The following is a summary of the Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information certified by Charles Schwab Trust Bank (the Custodian), and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodian that the information provided to the Plan Administrator related to the following information is complete and accurate.

Accordingly, as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following assets as of December 31:

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 9,905,386	\$ 7,717,961
Non interest-bearing cash	61,493	102,624

The Custodian also certified to the completeness and accuracy related the following investment income for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Net change in fair value of investments	\$ 636,228	\$ 682,398
Dividend income	301,199	206,128

The Plan held an investment in a limited partnership outside of the Custodian as of December 31, 2024 and 2023 and for the years then ended that was not certified and therefore was subject to audit.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds

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

Limited Partnership

Valued at the NAV of units of the limited partnership. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. There were no unfunded commitments as of December 31, 2024. Unfunded commitments as of December 31, 2023 amounted to \$50,000.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,905,386	\$ —	\$ —	\$ 9,905,386
Investment measured at net asset value (a)				435,330
Total assets at fair value				\$ 10,340,716

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,717,961	\$ —	\$ —	\$ 7,717,961
Investment measured at net asset value (a)				417,243
Total assets at fair value				\$ 8,135,204

- (a) The investment in the limited partnership is measured at fair value using the net asset value per share (or its equivalent) as a practical expedient and has not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

Fair Value Of Investments In Entities That Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023:

Investment Type	Fair Value		Redemption Frequency	Redemption Notice Period
	2024	2023		
Limited partnership	\$ 435,330	\$ 417,243	Quarterly	None

The limited partnership investment's objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments.

5. Accumulated Plan Benefits

The Plan's actuary calculates the actuarial present value of accumulated plan benefits by applying actuarial assumptions, reflecting the time value of money, probability of payment, and other significant assumptions between the valuation date and the expected date of payment, to accumulated plan benefits.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

Significant assumptions at January 1, 2024 used in this calculation are as follows:

Discount rate	5.25%
Mortality table	Scale MP-2021 to the Pri-2012 mortality tables projected using the 2024 Adjusted Scale MP-2021
Interest rate (expected long term rate of return)	6.25%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Based on the preceding assumptions, the total actuarial present value of accumulated plan benefits at December 31, 2023 is as follows:

Vested benefits:	
Pensioners and beneficiaries receiving payment	\$ 442,509
Other participants	5,534,769
Nonvested benefits	<u>515,727</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 6,493,005</u></u>

Changes in the Plan's actuarial present value of accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 4,434,286
Increase during year attributed to:	
Benefits accumulated	2,076,978
Increase for interest due to decrease in discount period	226,773
Benefits paid	(211,937)
Plan amendment	4,325
Change in actuarial assumptions	<u>(37,420)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 6,493,005</u></u>

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023 there would be no material differences.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements (*Continued*)

6. Plan Termination

Although the trustees have not expressed any intention to do so, they have the right to discontinue contributions and terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable, or would have been payable, during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations.
- c) All other vested benefits not insured by PBGC.
- d) All nonvested benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. In no event would any of the assets of the Plan revert to the Company.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

Notes To Financial Statements *(Continued)*

7. Party In Interest Transactions

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities for the Plan. Certain mutual funds and the non interest-bearing cash balance are managed by the Custodian.

These transactions are exempt party in interest transactions under Section 408(b)(8) of ERISA.

8. Income Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated May 12, 2022. The Plan Administrator and legal counsel believe that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. 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 values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

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

Supplemental Schedules

THE DIERBERGS MARKET, INC. AND LOCAL 655 VARIABLE ANNUITY PLAN

EIN: 85-3577808 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024

Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Number Of Shares/Units	Cost	Current Value
Mutual Funds				
Baird	Aggregate Bond Fund	103,663	\$ 1,081,510	\$ 1,000,352
Champlain Capital	Small Company Fund	24,022	561,304	540,025
The Hartford	International Opportunities Fund	51,097	1,012,308	983,608
John Hancock	Income Fund	275,513	1,702,383	1,603,483
PGIM Investments	Total Return Bond Fund	152,292	1,985,681	1,803,139
* Schwab Asset Management	S&P 500 Index Fund	32,502	2,254,641	2,933,961
* Schwab Asset Management	U.S. Mid Cap Index Fund	15,666	923,457	1,040,818
			9,521,284	9,905,386
Limited Partnership				
Intercontinental	U.S. Real Estate Investment Fund LLC	375	554,304	435,330
			<u>\$ 10,075,588</u>	<u>\$ 10,340,716</u>

* Represents an allowable party in interest, as defined by ERISA.

The above information is a required disclosure for Form 5500, Schedule H, part IV, line 4i.

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

**EIN: 85-3577808 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Baird Aggregate Bond Fund	18	1	\$ 427,820	\$ 280,000	\$ —	\$ 290,326	\$ 707,820	\$ (10,326)
PGIM Investments Total Return Bond Fund	19	—	485,470	—	—	—	485,470	—

The above information is a required disclosure for Form 5500, Schedule H, part IV, line 4j.

Summary of plan provisions

This subsection summarizes the major provisions of the Plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Status

ONGOING; EFFECTIVE JANUARY 1, 2020

Plan Year

January 1 through December 31

Regular Pension

- **Age Requirement:** 65
- **Service Requirement:** Fifth anniversary of participation (recognizing prior employment under the UFCW Local 655 Plan or the UFCW Midwest Plan)

Summary of plan provisions *continued*

- **Annual Credits:** For each Plan Year in which the participant works at least 800 hours, benefits are accrued at the rates listed below, which vary by job classification (as of the later of April 1 of the Plan Year or participation) and hours worked, times the applicable factor described below:

Annual Credit Rates				
Hours Worked in Plan Year:	800 to 1,099	1,100 to 1,399	1,400 to 1,699	1,700 or more
Core Managers	\$16.50	\$21.00	\$25.50	\$30.00
Department Managers	\$16.50	\$21.00	\$25.50	\$30.00
Assistant Department Managers	\$16.50	\$21.00	\$25.50	\$30.00
Others	\$8.50	\$15.50	\$25.00	\$30.00
Courtesy Clerks	\$8.50	\$10.50	\$12.50	\$15.00

The applicable factor to apply to the Annual Credit Rate is:

- 100% for participants hired before January 1, 2011
 - For participants hired on or after January 1, 2011, 75% for Plan Years 1 through 5 of employment with Dierbergs, 87.5% for Plan Years 6 through 10 of employment, and 100% thereafter
- **Annual Adjustment Rate:** Beginning with the Plan Year after the benefit is accrued, it automatically adjusts on the last day of each Plan Year (except for 2021) based on the following factor:
$$\text{Annual Adjustment Rate} = (1 + \text{Modified Investment Return for prior Plan Year}) / (1 + \text{Hurdle Rate})$$
 - **Modified Investment Return:** The Modified Investment Return is the Market Value Return (net market value investment return on the plan assets for a given Plan Year), reduced by one quarter of the amount by which it exceeds the Hurdle Rate.
 - **Hurdle Rate:** 5.25%

Stabilization Reserve

The stabilization reserve is a notional account used at the Trustees discretion to potentially mitigate reductions in benefits for retired participants that would otherwise occur due to Market Value Returns below the Hurdle Rate. It is not part of any participant's accrued benefit. It is funded by Market Value Returns in excess of the Modified Investment Return and special contributions pursuant to a collective bargaining agreement.

Summary of plan provisions *continued*

Early Retirement Pension

- Unreduced:
 - **Age Requirement:** 62 and actively employed at time of retirement
 - **Service Requirement:** 5 Pension Eligibility Credits, including one earned during the contribution period
 - **Amount:** Regular pension
- Reduced:
 - **Age Requirement:** 52 and actively employed at time of retirement
 - **Service Requirement:** 10 Pension Eligibility Credits, including one earned during the contribution period
 - **Amount:** Regular pension reduced by 5/12 of 1% per month of age less than 62

Late Retirement

- **Active Participants:** Participants in covered employment continue to earn benefit accruals for service after normal retirement age. Benefits are suspended at Normal Retirement Age and, therefore, not increased for commencement after the normal retirement date, except for required actuarial increases due to commencement after the applicable minimum required distribution date.
- **Terminated Vested Participants:** For terminated participants who defer commencement past their normal retirement date, the accrued benefit is actuarially increased. Terminated vested participants will be put into payment status not later than the applicable minimum required distribution date.

Disability Pension

- **Age Requirement:** None; must be eligible for disability benefits under the Federal Social Security Act
- **Service Requirement:** 10 Pension Eligibility Credits including one earned during the contribution period
- **Amount:** Regular pension accrued, payable without reduction following six full months of disablement

Summary of plan provisions *continued*

Vested Pension

- **Age Requirement:** None
- **Service Requirement:** 5 Pension Eligibility Credits or 5 Years of Vesting Service
- **Amount:** Regular pension accrued payable at NRA. Early commencement (on or after age 52 with 10 Pension Eligibility Credits) is actuarially reduced from age 65.
- **Normal Retirement Age (NRA):** The later of age 65 and the age at fifth anniversary of participation (recognizing prior employment under the UFCW Local 655 Plan or the UFCW Midwest Plan)

Pre-Retirement Death Benefits

- Joint and Survivor Spousal Pension:
 - **Age Requirement:** None
 - **Service Requirement:** 5 Pension Eligibility Credits or 5 Years of Vesting Service
 - **Amount:** 50% of the benefit the participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option, paid to a qualified spouse. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible for early retirement. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
 - **Charge for Coverage:** None
- Pre-Retirement Surviving Spouse Pension:
 - **Age Requirement:** None
 - **Service Requirement:** 10 Pension Eligibility Credits and active employee at death
 - **Amount:** 50% of the regular pension accrued (without reduction for early commencement and form of payment) payable immediately to the surviving spouse for life. If no surviving spouse or if the surviving spouse dies, the monthly death benefit is payable to any surviving dependent children until the earlier of the month in which their eighteenth birthday or their death occurs.
 - **Charge for Coverage:** None

Summary of plan provisions *continued*

Participation

On the earliest of the first day on which the employer is required to contribute to the fund on behalf of the employee, or the first January 1 or July 1 following completion of a 12 consecutive month period during which the employee completed at least 1,000 hours of service. January 1, 2020 for employees participating in the UFCW Local 655 Plan on December 31, 2019. January 1, 2021 for employees participating in the UFCW Midwest Plan on November 30, 2020.

Pension Eligibility Credit

One Pension Eligibility Credit for each Plan Year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours; an Employee retiring on a Regular Pension shall receive a full Pension Eligibility Credit for the plan year in which he retires provided he works in Covered Employment from the beginning of such plan year up to his retirement date. Pension Eligibility Credits earned under the UFCW Local 655 Plan or the UFCW Midwest Plan are included.

Vesting Service

One Year of Vesting Service for each Plan Year in which the participant completed 1,000 or more hours of service. Years of Vesting Service earned under the UFCW Local 655 Plan or the UFCW Midwest Plan are included.

Normal Form of Payment

- **50% Joint and Survivor Spousal Pension (with pop-up):** If married, pension benefits are paid in the form of an actuarially reduced 50% joint and survivor annuity (with pop-up), unless this form is rejected by the participant and spouse.
- **Life Annuity:** If not married, benefits are payable for the life of the participant.

Summary of plan provisions *continued*

Optional Forms of Payment

- 50%, 75%, or 100% Joint and Survivor Option (with pop-up)
- Ten Year Certain and Life Option
- Social Security Equalization Option to Age 62
- Lump Sum Payment Option (mandatory up to \$7,000, optional up to \$14,000)

Actuarial Equivalence

- For Social Security Equalization, Lump Sum Payment Options, and single sum cashouts: IRC Section 417(e) mortality, interest rates for the September preceding the Plan Year of distribution, and Assumed Modified Investment Returns equal to the interest rates. Together, the interest rates and Assumed Modified Investment Returns are equivalent to no future benefit adjustments and a conversion interest rate equal to the Hurdle Rate. Lump sums are determined using deferred to age 65 factors.
- For all other options and for early / late commencement of vested retirements: IRC Section 417(e) mortality for 2020 for participants and beneficiaries; 5.25% interest

Recent Plan Amendments

- The mandatory single sum cashout limit was increased from \$5,000 to \$7,000 and the Lump Sum Payment Option availability limit was increased from \$10,000 to \$14,000.
- The Trustees elected to stabilize benefits for 2024 under the First and Second Priorities of the Stabilization Reserve Guidelines.

THE DIERBERGS MARKET, INC. AND LOCAL 655 VARIABLE ANNUITY PLAN

EIN: 85-3577808 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2024

Identity Of Issuer, Borrower, Lessor Or Similar Party	Description Of Investment	Number Of Shares/Units	Cost	Current Value
Mutual Funds				
Baird	Aggregate Bond Fund	103,663	\$ 1,081,510	\$ 1,000,352
Champlain Capital	Small Company Fund	24,022	561,304	540,025
The Hartford	International Opportunities Fund	51,097	1,012,308	983,608
John Hancock	Income Fund	275,513	1,702,383	1,603,483
PGIM Investments	Total Return Bond Fund	152,292	1,985,681	1,803,139
* Schwab Asset Management	S&P 500 Index Fund	32,502	2,254,641	2,933,961
* Schwab Asset Management	U.S. Mid Cap Index Fund	15,666	923,457	1,040,818
			9,521,284	9,905,386
Partnership				
Intercontinental	U.S. Real Estate Investment Fund LLC	375	554,304	435,330
			<u>\$ 10,075,588</u>	<u>\$ 10,340,716</u>

* Represents an allowable party in interest, as defined by ERISA.

The above information is a required disclosure for Form 5500, Schedule H, part IV, line 4i.

Participants in active service by age and annual credits as of January 1, 2024

Age	Annual Credits									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up
Under 25	157	150	—	—	—	—	—	—	—	—
25 - 29	15	81	—	—	—	—	—	—	—	—
30 - 34	11	99	—	—	—	—	—	—	—	—
35 - 39	9	74	—	—	—	—	—	—	—	—
40 - 44	12	101	—	—	—	—	—	—	—	—
45 - 49	8	77	—	—	—	—	—	—	—	—
50 - 54	14	94	—	—	—	—	—	—	—	—
55 - 59	15	161	—	—	—	—	—	—	—	—
60 - 64	19	194	—	—	—	—	—	—	—	—
65 - 69	25	101	—	—	—	—	—	—	—	—
70 & Up	27	99	—	—	—	—	—	—	—	—

Actuarial assumptions, methodologies, and models (Funding)

Certain assumptions are prescribed as noted below. The other assumptions are estimates derived from historical and recent experience as well as market observations, combined with professional judgment about future expectations.

Interest

The interest rates used for the 2024 plan year are the 24-month average corporate bond segment rates for January 2024 (no lookback) subject to interest rate stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) and are then constrained to be within a corridor around the greater of 5.00% and a 25-year average of those same bond rates. For 2024 through 2030, the stabilization corridor is 5%. Under current law, it is scheduled to increase by 5% per year, starting in 2031, until it reaches 30% for 2035. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	4.75%	4.96%	5.59%	5.25%
Current Year, without stabilization	4.37%	4.96%	4.95%	
Prior Year, reflecting stabilization	4.75%	5.00%	5.74%	5.25%
Prior Year, without stabilization	2.13%	3.62%	3.93%	

The interest rates used to determine the PBGC variable-rate premium are:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	5.01%	5.13%	5.15%
Prior Year	4.84%	5.15%	4.85%

Actuarial assumptions, methodologies, and models (Funding) *continued*

Mortality Rates

For both healthy and disabled participants, Pri-2012 separate employee and healthy annuitant mortality tables (sex-specific), projected generationally using the 2024 Adjusted Scale MP-2021 (previously, RP-2006 mortality tables with Scale MP-2021). This assumption is one of the choices allowed under IRS regulations.

Expected Return on Plan Assets

Same as the interest rate assumption for each measurement. Together, prior to recognizing the difference between the Modified Investment Return and the Market Value Return, the interest and expected return on plan assets assumptions (resulting in adjustments under the variable benefit formula) are equivalent to no future benefit adjustments and a discount rate of 5.25% (the hurdle rate).

Annual Benefit Adjustments

Annual adjustments of -1.00% are assumed for all future years to reflect the difference between the Modified Investment Return and the Market Value Return (that is, 25% of the excess of the Market Value Return over the Hurdle Rate being allocated to the Stabilization Reserve).

The annual adjustment assumption is a long-term estimate derived from historical data, current and recent market expectations, in light of the Plan provisions and professional judgment. An analysis of the expected return and standard deviation of the Plan's portfolio, relative to the Hurdle Rate, was prepared, reflecting inflation expectations, anticipated risk premiums, standard deviations, and correlations for each of the portfolio's asset classes as provided by Segal Marco Advisors, and the long-term target asset allocation for the Plan.

Actuarial assumptions, methodologies, and models (Funding) *continued*

Retirement Rates

The following table sets forth assumed retirement rates from active and inactive status. These rates were developed based on a review of historical experience under the UFCW Local 655 Plan, considering the provisions of this Plan and anticipated future experience, and applying professional judgment.

Age	From Active Status	From Inactive Status
52	1%	4%
53 – 54	1%	2%
55 – 56	2%	2%
57 – 59	5%	2%
60	15%	10%
61	15%	20%
62	30%	35%
63 – 64	20%	20%
65	30%	40%
66 – 70	25%	10%
71	100%	100%

These retirement rates are adjusted as follows:

- Rates are increased by 10% for active participants and 20% for inactive participants in the year that the participant reaches Social Security Normal Retirement Age (age 66 for those born in or before 1954 and age 67 for those born in 1955 or after).
- For participants who are at least age 71 on the valuation date, retirement rates are as follows:

Years after Valuation Date	Rate
0	25%
1	33%
2	50%
3	100%

Actuarial assumptions, methodologies, and models (Funding) *continued*

Termination Rates

The following tables show sample termination rates. These rates were developed based on a review of historical experience for the covered group of Dierbergs employees under the UFCW Local 655 Plan, considering anticipated future experience, and applying professional judgment.

- Non-Vested Participants:

Years of Vesting Service	Rate
0	30%
1 – 2	25%
3	20%
4	12%

- Vested Participants:

Age	Rate
20	11.964%
25	9.312%
30	8.016%
35	7.008%
40	6.732%
45	5.988%
50	1.848%
55 & Over	2.544%

Actuarial assumptions, methodologies, and models (Funding) continued

Disability Rates

The following table shows sample disability rates. These rates were developed based on a review of historical experience under the UFCW Local 655 Plan, considering the provisions of this Plan and anticipated future experience, and applying professional judgment.

Age	Rate
20	0.02%
25	0.03%
30	0.03%
35	0.04%
40	0.07%
45	0.11%
50	0.18%
55	0.30%
60	0.49%

Assumed Hours

Hours worked in the current year, used to determine the Annual Credit Rate, are assumed to equal actual hours worked in the prior year.

Definition of Active Participants

Participants under the Plan who worked at least 250 hours in the most recent plan year, excluding those who have retired as of the valuation date.

Actuarial assumptions, methodologies, and models (Funding) *continued*

Percent Married

Males 80%, Females 65%

Age and Sex of Spouse

If actual age is unknown, spouses are assumed to be 2 years younger than male participants and 2 years older than female participants. If not given, spouses are assumed to be the opposite sex of the participants.

Benefit Election

- Males: 50% elect a Life Annuity, 50% elect a 50% Joint and Survivor Annuity (with pop-up)
- Females: 70% elect a Life Annuity, 30% elect a 50% Joint and Survivor Annuity (with pop-up)

Notwithstanding the above, 100% of participants who are eligible to receive their benefit as a lump sum cash out distribution (up to \$14,000) are assumed to do so. As prescribed by regulation, lump sums are valued based on the interest rate implied by the funding yield curve (and the expected return on plan assets) and the 2024 mandated mortality tables for lump sum conversion. Together, the interest rate and the expected return on plan assets are equivalent to no future benefit adjustments and a discount rate of 5.25% (the hurdle rate).

This assumption is based on historical and recent data under the UFCW 655 Pension Plan, adjusted to reflect estimated future experience and professional judgment.

Actuarial assumptions, methodologies, and models (Funding) *continued*

Administrative Expenses

Plan-related expenses of \$360,000 are expected to be paid by the plan during the year.

This assumption is based on recent plan experience and current year PBGC premiums.

Asset Method

As selected by the plan sponsor, assets are valued at market value.

Funding Method

Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates.

If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within 15 years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative, and client requirements. Our Actuarial Technology and Systems unit, comprising both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Changes in Actuarial Assumptions (Schedule SB, line 24)

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:

- Administrative expenses: \$360,000 (previously, \$340,000)

Retirement Rates

The following table sets forth assumed retirement rates from active and inactive status. These rates were developed based on a review of historical experience under the UFCW Local 655 Plan, considering the provisions of this Plan and anticipated future experience, and applying professional judgment.

Age	From Active Status	From Inactive Status
52	1%	4%
53 – 54	1%	2%
55 – 56	2%	2%
57 – 59	5%	2%
60	15%	10%
61	15%	20%
62	30%	35%
63 – 64	20%	20%
65	30%	40%
66 – 70	25%	10%
71	100%	100%

These retirement rates are adjusted as follows:

- Rates are increased by 10% for active participants and 20% for inactive participants in the year that the participant reaches Social Security Normal Retirement Age (age 66 for those born in or before 1954 and age 67 for those born in 1955 or after).
- For participants who are at least age 71 on the valuation date, retirement rates are as follows:

Years after Valuation Date	Rate
0	25%
1	33%
2	50%
3	100%

Description of Weighted Average Retirement Age

Age 65, determined as follows: The individual weighted-average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the actuarial valuation.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan THE DIERBERGS MARKET, INC AND LOCAL 655 VARIABLE ANNUITY PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/2020
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) BOARD OF TRUSTEES OF THE DIERBERGS LOCAL 655 VARIAB 16690 SWINGLEY RIDGE ROAD CHESTERFIELD MO 63017-0758	2b Employer Identification Number (EIN) 87-2735209 2c Plan Sponsor's telephone number 636-532-8897 2d Business code (see instructions) 445110

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

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

SIGN HERE	<i>Nancy Meyer</i>	<i>9/24/25</i>	NANCY MEYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

RubinBrown LLP
One North Brentwood Blvd., Suite 1100
St. Louis, MO 63105

I, Nancy Meyer, the Plan Administrator, for The Dierbergs Markets, Inc. and Local 655 Variable Annuity Plan, authorize RubinBrown LLP and any of its partners and employees to electronically submit the Plan's annual Form 5500 to the Department of Labor. I understand that attached to the submittal will be a true and correct PDF copy of the first two pages of the completed Form 5500 including my manual signature as the Plan Administrator/Employer Representative. I am also aware that by selecting this electronic signature option the PDF image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure. Lastly, I am aware that RubinBrown LLP will communicate to me any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

Name: Nancy Meyer
Title: VP of Human Resources
Date: 9/24/25

**THE DIERBERGS MARKET, INC. AND
LOCAL 655 VARIABLE ANNUITY PLAN**

**EIN: 85-3577808 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

Type Of Investment	Number Of Purchase Transactions	Number Of Sales Transactions	Total Value Of Purchases	Total Net Selling Price	Expenses Incurred In Transactions	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Series Of Transactions In Excess Of 5%								
Baird Aggregate Bond Fund	18	1	\$ 427,820	\$ 280,000	\$ —	\$ 290,326	\$ 707,820	\$ (10,326)
PGIM Investments Total Return Bond Fund	19	—	485,470	—	—	—	485,470	—

The above information is a required disclosure for Form 5500, Schedule H, part IV, line 4j.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection	
	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 The Dierbergs Market, Inc and Local 655 Variable Annuity Plan		B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of The Dierbergs Local 655 Variable Annuity Plan		D Employer Identification Number (EIN) 87-2735209	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			
Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value.....		2a 8,451,764	
b Actuarial value.....		2b 8,451,764	
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.....	44	440,475	440,475
b For terminated vested participants	101	387,726	387,726
c For active participants.....	1,543	5,179,218	5,694,002
d Total.....	1,688	6,007,419	6,522,203
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
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	5.25%
6 Target normal cost			
a Present value of current plan year accruals		6a	1,543,856
b Expected plan-related expenses		6b	360,000
c Target normal cost.....		6c	1,903,856
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>Jeremy C. Roberts</u> Signature of actuary		09/05/2025 Date	
JEREMY C. ROBERTS, FSA, MAAA Type or print name of actuary		2306462 Most recent enrollment number	
SEGAL Firm name		312-984-8500 Telephone number (including area code)	
101 NORTH WACKER DRIVE SUITE 1800 CHICAGO IL 60606-1722 Address of the firm			
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐			
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311			

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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.69</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)		1,846,941
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>5.25</u> %		96,964
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		1,943,905
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	129.58 %
15 Adjusted funding target attainment percentage	15	129.58 %
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	136.81 %
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
02/01/2024	163,901	0	01/07/2025	72,872	0
02/27/2024	18	0			
02/29/2024	162,250	0			
04/08/2024	201,222	0			
05/06/2024	163,576	0			
05/30/2024	165,799	0			
07/10/2024	212,817	0			
08/06/2024	170,832	0			
09/09/2024	208,888	0			
09/17/2024	48	0			
10/08/2024	167,132	0			
11/01/2024	14,095	0			
11/05/2024	150,071	0			
11/12/2024	19	0			
Totals ▶			18(b)	1,853,540	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	1,807,429

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.96 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
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	1,903,856
b	Excess assets, if applicable, but not greater than line 31a	31b	1,903,856
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34
			0
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35).....		36
			0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
			1,807,429
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
			1,807,429
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. ☐ 2019 ☐ 2020 ☐ 2021		