

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)          Mailing address (include room, apt., suite no. and street, or P.O. Box)          City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  <u>SHOPRITE SUPERMARKETS, INC.</u></p> <p><u>176 NORTH MAIN STREET</u>  <u>FLORIDA, NY 10921</u></p>	<p><b>1c</b> Effective date of plan  <u>07/01/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>22-1705981</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>845-651-4411</u></p> <p><b>2d</b> Business code (see instructions)  <u>445110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/01/2025	KEN GROGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/01/2025	KEN GROGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	146
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	89
	<b>6c</b>	57
	<b>6d</b>	146
	<b>6e</b>	0
	<b>6f</b>	146
	<b>6g(1)</b>	
<b>6g(2)</b>		0
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 1I 3H

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

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

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

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

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

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

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

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

**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHOPRITE SUPERMARKETS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1705981</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>4512685</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>4512685</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>89</u>	<u>2814244</u>	<u>2814244</u>	
<b>b</b> For terminated vested participants .....	<u>57</u>	<u>1217706</u>	<u>1217716</u>	
<b>c</b> For active participants .....	<u>0</u>	<u>0</u>	<u>0</u>	
<b>d</b> Total .....	<u>146</u>	<u>4031950</u>	<u>4031960</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.11 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>60000</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>60000</u>		

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

<b>SIGN HERE</b>  Signature of actuary  <u>MICHAEL G. IBRAHIM, FSPA, EA</u> Type or print name of actuary  <u>APEX ACTUARIAL CONSULTANTS LLC</u> Firm name  <u>293 ROUTE 18 SOUTH SUITE D, 153</u> <u>US EAST BRUNSWICK, NJ 08816</u>  Address of the firm	<u>09/01/2025</u> Date  <u>23-04567</u> Most recent enrollment number  <u>201-725-2437</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____% .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	111.92 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.92 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	109.78 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

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

**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:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 21

**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**

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	60000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	60000

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....		
<b>b</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**

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

**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**

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

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

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

**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

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

<b>A</b> Name of plan <b>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHOPRITE SUPERMARKETS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1705981</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

20-8764829

(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?
33 49 19 27 72 99 50 71	CUSTODIAL	32370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

APEX ACTUARIAL CONSULTANTS

293 ROUTE 18 SOUTH, SUITE D #153  
EAST BRUNSWICK, NJ 08816

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	32000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHOPRITE SUPERMARKETS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1705981</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ALL-COUNTRY WORLD EX-US INDEX FUND</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST</u>	
<b>c</b> EIN-PN <u>45-6138589-103</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>593907</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHOPRITE SUPERMARKETS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>22-1705981</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	182931
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1267012
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	593907
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2270631
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	4512685	4314481
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	7750	7400
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	7750	7400
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4504935	4307081

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	14	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	11123	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	103908	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		115031
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1750274	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1731306	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		18968
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	134623	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		4105
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		272741

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	398846	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		398846
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	32370	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	32000	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	7379	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		71749
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		470595

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-197854
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN,PC

(2) EIN: 22-2027092

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

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 582618.

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

<b>A</b> Name of plan <u>SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SHOPRITE SUPERMARKETS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>22-1705981</u>	

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

**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): \_\_\_\_\_

**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	0
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	0
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	0
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	0

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

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

**ShopRite Supermarkets, Inc.  
Retail Clerks Employees'  
Retirement Plan**

**Financial Statements and Supplemental Schedule  
December 31, 2024 and 2023**

**ShopRite Supermarkets, Inc.**  
**Retail Clerks Employees' Retirement Plan**  
**Index**

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## Independent Auditor's Report

To the Plan Administrator  
ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan:

### Opinion

We have audited the financial statements of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

### Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement 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 ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions, as of or 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Withum Smith & Brown, PC*

September 12, 2025

**ShopRite Supermarkets, Inc.**  
**Retail Clerks Employees' Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments, at fair value	\$ 4,314,481	\$ 4,512,685
Total assets	<u>\$ 4,314,481</u>	<u>4,512,685</u>
<b>Liabilities</b>		
Accrued expenses	\$ 7,400	7,750
Total liabilities	<u>\$ 7,400</u>	<u>7,750</u>
Net assets available for benefits	<u>\$ 4,307,081</u>	<u>\$ 4,504,935</u>

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

**ShopRite Supermarkets, Inc.**  
**Retail Clerks Employees' Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2024 and 2023**

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	2024	2023
<b>Additions</b>		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 157,610	\$ 220,288
Interest and dividend income	\$ 115,131	111,722
Total investment income	\$ 272,741	332,010
<b>Deductions</b>		
Benefits paid to participants	\$ 398,846	332,954
Administrative expenses	\$ 71,749	94,681
Total deductions	\$ 470,595	427,635
Net change in net assets available for benefits	\$ (197,854)	(95,625)
<b>Net assets available for benefits</b>		
Beginning of year	\$ 4,504,935	4,600,560
End of year	\$ 4,307,081	\$ 4,504,935

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

# ShopRite Supermarkets, Inc.

## Retail Clerks Employees' Retirement Plan

### Notes to Financial Statements

#### December 31, 2024 and 2023

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#### 1. Description of Plan

The following brief description of the ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan (the "Plan"), formerly the Big V Supermarkets Inc. Retail Clerks Employees' Retirement Plan, provides only general information. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

##### General

The Plan is a defined benefit pension plan established as of July 1, 1970 and was amended as of January 1, 2016. The Plan has gone through a five-year amendment cycle, whereby, the Plan was required to consolidate any amendments that have occurred over the past five years into one formal Plan document that captures any and all changes. The purpose of the amendment also includes any adjustments to legal terms used within the Plan to clarify specific provisions of the Plan.

Effective May 1, 2001, benefit accruals for participants who were hourly associates and not subject to collective bargaining under the Plan were frozen.

In July 2002, the Plan was assumed by ShopRite Supermarkets, Inc. (the "Company") as a result of the acquisition by Wakefern Food Corp. of certain stores from Big V Supermarkets, Inc. The Company is a wholly owned subsidiary of Wakefern Food Corp. and sponsors and maintains the Plan, including its assets and liabilities, in place of the former sponsor, Big V Holding Corporation.

On November 4, 2007 (the "Freeze Date"), the Company sold the only store whose employees were participants of the Plan. As of the date of the sale, the unvested portions of the participants' accounts were fully vested and the Plan was frozen for further participation and benefit accruals for participants.

ShopRite Supermarkets, Inc. is the Plan's recordkeeper and Morgan Stanley Smith Barney, LLC is the Plan Trustee ("Trustee"). Morgan Stanley Smith Barney, LLC and Northern Trust Corporation Custody and Fund Services serve as the Plan's custodians.

##### Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time under the provisions of ERISA.

Generally, the Pension Benefit Guaranty Corporation ("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 the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at a 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. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger or older annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

**ShopRite Supermarkets, Inc.**  
**Retail Clerks Employees' Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Eligibility**

The Plan covered substantially all former employees of the Company who were members of the Retail Clerks International Association (the "Association"), a collective bargaining unit, and certain other former employees whose benefits were substantially the same as those of the Association.

**Pension Benefits**

Participants with five or more years of service are entitled to annual pension benefits beginning at the normal retirement age of 65. The Plan permits early retirement.

Prior to the distribution of accrued benefits, the participants will have the option to select a distribution method in accordance with the normal Plan distribution guidelines:

- Participants receive information regarding their payment option that is dependent on marital status. Payment options are calculated by the Plan actuary for the participant to make a selection; and
- Effective September 9, 2015, lump sum limits have been reduced to \$6,000.

Monthly retirement benefits to be paid for years of service will amount to the sum of the following:

***Full-Time Employees***

- \$16.00 per month for each year of credited service up to December 31, 1984;
- \$15.00 per month for each year of credited service from January 1, 1985 to December 31, 1987;
- \$21.00 per month for each year of credited service from January 1, 1988 to December 31, 1989, if the participant has less than ten years of service as of January 1, 1988; or \$28.00 per month for each year of credit service from January 1, 1988 to December 31, 1989 if the participant has ten or more years of service as of January 1, 1988;
- \$30.00 per month for each year of credited service from January 1, 1990 to June 2, 2001;
- \$40.00 per month for each year of credited service from June 3, 2001 to November 4, 2007 until the participant has 30 years of credited service; and
- \$50.00 per month for each year of credited service after the later of June 3, 2001 or the date the participant has 30 years of credited service prior to November 4, 2007.

***Part-Time Employees***

- \$9.00 per month for each year of credited service up to December 31, 1984 and \$8.00 per month from January 1, 1985 to December 31, 1987.
- Monthly retirement benefits to be paid for years of service from January 1, 1988 to June 2, 2001 for part-time employees are summarized as follows:

**ShopRite Supermarkets, Inc.**  
**Retail Clerks Employees' Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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- \$10.50 per month for each year of credited service up to 20 years of credited service plus \$14.00 per month in excess of 20 years of service if employed less than one year as of January 1, 1988;
  - \$10.50 per month for each year of credited service up to 15 years of credited service plus \$14.00 per month in excess of 15 years of service if employed at least one year, but less than five years, as of January 1, 1988;
  - \$10.50 per month for each year of credited service up to ten years of credited service plus \$14.00 per month in excess of ten years of service if employed at least five years, but less than ten years, as of January 1, 1988; and
  - \$14.00 per month for each year of credited service if employed ten or more years as of January 1, 1988.
- \$20.00 per month for each year of credited service from June 3, 2001 to November 4, 2007 until the participant has 30 years of credited service; \$25.00 per month for each year of credited service after the later of June 3, 2001 or the date the participant has 30 years of credited service prior to November 4, 2007.

**Early Retirement**

The Plan allows for early retirement at age 55, provided the participant has completed ten years of service with the Company, or when the total of age and years of service equal or exceed 90. Benefits can begin at the early retirement date, or be deferred until normal retirement, based on the participant's service as determined on the participant's early retirement date. If the participant elects to receive benefits after early retirement but before age 65, the benefits payable is adjusted to reflect the longer period during which it will be payable.

The Plan also provides for two special early retirement provisions. One provision provides for early retirement at age 62 whereby the participant has to have credited service for vesting prior to January 1, 1985, remain an actively employed participant until attaining at least age 55, and have at least ten years of service for vesting. The second early retirement provision provides that the participant has to have credited service for vesting prior to January 1, 1985 and have earned at least 30 years of service for vesting while in covered service. The calculation of benefits for these two special early retirement provisions are calculated in the same manner as regular early retirement benefits only the qualification requirements are different.

**Late Retirement**

Retirement may be deferred beyond age 65, in which case, the retirement date will be the first day of the month after the participant actually retires.

**Disability Retirement**

Participants who have completed at least ten years of service are entitled to receive disability retirement benefits after permanent disability has been established. The benefits are calculated and paid in the same manner as normal retirement benefits.

# ShopRite Supermarkets, Inc.

## Retail Clerks Employees' Retirement Plan

### Notes to Financial Statements

#### December 31, 2024 and 2023

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#### **Preretirement Death Benefits**

If a participant dies before their normal retirement date and has a vested accrued pension benefit, the participant's spouse will be entitled to receive monthly retirement benefits to which the participant would have been entitled if the Joint and Survivor Option had been elected. The preretirement death benefit is not payable if the participant is single, if the participant is not survived by his or her spouse, or if his or her spouse dies before payments have commenced.

## **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements of the Plan have been prepared on the accrual basis and in accordance with accounting principles generally accepted in the United States of America.

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

The Plan's investments are stated at fair value. All security transactions are accounted for on the date securities are purchased or sold (trade-date basis). Realized gains and losses are computed based on the fair value of assets at the trade date. Interest and dividend income is recorded on the accrual basis. Dividends, which include capital gain distributions, are accrued as of the ex-dividend date. The Plan presents in the statements of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consist of realized gains and losses and the unrealized appreciation and depreciation from those investments.

#### **Administrative Expenses**

Administrative expenses of the Plan are paid by either the Plan or the Company as provided in the Plan document.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Use of Estimates**

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 and changes therein in these financial statements. Actual results could differ from those estimates.

#### **Risks and Uncertainties**

The Plan invests in various securities including bank deposits, common stock, exchange traded fund and common/collective fund investments. Investment securities are exposed to various risks such as interest rate, market, foreign exchange and credit risks. Additionally, the Plan holds an investment in the iShares 5-10 year Investment Grade Corporate Bond ETF, Vanguard Short Term Bond, Invesco S&P 500 Equal Weight E and Northern Trust Common/Collective Trust that represents 28%, 25%, 19% and 14%, respectively, of the Plan's net assets at December 31, 2024. The Plan held an investment in the Vanguard Short Term Bond, iShares 5-10-year Investment Grade Corporate Bond ETF and Northern Trust Common/Collective Trust that represents 27%, 25% and 13%, respectively, of the Plan's net assets at December 31, 2023. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the change in the value of investment securities and the level of uncertainty related to the change in value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits.

**ShopRite Supermarkets, Inc.**  
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**December 31, 2024 and 2023**

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

**Funding Policy**

Contributions to the Plan are made entirely by the Company and represent the actuarially computed costs accrued under the Plan based on a valuation made as of the latest valuation date.

The Company has met the minimum funding requirements of ERISA. There were no required contributions for 2024 or 2023.

**3. Fair Value Measurements**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the 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 under ASC 820 are described as follows:

- Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access at the measurement date.
- Level 2      Inputs to the valuation methodology include:
- Quoted prices for similar assets in active markets;
  - Quoted prices for identical or similar assets in inactive markets; and
  - Inputs other than quoted prices that are observed for the asset.

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

- Level 3      Inputs to the valuation methodology are unobservable and significant to the fairvalue 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**ShopRite Supermarkets, Inc.**  
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Following is a description of the valuation methodologies used for assets measured at fair value.

***Bank Deposit***

Interest-bearing cash is valued at cost which approximates fair value.

***Common Stocks***

Valued at the closing price reported on the active markets on which the individual securities are traded.

***Registered Investment Companies***

Registered investment companies held by the Plan are exchange-traded funds. Exchange-traded funds are valued at the daily closing price on a national stock exchange, which may or may not be the same as the net asset value ("NAV") of the shares. The funds held by the Plan are registered with the Securities and Exchange Commission and are deemed to be actively traded.

***Common/Collective Trust***

Valued at the NAV as a practical expedient to fair value. The NAV is based on the underlying investments as adjusted for the trust's related liabilities and administrative expenses charged. There are no redemption restrictions or unfunded commitments of the Plan related to this investment.

The aforementioned methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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. There were no transfers between Levels 1, 2, and 3 for the periods presented.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

**ShopRite Supermarkets, Inc.**  
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The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31 2024 and 2023:

<b>Fair Value Measurement at December 31, 2024</b>				
	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Significant Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total Fair Value</b>
Cash	\$ 182,931	\$ -	\$ -	\$ 182,931
Registered investment companies	2,270,631	\$ -	\$ -	2,270,631
Common stocks	1,267,012	-	-	1,267,012
Total investments	<u>\$ 3,720,574</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3,720,574</u>
Common/Collective trust measured at NAV (a)				<u>593,907</u>
				<u>\$ 4,314,481</u>

<b>Fair Value Measurement at December 31, 2023</b>				
	<b>Quoted Prices in Active Markets (Level 1)</b>	<b>Significant Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>Total Fair Value</b>
Cash	\$ 303,539	\$ -	\$ -	\$ 303,539
Registered investment companies	2,363,453	\$ -	\$ -	2,363,453
Common stocks	1,236,516	-	-	1,236,516
Total investments	<u>\$ 3,903,508</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3,903,508</u>
Common/Collective trust measured at NAV (a)				<u>609,177</u>
				<u>\$ 4,512,685</u>

- (a) In accordance with Subtopic 820-10, certain investments that are measured at NAV per share (or its equivalent) have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**4. Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) former active participants or their beneficiaries transferred to the buyer upon sale of the only store whose employees were participants of the Plan. The accumulated plan benefits for former active participants are based on their estimated accrued benefits as of the valuation date, which is December 31, 2023. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023 there would be no material differences. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

**ShopRite Supermarkets, Inc.**  
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**December 31, 2024 and 2023**

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

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

**Vested benefits**

Vested benefit obligations for other participants	\$ 1,046,740
Participant and/or beneficiaries currently receiving benefits	<u>2,419,125</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 3,465,865</u>

The actuarial assumptions as of December 31, 2023 are based on the presumption that the Plan will continue (refer to Note 1). Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits as of December 31, 2023 are as follows:

Retirement age	Age 65
Discount rate and rate of return on investments	7.00 %

The mortality assumption utilized for the year ended December 31, 2023 was the RP-2014, with projection scale MP-2021.

<b>Actuarial present value of accumulated plan benefits at December 31, 2022</b>	<u>\$ 3,579,928</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial experience	(20,051)
Benefits paid	(332,954)
Interest due to the decrease in the discount period	<u>238,942</u>
Net decrease	<u>(114,063)</u>
<b>Actuarial present value of accumulated plan benefits at December 31, 2023</b>	<u>\$ 3,465,865</u>

**5. Tax Status**

The Internal Revenue Service has determined and informed the Company by letter dated February 14, 2018 that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan and its underlying trust have been amended since receiving the determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**ShopRite Supermarkets, Inc.**  
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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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

**6. Parties-in-Interest Transactions**

The Plan holds an investment in a bank deposit account issued by Morgan Stanley Bank N.A., an affiliate of the Trustee. The Trustee receives compensation from the Plan for investment advisor, custodial and other services. Northern Trust is the issuer and custodian of the collective trust investment held by the Plan. All such related transactions are parties-in-interest transactions.

**7. Subsequent Events**

The Plan has evaluated subsequent events through September 12, 2025, the date the financial statements were available to be issued. Based upon this evaluation, the Plan has determined that no subsequent events have occurred, which would require recognition or disclosure in the financial statements.

## **Supplemental Schedules**

**ShopRite Supermarkets, Inc. (Plan number #003)**  
**Retail Clerks Employees' Retirement Plan EIN: 22-1705981**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Morgan Stanley Cash Reserve Fund	Interest-bearing cash	182,931	182,931
			<b>182,931</b>	<b>182,931</b>
	AMG	Investment in common stock	2,819	3,141
	ALK	Investment in common stock	2,013	3,420
	ALLE	Investment in common stock	5,132	5,281
	AEP	Investment in common stock	1,463	1,735
	AMP	Investment in common stock	7,544	10,282
	AME	Investment in common stock	3,899	4,295
	AON	Investment in common stock	2,782	3,364
	ARW	Investment in common stock	2,595	2,340
	AZO	Investment in common stock	1,424	6,676
	AVTR	Investment in common stock	1,849	1,921
	AVY	Investment in common stock	2,759	2,591
	BALL	Investment in common stock	4,213	4,036
	BECN	Investment in common stock	2,708	2,943
	BYD	Investment in common stock	3,311	3,698
	BLDR	Investment in common stock	1,655	1,359
	BWXT	Investment in common stock	1,248	1,701
	CG	Investment in common stock	4,277	5,030
	COR	Investment in common stock	6,333	6,548
	CNP	Investment in common stock	3,866	4,442
	CF	Investment in common stock	3,910	4,282
	CHKP	Investment in common stock	5,498	6,492
	CHRD	Investment in common stock	4,663	3,516
	CHDN	Investment in common stock	3,285	3,468
	COKE	Investment in common stock	783	799
	CCEP	Investment in common stock	2,164	2,435
	CTSH	Investment in common stock	1,662	1,940
	CMC	Investment in common stock	2,865	2,707
	CW	Investment in common stock	2,557	4,040
	DRI	Investment in common stock	1,372	1,581
	DELL	Investment in common stock	1,331	1,826
	FANG	Investment in common stock	3,844	4,576
	DFS	Investment in common stock	1,722	2,739
	DOV	Investment in common stock	2,776	3,479
	DTE	Investment in common stock	4,205	4,881
	DD	Investment in common stock	2,295	2,611
	EWBC	Investment in common stock	2,469	3,084
	EGP	Investment in common stock	2,609	2,352
	EBAY	Investment in common stock	4,220	5,134
	ETR	Investment in common stock	2,093	3,193
	EQT	Investment in common stock	3,210	4,152
	EFX	Investment in common stock	3,347	3,479
	ELS	Investment in common stock	3,311	3,305
	EQR	Investment in common stock	2,715	3,280
	ESS	Investment in common stock	1,586	1,904
	EVR	Investment in common stock	3,498	5,557
	EXPD	Investment in common stock	5,430	4,804
	EXR	Investment in common stock	2,972	3,128
	FERG	Investment in common stock	1,439	1,326

See Independent Auditor's Report.

**ShopRite Supermarkets, Inc. (Plan number #003)**  
**Retail Clerks Employees' Retirement Plan EIN: 22-1705981**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
FIS	Investment in common stock	2,630	2,765	
FITB	Investment in common stock	5,815	7,018	
FAF	Investment in common stock	1,900	1,962	
FE	Investment in common stock	3,699	3,837	
FLEX	Investment in common stock	3,539	5,643	
FTV	Investment in common stock	3,703	3,701	
FCX	Investment in common stock	2,769	2,638	
FTDR	Investment in common stock	2,124	3,497	
GRMN	Investment in common stock	1,042	1,752	
GEN	Investment in common stock	1,973	2,219	
GNRC	Investment in common stock	3,869	4,208	
GNTX	Investment in common stock	3,075	2,698	
HRB	Investment in common stock	3,316	3,489	
HAL	Investment in common stock	2,428	1,875	
HOG	Investment in common stock	2,080	1,832	
HWM	Investment in common stock	4,154	8,197	
HUM	Investment in common stock	3,019	2,923	
HBAN	Investment in common stock	4,453	5,597	
ICLR	Investment in common stock	2,092	1,645	
IDCC	Investment in common stock	1,588	2,965	
INVH	Investment in common stock	1,806	1,734	
ITT	Investment in common stock	1,735	2,064	
J	Investment in common stock	1,631	1,946	
KEYS	Investment in common stock	4,158	4,314	
LRCX	Investment in common stock	1,787	1,729	
LAMR	Investment in common stock	3,561	4,074	
LW	Investment in common stock	2,788	3,203	
LSTR	Investment in common stock	2,922	2,587	
LDOS	Investment in common stock	1,723	2,171	
LEN	Investment in common stock	1,553	1,365	
LPLA	Investment in common stock	5,555	7,769	
LHX	Investment in common stock	3,418	3,542	
CART	Investment in common stock	1,562	1,533	
MPC	Investment in common stock	2,102	1,947	
MKL	Investment in common stock	3,548	4,267	
MAS	Investment in common stock	3,993	4,313	
MBC	Investment in common stock	1,543	1,461	
MCHP	Investment in common stock	2,807	2,048	
MOH	Investment in common stock	4,134	3,645	
MSM	Investment in common stock	2,147	1,929	
NTAP	Investment in common stock	2,924	3,320	
NSC	Investment in common stock	7,065	6,930	
NRG	Investment in common stock	1,325	1,301	
NVR	Investment in common stock	1,687	1,963	
OGE	Investment in common stock	2,151	2,652	
OLN	Investment in common stock	2,767	1,863	
PKG	Investment in common stock	3,680	4,841	
PH	Investment in common stock	3,879	5,244	
PSX	Investment in common stock	2,630	2,195	
PRMB	Investment in common stock	1,368	1,446	
RL	Investment in common stock	2,563	3,797	
RRC	Investment in common stock	3,376	4,174	
RBA	Investment in common stock	3,123	4,433	

See Independent Auditor's Report.

**ShopRite Supermarkets, Inc. (Plan number #003)**  
**Retail Clerks Employees' Retirement Plan EIN: 22-1705981**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	REG	Investment in common stock	3,618	4,242
	RS	Investment in common stock	2,776	2,532
	RNR	Investment in common stock	2,516	2,543
	REZI	Investment in common stock	1,887	2,420
	REXR	Investment in common stock	2,843	2,046
	RHI	Investment in common stock	4,464	4,248
	RKT	Investment in common stock	2,393	1,971
	ROST	Investment in common stock	3,337	3,566
	RSP	Investment in common stock	750,031	834,096
	SAIC	Investment in common stock	2,879	2,472
	ST	Investment in common stock	2,349	1,809
	SPG	Investment in common stock	4,970	6,078
	SLM	Investment in common stock	2,516	3,503
	SOLV	Investment in common stock	1,616	1,563
	SSNC	Investment in common stock	3,336	3,505
	SYF	Investment in common stock	2,280	5,218
	SYF	Investment in common stock	1,886	1,820
	TEL	Investment in common stock	2,671	2,639
	TPX	Investment in common stock	3,105	3,475
	TXT	Investment in common stock	6,327	5,697
	MOS	Investment in common stock	1,962	1,718
	TRV	Investment in common stock	2,374	2,719
	UFPI	Investment in common stock	1,384	1,262
	USFD	Investment in common stock	1,466	2,187
	VICI	Investment in common stock	3,818	3,651
	VOYA	Investment in common stock	1,477	1,435
	WTS	Investment in common stock	1,686	1,788
	WFRD	Investment in common stock	3,446	2,561
	WH	Investment in common stock	3,433	4,442
	ZBRA	Investment in common stock	4,374	6,672
	<b>Common Stocks</b>		<b>1,131,220</b>	<b>1,267,012</b>
	IGIB	Registered Investment Company	1,332,023	1,189,469
	BSV	Registered Investment Company	1,086,808	1,081,162
	<b>Registered Investment Companies</b>		<b>2,418,831</b>	<b>2,270,631</b>
*	Northern Trust	Common/Collective Trust	461,701	593,907
	<b>Common/Collective Trust</b>		<b>461,701</b>	<b>593,907</b>
	<b>Total Investments</b>		<b>4,194,683</b>	<b>4,314,481</b>

\*Indicates Party-in-interest

See Independent Auditor's Report.

**ShopRite Supermarkets, Inc. (Plan number #003)**  
**Retail Clerks Employees' Retirement Plan EIN number: 22-1705981**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value	(i) Net Gain/(Loss)
Single Transaction Common Stock	Invesco S&P 500 Equal Weight E	\$ 750,033	\$ -	\$ 750,033	\$ 750,033	\$ -

See Independent Auditor's Report

<b>Form 5500</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px auto;"> <b>Complete all entries in accordance with the instructions to the Form 5500.</b> </div>	OMB Nos. 1210-0110 1210-0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
<b>B</b> This return/report is: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b> If the plan is a collectively-bargained plan, check here <input type="checkbox"/>	
<b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____	
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

<b>Part II Basic Plan Information - enter all requested information</b>	
<b>1a</b> Name of plan SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) <input type="text" value="003"/>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  SHOPRITE SUPERMARKETS, INC.  176 NORTH MAIN STREET FLORIDA, NY 10921	<b>1c</b> Effective date of plan 07/01/1970  <b>2b</b> Employer Identification Number (EIN) 22-1705981  <b>2c</b> Plan Sponsor's telephone number 845-651-4411  <b>2d</b> 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		10/1/25	KEN GROGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/1/25	KEN GROGAN
	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

**SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN**

**EIN 22-1705981**

**Plan No. 003**

**Plan Year Ended 12/31/2024**

**Form 5500, Schedule H, Part IV, Line 4i  
Schedule of Assets (Held at Year End)**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

**SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN**

**EIN 22-1705981**

**Plan No. 003**

**Plan Year Ended 12/31/2024**

**Form 5500, Schedule H, Part IV, Line 4j  
Schedule of Reportable Transactions**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

**SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES'  
RETIREMENT PLAN  
ACTUARIAL VALUATION  
FOR THE PLAN YEAR BEGINNING JANUARY 1, 2024**

IV. ACTUARIAL BASIS AND METHODOLOGY

In valuing the liabilities and determining the contribution requirements for a defined benefit pension plan, it is desirable to take into consideration every reasonably predictable future contingency which will have an effect on the ultimate cost of the Plan. The actuary does this by making assumptions regarding the incidence and occurrence of those future events and trends upon which the payment and amount of benefits is contingent.

Federal law requires that assumptions upon which Plan funding is based must represent the actuary's best estimate of anticipated future experience in light of all the pertinent circumstances surrounding the particular Plan situation. The law also requires that each assumption must be "reasonable".

In order to establish appropriate assumptions with respect to your plan, we will analyze the experience of your population for prior and future years, and as a result of this information and our own predictive data and resources, we have selected the underlying assumptions upon which your pension valuations and funding are based. These are discussed in detail under Item B in this section.

In addition to assumptions, the second element of the valuation, which forms the basis of current contributions, is the "actuarial cost method." The cost method is simply a payment schedule designed to insure that sufficient funds are accumulated over time to meet the benefit obligations of the Plan.

## A. ACTUARIAL COST METHOD

### Unit Credit Actuarial Cost Method

The actuarial cost method used to determine funding requirements is the Unit Credit Cost Method, which is also known as the Accrued Benefit Cost Method. Under this method, an unfunded actuarial accrued liability is determined as of the initial valuation date. In each subsequent year, the unfunded actuarial accrued liability is adjusted for actuarial gains and losses, as well as any plan amendments and changes in actuarial assumptions. The normal cost for any year is determined as the present value of benefits accrued during the year.

### Asset Valuation Method

Market Value

## B. ACTUARIAL ASSUMPTIONS

Investment Return	Target Liability Interest Rates (by segment): January 2024 Segment Rates 4.75%, 4.96%, 5.59%
Effective Annual Interest Rate	5.11%
Mortality	PPA Prescribed Tables: RP-2000 IRS PPA@2024, separate.
Turnover	N/A.
Salary Increases	N/A.
Retirement Age	Age 65.
Spouse's Age	In valuing pre-retirement death benefits, spouses are assumed to be 3 years younger if female, and 3 years older if male. Also, 25% of all members are assumed to be married.

**SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES'  
RETIREMENT PLAN  
ACTUARIAL VALUATION  
FOR THE PLAN YEAR BEGINNING JANUARY 1, 2024**

**Principal Plan Provisions**

Plan Year: January 1 to December 31

- A. Eligibility Requirements All employees who are covered by a collective bargaining agreement with 30 days of service. After November 1, 2007, new employees are not eligible to participate in this Plan.
- B. Credited Service Full-time employees – uninterrupted employment before July 1, 1976 plus all employment thereafter during which the employee is paid for 1,800 hours; fractional years are credited for less than 1,800 hours worked. For part-time employees, uninterrupted employment before July 1, 1977 plus all employment thereafter during which the employee is paid for 800 hours; fractional years are credited for less than 800 hours worked.
- C. Normal Retirement Date The first day of the month coincident with or next following the date the Participant attains age 65.
- D. Normal Retirement Benefit
- Full-Time Employees A Participant's monthly retirement income is equal to the sum of the following:
- (i) \$16.00 multiplied by the number of years of credited service up to December 31, 1984;
  - (ii) \$15.00 multiplied by the number of years of credited service from January 1, 1985 to December 31, 1987;

(iii) \$21.00 multiplied by the number of years of credited service from January 1, 1988 to December 31, 1989, if the Participant has less than 10 years of service as of January 1, 1988; or

\$28.00 multiplied by the number of years of credited service from January 1, 1988 to December 31, 1989, if the Participant has 10 or more years of service as of January 1, 1988;

(iv) \$30.00 multiplied by the number of years of credited service after December 31, 1989.

(v) \$40.00 (\$50.00 if over 30 years of service) multiplied by the number of years of credited service after June 3, 1998. Credited service accruals ceased as of November 3, 2007 for all participants.

Part-Time Employees A Participant's monthly retirement income is equal to the sum of the following:

(i) \$9.00 multiplied by the number of years of credited service up to December 31, 1984;

(ii) \$8.00 multiplied by the number of years of credited service from January 1, 1985 to December 31, 1987;

(iii) .For Credited Service after December 31, 1987:

Less than 1 Year of Service \$10.50 per month per year of service up to 20 years, plus \$14.00 per month per year of service in excess of 20 years of service.

At least 1 but less than 5 years of service \$10.50 per month per year of service up to 15 years, plus \$14.00 per month per year of service in excess of 15 years of service

At least 5 but less than 10 years of service \$10.50 per month per year of service up to 10 years, plus \$14.00 per month per year of service in excess of 10 years of service

- 10 or more years of service                      \$14.00 per month per year of credited service.
- (iv) \$20.00 (\$25.00 if over 30 years of service) multiplied by the number of years of credited service after June 3, 1998. Credited service accruals ceased as of November 3, 2007 for all participants.
- E. Delayed Retirement                      Benefit determined under same formula as for Normal Retirement, based on service to actual retirement.
- F. Early Retirement Benefit              Upon the completion of 10 year of credited service and the attainment of age 55, a participant may elect to retire. He may receive an immediate benefit equal to the Normal Retirement Benefit based on service at early retirement and appropriately reduced for early commencement.
- G. Special Early Retirement (Rule of 90)      A participant whose age plus years of credited service at retirement equals or exceeds 90 may retire immediately with an unreduced benefit.
- H. Disability Retirement                      10 years of vesting service is required and inability to continue with the company for customary hours of employment. Benefit payable is 100% of accrued pension benefit. The benefit is determined under the same formula as for Normal Retirement based on service to disability retirement date, reduced for earlier commencement. First payment is made 7 months after disability is determined.
- I. Death Benefit                                      Once vested, a 60% survivor death benefit is payable to the spouse of a married member. The benefit is payable when the member would have been eligible for early or normal retirement.

- J. Severance Benefit                      Upon the termination of employment after 5 or more years of service, a participant shall have a 100% vested interest in his accrued benefit which will be payable at Normal Retirement Date. In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested benefit at age 55. Such benefit will be reduced for earlier commencement.
- K. Normal Form of Payment              The normal form of payment is an annuity paid in monthly installments for life.
- L. Optional Methods of Settlement        All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:
- (1) A reduced benefit to be paid during the participant's lifetime with 60% of the reduced benefit to be continued to this spouse for her lifetime after his death.
  - (2) A reduced benefit to be paid during the participant's lifetime with the same benefit to be continued to his spouse for her lifetime after his death.
- M. Amendment or Termination of the Plan            The employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

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

- N. Changes Since the Prior Year      The funding and plan reporting valuations do not reflect any plan changes.

**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.


<b>A</b> Name of plan ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan		<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ShopRite Supermarkets, Inc.		<b>D</b> Employer Identification Number (EIN) 22-1705981	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....		<b>2a</b>	4,512,685
<b>b</b> Actuarial value .....		<b>2b</b>	4,512,685
<b>3</b> Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment ....	89	2,814,244	2,814,244
<b>b</b> For terminated vested participants .....	57	1,217,706	1,217,716
<b>c</b> For active participants .....	0	0	0
<b>d</b> Total .....	146	4,031,950	4,031,960
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....		<b>4b</b>	
<b>5</b> Effective interest rate .....		<b>5</b>	5.11 %
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....		<b>6a</b>	0
<b>b</b> Expected plan-related expenses .....		<b>6b</b>	60,000
<b>c</b> Target normal cost .....		<b>6c</b>	60,000

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		09/01/2025
	Signature of actuary	Date
	Michael G. Ibrahim, FSEA, EA	23-04567
	Type or print name of actuary	Most recent enrollment number
	Apex Actuarial Consultants LLC	(201) 725-2437
	Firm name	Telephone number (including area code)
	293 Route 18 South Suite D, 153	
	US East Brunswick NJ 08816	
	Address of the firm	

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

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

<b>Part III</b> Funding Percentages		
<b>14</b> Funding target attainment percentage .....	<b>14</b>	111.92 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	111.92 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	109.78 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b> Contributions and Liquidity Shortfalls					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>		<b>18(c)</b>

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

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

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

**Part VI Miscellaneous items**

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

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

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

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

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c)	<b>31a</b>	60,000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a	<b>31b</b>	60,000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment	0	0	
<b>b</b> Waiver amortization installment		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	<b>34</b>	0	
	Carryover balance	Prefunding Balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35)	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.	<input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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