

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<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>SHAWS SUPERMARKETS INC</u>  <u>PO BOX 6890</u> <u>250 E. PARKCENTER BLVD</u> <u>BOISE, ID 83726</u>	<b>1c</b> Effective date of plan <u>01/01/1975</u>  <b>2b</b> Employer Identification Number (EIN) <u>04-1123420</u>  <b>2c</b> Plan Sponsor's telephone number <u>208-395-4864</u>  <b>2d</b> Business code (see instructions) <u>445110</u>

**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.	10/13/2025	BRIAN DOOLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE



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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>SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHAWS SUPERMARKETS INC</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1123420</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>222334668</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>229105395</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>525</u>	<u>53380181</u>
	<b>b</b> For terminated vested participants .....	<u>1648</u>	<u>35972522</u>
	<b>c</b> For active participants .....	<u>5378</u>	<u>147183721</u>
	<b>d</b> Total .....	<u>7551</u>	<u>236536424</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>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>6364389</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>3773000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>10137389</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>09/10/2025</u>
<u>RORY A. LINTON</u>	Date
Type or print name of actuary	<u>23-08519</u>
<u>AON CONSULTING, INC.</u>	Most recent enrollment number
Firm name	<u>952-886-8000</u>
Address of the firm	Telephone number (including area code)
<u>MSC# 17704 PO BOX 551343 ATLANTA, GA 30355</u>	

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 V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 10137389
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	22127957		2087684	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 12225073
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	10674053	10674053	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 1551020
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 10322054
<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> 8771034
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 8771034
<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

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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>SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHAWS SUPERMARKETS INC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1123420</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

**DODGE & COX**

**94-1441976**

**(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)

CONDUENT HR SERVICES, LLC

04-3609848

(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?
15 50	NONE	485429	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)

AON CONSULTING, INC.

22-2945469

(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 49 50	NONE	348377	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)

MFS INSTITUTIONAL ADVISORS INC

111 HUNTINGTON AVE STE 200  
BOSTON, MA 02199-7632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	75455	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50 51	NONE	72165	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)

PIMCO

650 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660

(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?
28 50	NONE	63190	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)

MORGAN STANLEY

13-3040307

(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?
28 50	NONE	54098	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SNYDER CAPITAL MANAGEMENT

101 MISSION ST  
STE 1400  
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	50929	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)

WELLS CAPITAL MANAGEMENT

95-3692822

(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?
28 50	NONE	50795	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)

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	48000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAPITAL GUARDIAN

95-2553868

(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?
28 50	NONE	26326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

<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>	<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>SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHAW'S SUPERMARKETS INC</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1123420</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SAFeway INC MASTER RETIREMENT TRUST

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

<b>c</b> EIN-PN <u>36-7394926-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>218628077</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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>SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHAWS SUPERMARKETS INC</b>	<b>D</b> Employer Identification Number (EIN) <b>04-1123420</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>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>	6800000	11000000
<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>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<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>		
<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>	215918296	218628077
<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>		
<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>		

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
<b>e</b>	Buildings and other property used in plan operation.....	1e	
<b>f</b>	Total assets (add all amounts in lines 1a through 1e).....	1f	222718296 229628077
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable.....	1g	
<b>h</b>	Operating payables.....	1h	144609 147054
<b>i</b>	Acquisition indebtedness.....	1i	
<b>j</b>	Other liabilities.....	1j	0 0
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j).....	1k	144609 147054
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f).....	1l	222573687 229481023

**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.

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	11000000
	(B) Participants.....	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)	11000000
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)	0
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)	0

		(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>		16063950
(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>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		27063950

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16050148	
(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>		16050148
<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>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	485429	
(4) IQPA audit fees .....	<b>2i(4)</b>	48000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	325390	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	72165	
(7) Actuarial fees .....	<b>2i(7)</b>	348377	
(8) Legal fees .....	<b>2i(8)</b>	3942	
(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>	2823163	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4106466
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		20156614

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6907336
<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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**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		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<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 557052.

<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>	OMB No. 1210-0110  <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>SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SHAWS SUPERMARKETS INC</u>	<b>D</b> Employer Identification Number (EIN) <u>04-1123420</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
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**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): 04-3275867 36-3046063

**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		305
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 34.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 35.4 %  
 High-Yield Debt: 12.2 % Real Assets: 9.6 % Cash or Cash Equivalents: 3.6 % Other: 5.2 %

**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 \_\_\_\_\_.

# Shaw's Supermarkets, Inc. Pension Plan for Union Employees

Employer ID No: 04-1123420  
Plan Number: 002

Financial Statements as of and for the Years Ended  
December 31, 2024 and 2023,  
Supplemental Schedule as of December 31, 2024,  
and Independent Auditor's Report

# SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

## TABLE OF CONTENTS

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	<b>Page</b>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statements of Accumulated Plan Benefits	7
Statements of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2024—	22
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)	23

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the Shaw's Supermarket, Inc. Pension Plan for Union Employees:

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

We have performed audits of the financial statements of the Shaw's Supermarket, Inc. Pension Plan for Union Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statements of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

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

### Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter — Supplemental Schedule Required by ERISA**

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all

material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Deloitte & Touche LLP*

October 13, 2025

**SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023**

**(In thousands)**

	<u>2024</u>	<u>2023</u>
ASSETS:		
Plan's interest in investments of the Safeway Inc. Master Retirement Trust (Note 6)	\$ 218,628	\$ 215,918
Employer contribution receivable	<u>11,000</u>	<u>6,800</u>
Total assets	<u>229,628</u>	<u>222,718</u>
LIABILITIES:		
Accrued expenses	<u>147</u>	<u>145</u>
Total liabilities	<u>147</u>	<u>145</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 229,481</u></u>	<u><u>\$ 222,573</u></u>

See notes to financial statements.

**SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

**(In thousands)**

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income, net - Plan's interest in the Safeway Inc. Master Retirement Trust (Note 6)	\$ 16,064	\$ 30,609
Employer contributions	<u>11,000</u>	<u>6,800</u>
Total additions	<u>27,064</u>	<u>37,409</u>
DEDUCTIONS:		
Benefits paid directly to participants	(16,050)	(16,482)
Pension Benefit Guaranty Corporation premiums	(2,951)	(5,477)
Administrative expenses	<u>(1,155)</u>	<u>(2,145)</u>
Total deductions	<u>(20,156)</u>	<u>(24,104)</u>
INCREASE IN NET ASSETS	<u>6,908</u>	<u>13,305</u>
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>222,573</u>	<u>209,268</u>
End of year	<u>\$ 229,481</u>	<u>\$ 222,573</u>

See notes to financial statements.

**SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES**

**STATEMENTS OF ACCUMULATED PLAN BENEFITS  
AS OF DECEMBER 31, 2024 AND 2023  
(In thousands)**

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 50,325	\$ 47,343
Other participants	<u>166,502</u>	<u>185,481</u>
Total vested benefits	<u>216,827</u>	<u>232,824</u>
Nonvested benefits	4,906	4,344
Total actuarial present value of accumulated plan benefits	<u><u>\$ 221,733</u></u>	<u><u>\$ 237,168</u></u>

See notes to financial statements.

**SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES**

**STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS**

**FOR THE YEARS ENDED DECEMBER 31, 2024 and 2023**

**(In thousands)**

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of period	\$ 237,168	\$ 228,772
Increase (decrease) during the year attributable to:		
Interest accumulation	11,435	11,476
Change in actuarial assumptions	(19,651)	(828)
Benefits accumulated and other (Note 5)	9,907	14,104
Benefits paid	<u>(17,126)</u>	<u>(16,356)</u>
Total actuarial present value of accumulated plan benefits at end of period	<u>\$ 221,733</u>	<u>\$ 237,168</u>

See notes to financial statements.

# SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

## NOTES TO FINANCIAL STATEMENTS

### AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

#### 1. DESCRIPTION OF THE PLAN

The following description of the Shaw's Supermarkets, Inc. Pension Plan for Union Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

**General** - The Plan was established effective January 1, 1975, as a noncontributory defined benefit pension plan covering certain union associates of Shaw's Supermarkets, Inc. (the "Company"), the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On March 21, 2013, AB Acquisition, LLC completed the acquisition of SUPERVALU's New Albertson's, Inc. subsidiary, including the Acme, Albertsons, Jewel-Osco, Shaw's and Star Market retail banners and the associated Osco and Sav-on in-store pharmacies. The acquisition of New Albertson's Inc. by AB Acquisition, LLC included the purchase of Shaw's Supermarkets, Inc. As of December 31, 2013, Shaw's Supermarkets, Inc. was a wholly owned business of New Albertson's, Inc. ("New Albertson's").

Effective January 1, 2016, the Plan was amended to provide benefits for certain part-time employees who are members of the United Food and Commercial Workers Union Local 464A at stores that were acquired by Acme Markets, Inc.

Effective August 31, 2021, the Plan was amended to allow for the purchase of a group annuity contract to cover pension benefit payments for certain retirees in pay status under the Plan. The group annuity contract provides for continued payment of the individuals pension benefit, in the same amount that was in effect under the Plan immediately before the purchase of the group annuity contract. As a result, the Plan has no liability for the payment of such benefits.

Effective October 1, 2021, the assets of the Plan and the Retirement Plan for Employees of United Supermarkets, LLC (the "United Plan") were transferred to the Safeway Inc. Master Retirement Trust (the "Master Trust") with the Employee Retirement Plan of Safeway Inc. and Its Domestic Subsidiaries (the "Safeway Plan"). After the asset transfer, the Plan, the United Plan and the Safeway Plan each held a proportionate share of the Master Trust's assets.

Effective December 31, 2022, the Spin-Off Employee Retirement Plan of Safeway Inc. (the "Safeway Spin-Off Plan") was adopted, and began participating in the Master Trust. After the adoption, the Plan, the Safeway Plan, the United Plan and the Safeway Spin-Off Plan each held a proportionate share of the Master Trust's assets. The Company has delegated to the Albertsons Companies Retirement Benefit Plan Committee the responsibility for the general administration of the Plan. Northern Trust serves as the trustee and custodian. Aon Consulting Inc. is the actuary of the Plan.

During May 2024, the Master Trust was restructured. Prior to the restructure, the Plan, the Safeway Plan, the United Plan and the Safeway Spin-Off Plan each held a proportionate share of the Master Trust's assets according to their respective percentage of ownership. After the restructuring, the pooled investment structure was eliminated such that each plan now has a designated trust account within the Master Trust, and assets are no longer allocated based on percentage of ownership. As a result, following the restructuring, the Plan assets held in the designated trust account (the "Shaw's Trust Account") represent 100% of total Plan assets.

**Accumulation of Benefits** - Except as provided below for members of Teamsters Local 222 (Salt Lake City drivers), participants earn "benefit units" based on hours worked each year according to the following schedule:

<b>Hours of Service</b>	<b>Benefit Units Earned</b>
Less than 450 hours	0
450-899 hours	0.25
900-1,040 hours	0.50
1,041-1,559 hours	0.75
1,560 or more hours	1.00

In the last year of an employee's participation in the Plan, the employee will earn 0.125 benefit units if the employee is credited with more than 112.5 hours of service, but less than 450 hours of service, during the Plan Year.

Participants may earn up to 40 benefit units. Upon retirement, total benefit units will be multiplied by factors as specified in the Plan document ("benefit multiplier") to determine a monthly benefit.

Participants who are members of Teamsters Local 222 (Salt Lake City drivers) earn "credited service" based on hours worked each anniversary year of employment according to the following schedule:

<b>Hours of Service</b>	<b>Credited Service Earned</b>
Less than 1,000 hours	0.0 year
1,000 - 1,199 hours	0.6 year
1,200 - 1,399 hours	0.7 year
1,400 - 1,599 hours	0.8 year
1,600 - 1,799 hours	0.9 year
1,800 or more hours	1.0 year

Members of Teamsters Local 222 who became employees of Albertson's LLC on March 22, 2013 and who were participants in the SUPERVALU INC. Retirement Plan (the "SUPERVALU Plan") on March 21, 2013 received credited service under this Plan for service earned under the SUPERVALU Plan as of March 21, 2013.

Participants who are members of United Food and Commercial Workers Union Local 464A (Acme Markets, Inc. acquired A&P Stores) earn "benefit units" based on hours worked each Plan Year during which the member performs services according to the following schedule:

<b>Hours of Service</b>	<b>Benefit Unit Earned</b>
Less than 750 hours	0.0 Unit
750 or more hours	1.0 Unit

Each part-time employee of the Company who, as of December 31, 2015, is (i) employed as a member of the Unified Food and Commercial Workers Union Local 464A at one of the A&P Stores that was acquired by Acme Markets, Inc. on or after September 29, 2015 and (ii) age eighteen (18) years or older, became a member in the Plan on January 1, 2016. All other part-time employees became a member in the Plan on the first day of the month coinciding with or next following the later of (a) date of part-time employment at one of the stores that was acquired

by Acme Markets, Inc. on or after September 29, 2015 or (b) the date the part-time employee attains age twenty-one (21).

Upon retirement, credited service earned will be used in the benefit formula as specified in the Plan to determine a monthly benefit.

**Pension Benefits** - Except as provided below for members of Local 222, the Plan provides pension benefits for normal retirement at age 62 and for early retirement, disability retirement, and in the event of death, under certain conditions as described in the Plan document. Effective July 1, 2019, the Plan was amended to also provide for the payment of pension benefits upon a participant's termination of employment after completing 5 years of vesting service but before becoming eligible to retire on his or her early retirement or normal retirement date (the "optional retirement" date), under conditions as described in the Plan document.

Retirement benefits paid to participants retiring at age 62 (normal retirement) are defined in the Plan and are based solely on the number of benefit units and the monthly benefit multiplier. The monthly benefit multipliers vary by collective bargaining agreements and years of service. The early retirement options are available with reduced benefits for each year that the commencement of such pension precedes the participant's attainment of age 62. Effective July 1, 2019, optional retirement benefits are available and payable as the participant's normal retirement benefit multiplied by the appropriate factor set forth in the Plan document for each year that the participant's annuity starting date precedes his or her normal retirement date.

The participants' accumulated plan benefits become 100% vested after completion of five years of vesting service or attainment of normal retirement age of 62. The benefits under the Plan are normally payable monthly for the life of the participant.

For participants who are members of Teamsters Local 222, the Plan provides pension benefits for normal retirement at age 62, early retirement at age 55 and 10 or more years of vesting service, and in the event of disability or death under certain conditions described in the Plan document. Effective July 1, 2019, the Plan was amended to also provide for the payment of pension benefits to members of Teamsters Local 222 upon the participant's optional retirement date, under conditions as described in the Plan document.

Retirement benefits paid to participants retiring at age 62 (normal retirement) are determined based on the participants credited service and the benefit formula provisions set forth in the Plan. Early retirement options are available with reduced benefits for each year that the commencement of such pension precedes the participant's attainment of age 62. Plan benefits become 100% vested after completion of five years of vesting service or attainment age of 62. Effective July 1, 2019, optional retirement benefits are available and payable to members of Teamsters Local 222 as the participant's normal retirement benefit multiplied by the appropriate factor set forth in the Plan document for each year that the participant's annuity starting date precedes his or her normal retirement date.

The benefits under the Plan are normally payable monthly for the life of the participant.

Certain members of Teamsters Local 222 were participants in and accrued benefits under the SUPERVALU Plan on or before March 21, 2013. Such benefits will be payable from the SUPERVALU Plan. Benefits payable from this Plan are based on an all-service basis with the accrued benefit from the SUPERVALU Plan as of March 21, 2013, offset from the total benefit accrued under this Plan.

Certain part-time participants employed as a member of the Unified Food and Commercial Workers Union Local 464A at one of the A&P Stores that was acquired by Acme Markets, Inc. shall be credited with one year of vesting service for each Plan year beginning on or after January 1, 2016 in which the part-time employee is credited with at least 750 hours of service. The maximum number of benefit units that any member can earn under the Plan is forty (40).

## 2. SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting**—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

**Use of Estimates**—The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

**Risks and Uncertainties**—The Plan utilizes various investment securities, including common collective trust funds, mutual funds, U.S. government securities, corporate bonds, mortgage- and other asset-backed securities, common and preferred stocks, derivative financial instruments, and other securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**Investment Valuation and Income Recognition**—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a description of the valuation methods.

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

**Payment of Benefits**—Benefit payments to participants are recorded upon distribution.

**Administrative Expenses**—Administrative expenses are principally paid by the Plan, as provided in the Plan document.

**Subsequent Events**—Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued. Effective July 22, 2025, the Plan was amended to allow for the purchase of a group annuity contract to cover benefit payments for certain retirees in pay status under the Plan. On July 25, 2025, \$46.9 million in assets were transferred from the Plan, thereby reducing the Plan's defined benefit pension obligation by \$48.3 million. The group annuity contract provides for continued payment of the individuals pension benefit, in the same amount that was in effect under the Plan immediately before the purchase of the group annuity contract. As a result, the Plan has no liability for the payment of such benefits.

### 3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified investment information regarding the Plan as of and for the years ended December 31, 2024 and December 31, 2023, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Northern Trust, the trustee of the Plan, and furnished to the Plan administrator (in thousands). The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	<u>2024</u>	<u>2023</u>
Statements of net assets available for benefits:		
Plan's interest in investments of the Safeway Inc. Master Retirement Trust	\$ 218,628	\$ 215,918
Statements of changes in net assets available for benefits:		
Investment income, net - Plan's interest in the Safeway Inc. Master Retirement Trust	16,064	30,609

Note 6: All investment balances and investment information excluding the classification and level of investments in Note 6

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

### 4. FUNDING POLICY

It is the Company's policy to contribute amounts sufficient to meet the minimum funding requirements set forth in employee benefit and tax laws plus such additional amounts as the Company may determine appropriate. The Company had \$11,000,000 of contributions during 2024 and \$6,800,000 of contributions during 2023.

The Company met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

### 5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributed under the Plan's provisions to the employee's compensation (if applicable), and service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by independent actuaries. The amount 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 payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

**Assumptions** - The significant actuarial assumptions used in the valuations as of December 31, 2024, are as follows:

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits in the December 31, 2024 valuation were: (a) mortality rates based upon the PRI-2012 blue-collar mortality table with projection scale MP-2021, (b) average active retirement age of 64, (c) average TV retirement age of 64 (based on the average TV current age of 53), (d) a discount rate assumption of 5.65%, (e) 75% of active retirements will take a

lump-sum distribution and 45% of terminated vested participants will take a lump-sum distribution, and (f) lump sum payments are determined using 417(e) interest rates.

The significant actuarial assumptions used in the valuations as of December 31, 2023, are as follows:

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits in the December 31, 2023 valuation were: (a) mortality rates based upon the PRI-2012 blue-collar mortality table with projection scale MP-2021, (b) average active retirement age of 64, (c) average TV retirement age of 64 (based on the average TV current age of 53), (d) a discount rate assumption of 5.00%, (e) 50% of active retirements will take a lump-sum distribution and 65% of terminated vested participants will take a lump-sum distribution, and (f) lump sum payments are determined using 417(e) interest rates.

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

## **6. MASTER TRUST**

The Plan assets were previously held in Fidelity Trust historically until August 1, 2016 at which time the Plan was amended and assets were transferred to the Shaw's Supermarkets, Inc. Pension Plan for Union Employees Master Retirement Trust (the "Shaw's Master Trust") held by Northern Trust.

Between August 1, 2016 and April 1, 2017, no other plans participated in the Shaw's Master Trust. As a result there were no commingling of investments during the period.

Beginning on April 1, 2017, the Retirement Plan for Employees of United Supermarkets, L.L.C. began participating in the Shaw's Master Trust. Beginning October 1, 2021, the assets of the Plan and the United Plan were transferred to the Master Trust with the Safeway Plan. After the asset transfer, the Plan, the United Plan and the Safeway Plan each held a proportionate share of the Master Trust's assets. Effective December 31, 2022, the Safeway Spin-Off Plan was adopted, and began participating in the Master Trust. After the adoption, the Plan, the Safeway Plan, the United Plan and the Safeway Spin-Off Plan each held a proportionate share of the Master Trust's assets. Although assets of the plans were commingled in the Master Trust, the Trustee maintained supporting records for the purposes of allocating the net gain or loss of the investment account to the participating plans. The net investment income and administrative expenses were allocated by the Trustee to each participating plan based on the relationship of the interest of each plan of the total of the interests of the participating plans.

During May 2024, the Master Trust was restructured. Prior to the restructure, the Plan, the Safeway Plan, the United Plan and the Safeway Spin-Off Plan each held a proportionate share of the Master Trust's assets according to their respective percentage of ownership. After the restructuring, the pooled investment structure was eliminated such that each plan has a designated trust account within the Master Trust, and assets are no longer allocated based on percentage of ownership. As a result, following the restructuring, the Plan assets held in the designated trust account (the "Shaw's Trust Account") represent 100% of total Plan assets.

In November 2023, the Company revised the investment policy for the Plan, and these changes to the structure of Plan assets were implemented in May 2024. The following presents the investment securities of the Master Trust and the investment securities of the Shaw's Trust Account as of December 31, 2024 (in thousands):

	<b>2024</b>	
	<b>Master Trust</b>	<b>Shaw's Trust Account</b>
Investments at fair value:		
Cash and Cash Equivalents	\$ 171	\$ 24
Short-term investment collective trust fund	44,288	5,007
Mutual funds	6,546	—
Public equity funds	482,358	74,507
Return-seeking fixed income funds	171,127	26,687
Debt funds	447,328	77,565
Hedge funds	101,850	13,996
Real estate funds	162,790	20,693
Total investments at fair value	<u>\$ 1,416,458</u>	<u>\$ 218,479</u>
Plus:		
Accrued investment income	962	149
Due from broker for securities sold	20,000	—
Less:		
Due to broker for securities purchased	(20,000)	—
Total net assets of Master Trust	<u>\$ 1,417,420</u>	<u>\$ 218,628</u>
Plan's interest in the Master Trust as a percentage of the total		15.4 %

The following presents the investment securities of the Master Trust and the Plan's share of investment securities, as of December 31, 2023 (in thousands):

	<b>2023</b>	
	<b>Master Trust</b>	<b>Plan's Proportionate Share</b>
Investments at fair value:		
Cash and cash equivalents	\$ 811	\$ 198
Short-term investment collective trust fund	21,714	4,191
Common stock	211,583	29,667
Collective trust funds	626,873	81,689
Corporate bonds	68,431	15,338
Mortgage- and other asset-backed securities	21,335	4,626
Mutual funds	167,039	25,620
U.S. government securities	267,560	54,813
Other securities	64,191	9,684
Derivative assets	916	224
Derivative liabilities	(139)	(34)
Total investments at fair value	<u>\$ 1,450,314</u>	<u>\$ 226,016</u>
Plus:		
Accrued investment income	3,227	641
Due from broker for securities sold	54,081	12,971
Less:		
Due to broker for securities purchased	(98,817)	(23,710)
Total net assets of Master Trust	<u>\$ 1,408,805</u>	<u>\$ 215,918</u>
Plan's interest in the Master Trust as a percentage of the total		15.3 %

The following presents the increase in the Master Trust assets, and the Plan's share of the increase in the Master Trust assets for 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total net gain in the fair value of trust assets	\$ 121,636	\$ 184,365
Interest and dividends	<u>8,832</u>	<u>23,211</u>
Total increase	130,468	207,576
Administrative expenses	<u>(24,663)</u>	<u>(32,651)</u>
Total increase in trust assets	<u>\$ 105,805</u>	<u>\$ 174,925</u>
Plan's interest in Trust investment activities	<u>\$ 16,064</u>	<u>\$ 30,609</u>

The accounting guidance for fair value measurements defines fair value, establishes a framework for measuring fair value in accordance with GAAP, and requires disclosures about fair value measurements. The guidance prioritizes the inputs for measuring fair value into the following hierarchy:

*Level 1*—Quoted prices (unadjusted) in active markets for identical assets or liabilities

*Level 2*—Securities not traded on an active market but for which observable market inputs are readily available

*Level 3*—Unobservable inputs in which little or no market activity exists, therefore requiring an entity to develop its own assumptions about the assumptions that market participants would use in pricing.

The level within the fair value hierarchy is based on the lowest level of any input which is deemed significant to the fair value measurement.

The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period.

Assets measured at fair value on a recurring basis consisted of the following as of December 31, 2024 (in thousands):

<u>Asset Category</u>	<u>Master Trust Fair Value Measurements (1)</u>				
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Observable Inputs (Level 2)(2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Assets Measured at NAV(2)</u>
Investments at fair value:					
Cash and Cash Equivalents	\$ 171	\$ 171	\$ —	\$ —	\$ —
Short-term investment collective trust	44,288	—	—	—	44,288
Mutual funds	6,546	6,546	—	—	—
Public equity funds	482,358	—	482,358	—	—
Return-seeking fixed income funds	171,127	—	15,196	—	155,931
Debt funds	447,328	—	447,328	—	—
Hedge funds	101,850	—	—	—	101,850
Real estate funds	162,790	—	42,312	—	120,478
<b>Total investments at fair value</b>	<b>\$1,416,458</b>	<b>\$ 6,717</b>	<b>\$ 987,194</b>	<b>\$ —</b>	<b>\$ 422,547</b>

(1) In November 2023, the Company revised the investment policy for the Plan, and these changes to the structure of Plan assets were implemented during 2024. As a result, certain transfers occurred between Levels 1 and 2. For the year ended December 30, 2024, there were no significant transfers in or out of Level 3.

(2) Certain of the Plan's assets are invested in common collective trusts managed and valued by the fund administrator. The fair value of the funds is based on the Net Asset Value ("NAV") of the underlying investments owned by the fund minus its liabilities. Certain of these funds are classified outside of the fair value hierarchy because fair value for those funds is measured using the NAV practical expedient. These specific funds have been determined not to have a readily determinable fair value and the NAV is not the basis for current transactions, as the NAV is only published monthly or quarterly for these funds, and the Company can only redeem these investments monthly or quarterly. The remaining common collective trusts have a daily published NAV, and the Company can redeem those investments daily, therefore these funds are classified within the fair value hierarchy as the Company has determined the funds have a readily determinable fair value that is the basis for current transactions.

Below is a description of these investments.

*Cash and Cash Equivalents* — The carrying value of these items approximates fair value.

*Short-Term Investment Collective Trust* — Invested in a fund comprised of high-grade, short term money market instruments. There are no unfunded commitments or redemption restrictions for these funds.

*Mutual Funds* — Invested in mutual funds that are registered with the SEC which are valued using the NAV. The NAV of the mutual funds is a published price in an active market. There are no unfunded commitments, or redemption restrictions for these funds, and the funds are required to transact at the published price.

*Public Equity Funds* — Invested in funds comprised of U.S. and international equity.

*Return Seeking Fixed Income Funds* — Invested in funds comprised of high yield, emerging market debt, leveraged loans and real estate debt.

*Debt Funds* — Invested in funds comprised of intermediate and long duration corporate and private bonds and U.S. government securities.

*Hedge Funds* — Invested in hedge funds comprised of a combination of equity, fixed income, private assets and derivatives.

*Real Estate Funds* — Invested in a fund comprised of underlying real estate properties as well as a fund comprised of underlying real estate investment trusts.

Assets measured at fair value on a recurring basis consisted of the following as of December 31, 2023 (in thousands):

<u>Asset Category</u>	<u>Master Trust Fair Value Measurements</u>				
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>	<u>Assets Measured at NAV</u>
Investments at fair value:					
Cash and cash equivalents	\$ 811	\$ 212	\$ 599	\$ —	\$ —
Short-term investment collective trust fund	21,714	—	—	—	21,714
Common stock:					
Domestic common stock	156,454	156,454	—	—	—
International common stock	55,129	55,129	—	—	—
Collective trust funds	626,873	—	—	—	626,873
Corporate bonds	68,431	—	68,431	—	—
Mortgage- and other asset-backed securities	21,335	—	21,335	—	—
Mutual funds	167,039	138,083	28,956	—	—
U.S. government securities	267,560	—	267,560	—	—
Other securities	64,191	(1,375)	15,767	—	49,799
Derivative assets	916	2	914	—	—
Derivative liabilities	(139)	(16)	(123)	—	—
Total investments at fair value	<u>\$ 1,450,314</u>	<u>\$ 348,489</u>	<u>\$ 403,439</u>	<u>\$ —</u>	<u>\$ 698,386</u>

For the year ended December 31, 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

Below is a description of the valuation methodologies used for the fair value measurements.

*Cash and Cash Equivalents*—The carrying value of these items approximates fair value.

*Common Collective Trust Funds and Short-Term Investment Collective Trust Fund*—These investments are valued based on the Net Asset Value ("NAV") of the underlying investments and are provided by the fund issuers. There are no unfunded commitments or redemption restrictions for these funds.

*Common and Preferred Stock*—The fair value of common and preferred stock is generally based on the exchange quoted market prices. When quoted prices are not available for identical stock, an industry standard valuation model is used which maximizes observable inputs.

*Corporate Bonds*—The fair value of corporate bonds is generally based on yields currently available on comparable securities of the same or similar issuers with similar credit ratings and maturities. When quoted prices are not

available for identical or similar bonds, the fair value is based upon an industry valuation model, which maximizes observable inputs.

*Mortgage- and Other Asset-Backed Securities*—The fair value of mortgage- and other asset-backed securities is generally based on yields currently available on comparable securities of the same or similar issuers with similar credit ratings and maturities. When quoted prices are not available for comparable securities, the fair value is based upon an industry model which maximizes observable inputs.

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

*U.S. Government Securities*—The fair value of U.S. government securities is based on quoted market prices when available. When quoted prices are not available, the fair value of U.S. government securities is based on yields currently available on comparable securities or on an industry valuation model which maximizes observable inputs.

*Other Securities*—Other securities, which consist primarily of U.S. municipal bonds, foreign government bonds and foreign agency securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Also included in Other securities is a commingled fund valued based on the NAV of the underlying investments and is provided by the issuer and exchange-traded derivatives that are valued based on quoted prices in an active market for identical derivatives, assets and liabilities.

*Derivative Financial Instruments*—Exchange-traded derivatives are valued based on quoted prices in an active market for identical derivatives assets and liabilities. Non-exchange-traded derivatives are valued using industry valuation models, which maximize observable inputs, such as interest-rate yield curve data, foreign exchange rates, and applicable spot and forward rates.

## 7. DERIVATIVE FINANCIAL INSTRUMENTS

In November 2023, the Company revised the investment policy for the Plan, and these changes to the structure of Plan assets were implemented in May 2024. As a result of the restructure, as of December 31, 2024, the Plan does not have investments in derivatives. Previously, the Plan investment policy allowed use of derivatives by investment managers for investment portfolio strategies. Accordingly, 2023 Plan investments may include the use of the following commonly structured derivative financial instruments.

**Foreign Currency Exchange Contracts**—The Plan may enter into forward contracts to purchase and sell foreign currencies in the normal course of its investing activities to manage the currency exposure associated with the Plan's foreign investments. The terms of these contracts generally do not exceed one year. The credit risk associated with these contracts is minimal, as they are entered into with a limited number of highly rated counterparties.

The fair values associated with the foreign currency contracts have been estimated by valuing the net position of the contracts using the applicable spot rates and forward rates as of the reporting date. In the statements of net assets available for benefits, forward contracts to purchase foreign currency are reported as part of derivative liabilities and forward contracts to sell foreign currency are shown as derivative assets. Changes in fair value are accounted for as net gain (loss) in fair value of investments.

**Futures Contracts**—The Plan may enter into futures contracts in the normal course of its investing activities to manage market risk associated with the Plan's cash and cash equivalent investments and fixed-income investments to achieve overall investment portfolio objectives. These contracts involve elements of market risk in excess of amounts recognized in the statements of net assets available for benefits. The credit risk associated with these contracts is minimal, as they are traded on organized exchanges and settled daily.

The Plan may be a party to futures contracts held for trading purposes. Upon entering into a futures contract, the Plan is required to deposit either in cash or securities an amount ("initial margin") equal to a certain percentage of the nominal value of the contract. Subsequent payments are then made or received by the Plan, depending on the daily fluctuation in the value of the underlying contracts. There were no cash and cash equivalents included in the investments of the Plan at December 31, 2024 and 2023 held as performance security on futures contracts.

The fair value of futures contracts in the statements of net assets available for benefits is zero at December 31, 2024 and 2023, as settlements are made by cash daily. Changes in fair value are accounted for as net gain (loss) in fair value of investments.

## **8. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of collective trust funds managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for the investment management services for the years ended December 31, 2024 and 2023 were \$3,695 and \$14,358, respectively, and are included in administrative expenses.

## **9. FEDERAL INCOME TAX STATUS**

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated August 24, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## **10. PLAN TERMINATION**

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal 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 the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

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## **SUPPLEMENTAL SCHEDULE**

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	315	302								
25-29	154	277	86							
30-34	97	168	110	24						
35-39	83	116	71	43	23					
40-44	75	133	69	18	35	18				
45-49	71	131	74	21	35	39	53			
50-54	81	156	95	24	44	37	75	103		
55-59	93	193	125	16	60	32	60	69	85	
60-64	70	189	150	30	47	30	46	68	51	22
65-69	89	130	102	6	5	9	17	12	12	10
70+	76	96	86	10	9	4	6	4	1	2

N-5,378

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four month lookback (as of September 2023), each adjusted as needed to fall within the 25 year average interest rate stabilization corridor/floor as permitted under American Rescue Plan Act.
1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
<b>Withdrawal Rates</b>	See Table 3.
<b>Disability Rates</b>	See Table 4.
<b>Benefit Service Accrual</b>	
Shaw's	0.75 year of service annually
A&P	0.85 year of service annually

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Optional Payment Form Election Percentage**

Actives Terminations	35% Immediate Lump Sum. 30% Deferred to 60 Lump Sum. 30% Deferred to 60 Single Life Annuity. 5% Deferred to 60 75% Joint & Survivor Annuity.
Actives Retirements	75% Immediate Lump Sum. 15% Single Life Annuity. 10% 75% Joint & Survivor Annuity.
Terminated Vested Participants	45% Immediate Lump Sum. 45% Single Life Annuity. 10% 75% Joint & Survivor Annuity.

**Optional Payment Form Conversion Interest Rate** Same as funding interest rates.

**Optional Payment Form Conversion Mortality** Current IRC section 417(e) table for lump sums.

**Decrement Timing** Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

**Surviving Spouse Benefit** It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older and females are two years younger than their spouses.

It is assumed that 99% of those who elected a Joint and Survivor optional form will have a surviving spouse when they die.

**Benefit and Compensation Limits** Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

**Valuation of Plan Assets** Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Expected Return on Assets**

2022 Plan Year	6.50%, before limited by 3rd segment rate of 5.92%
2023 Plan Year	7.75%, before limited by 3rd segment rate of 5.74%.
2024 Plan Year	7.00%, before limited by 3rd segment rate of 5.59%.

**Trust Expenses Included in Target Normal Cost** Based on the prior year's plan administrative expenses plus the estimated PBGC premiums for the current year (resulted in \$3,773,000 for 2024).

**Actuarial Method** Standard unit credit cost method.

**Valuation Date** January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Actuarial Assumptions and Methods

Table 1

**Active Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	3.50%
56	3.50%
57	3.50%
58	3.50%
59	5.00%
60	7.00%
61	9.00%
62	15.00%
63	14.00%
64	18.00%
65	26.00%
66	24.00%
67	17.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 2

**Terminated Vested Retirement Rates**

<b>Age</b>	<b>Over One Year from Term Rate</b>	<b>Less than One Year from Term Rate</b>
20-34	0.00%	5.00%
35-54	1.00%	5.00%
55	1.00%	12.00%
56	1.00%	12.00%
57	2.00%	12.00%
58	2.00%	12.00%
59	3.00%	12.00%
60	3.00%	19.00%
61	15.00%	19.00%
62	34.00%	19.00%
63	11.00%	19.00%
64	11.00%	19.00%
65	11.00%	19.00%
66	7.00%	19.00%
67	7.00%	19.00%
68	7.00%	19.00%
69	7.00%	19.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 3 – Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
Up to 24	62.00%	46.00%	38.00%	30.00%
25	58.00%	42.00%	32.00%	20.00%
26	58.00%	42.00%	32.00%	20.00%
27	58.00%	42.00%	32.00%	20.00%
28	58.00%	42.00%	32.00%	20.00%
29	58.00%	42.00%	32.00%	20.00%
30	55.00%	38.00%	30.00%	12.00%
31	55.00%	38.00%	30.00%	12.00%
32	55.00%	38.00%	30.00%	12.00%
33	55.00%	38.00%	30.00%	12.00%
34	55.00%	38.00%	30.00%	12.00%
35	48.00%	38.00%	30.00%	11.00%
36	48.00%	38.00%	30.00%	11.00%
37	48.00%	38.00%	30.00%	11.00%
38	48.00%	38.00%	30.00%	11.00%
39	48.00%	38.00%	30.00%	11.00%
40	48.00%	30.00%	30.00%	8.00%
41	48.00%	30.00%	30.00%	8.00%
42	48.00%	30.00%	30.00%	8.00%
43	48.00%	30.00%	30.00%	8.00%
44	48.00%	30.00%	30.00%	8.00%
45	48.00%	30.00%	20.00%	6.00%
46	48.00%	30.00%	20.00%	6.00%
47	48.00%	30.00%	20.00%	6.00%
48	48.00%	30.00%	20.00%	6.00%
49	48.00%	30.00%	20.00%	6.00%
50	42.00%	28.00%	20.00%	5.00%
51	42.00%	28.00%	20.00%	5.00%
52	42.00%	28.00%	20.00%	5.00%
53	42.00%	28.00%	20.00%	5.00%
54	42.00%	28.00%	20.00%	5.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 3 – Page 2 of 2

**Withdrawal Rates**

Age	Years of Service			
	0	1	2	3+
55	40.00%	28.00%	20.00%	9.00%
56	40.00%	28.00%	20.00%	9.00%
57	40.00%	28.00%	20.00%	9.00%
58	40.00%	28.00%	20.00%	9.00%
59	40.00%	28.00%	20.00%	9.00%
60+	40.00%	28.00%	15.00%	10.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

<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 SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHAWS SUPERMARKETS INC	<b>D</b> Employer Identification Number (EIN) 04-1123420	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	222,334,668
	<b>b</b> Actuarial value .....	<b>2b</b>	229,105,395
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	525	53,380,181
	<b>b</b> For terminated vested participants .....	1,648	35,972,522
	<b>c</b> For active participants .....	5,378	147,183,721
	<b>d</b> Total .....	7,551	236,536,424
<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>	5.12%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	6,364,389
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	3,773,000
	<b>c</b> Target normal cost .....	<b>6c</b>	10,137,389

**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>	RORY A. LINTON  Signature of actuary	<u>09/10/2025</u> Date  <u>2308519</u> Most recent enrollment number  <u>952-886-8000</u> Telephone number (including area code)
	<u>RORY A. LINTON</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name	
	<u>MSC# 17704</u> <u>PO BOX 551343</u> <u>ATLANTA GA 30355</u> Address of the firm	

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



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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	10,137,389
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	22,127,957	2,087,684
<b>b</b> Waiver amortization installment .....	0	0

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

**33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	12,225,073
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	10,674,053	10,674,053
<b>36</b> Additional cash requirement (line 34 minus line 35).....			1,551,020
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			10,322,054

**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>	8,771,034
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	8,771,034

<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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.12%</b>	<b>Interest Adjusted Contribution</b>
April 11, 2025	\$ 11,000,000	466	\$ 10,322,054
Total Contribution	\$ 11,000,000		\$ 10,322,054

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.50%	0.9312	1.87
58.5	3.50%	0.8986	1.84
59.5	5.00%	0.8672	2.58
60.5	7.00%	0.8238	3.49
61.5	9.00%	0.7662	4.24
62.5	15.00%	0.6972	6.54
63.5	14.00%	0.5926	5.27
64.5	18.00%	0.5097	5.92
65.5	26.00%	0.4179	7.12
66.5	24.00%	0.3093	4.94
67.5	17.00%	0.2350	2.70
68.5	20.00%	0.1951	2.67
69.5	20.00%	0.1561	2.17
70	100.00%	0.1249	8.74
Weighted Average			63.94

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

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

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with a four month lookback (as of September 2023), each adjusted as needed to fall within the 25 year average interest rate stabilization corridor/floor as permitted under American Rescue Plan Act.
1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with a four month lookback (as of September 2023), without regard to interest rate stabilization.
1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.
<b>Mortality Rates</b>	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b).
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	See Table 2.
<b>Withdrawal Rates</b>	See Table 3.
<b>Disability Rates</b>	See Table 4.
<b>Benefit Service Accrual</b>	
Shaw's	0.75 year of service annually
A&P	0.85 year of service annually

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Optional Payment Form Election Percentage**

Actives Terminations	35% Immediate Lump Sum. 30% Deferred to 60 Lump Sum. 30% Deferred to 60 Single Life Annuity. 5% Deferred to 60 75% Joint & Survivor Annuity.
Actives Retirements	75% Immediate Lump Sum. 15% Single Life Annuity. 10% 75% Joint & Survivor Annuity.
Terminated Vested Participants	45% Immediate Lump Sum. 45% Single Life Annuity. 10% 75% Joint & Survivor Annuity.

**Optional Payment Form Conversion Interest Rate** Same as funding interest rates.

**Optional Payment Form Conversion Mortality** Current IRC section 417(e) table for lump sums.

**Decrement Timing** Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

**Surviving Spouse Benefit** It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older and females are two years younger than their spouses.

It is assumed that 99% of those who elected a Joint and Survivor optional form will have a surviving spouse when they die.

**Benefit and Compensation Limits** Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

**Valuation of Plan Assets** Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Expected Return on Assets**

2022 Plan Year	6.50%, before limited by 3rd segment rate of 5.92%
2023 Plan Year	7.75%, before limited by 3rd segment rate of 5.74%.
2024 Plan Year	7.00%, before limited by 3rd segment rate of 5.59%.

**Trust Expenses Included in Target Normal Cost** Based on the prior year's plan administrative expenses plus the estimated PBGC premiums for the current year (resulted in \$3,773,000 for 2024).

**Actuarial Method** Standard unit credit cost method.

**Valuation Date** January 1, 2024.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Actuarial Assumptions and Methods

Table 1

**Active Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	3.50%
56	3.50%
57	3.50%
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62	15.00%
63	14.00%
64	18.00%
65	26.00%
66	24.00%
67	17.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 2

**Terminated Vested Retirement Rates**

<b>Age</b>	<b>Over One Year from Term Rate</b>	<b>Less than One Year from Term Rate</b>
20-34	0.00%	5.00%
35-54	1.00%	5.00%
55	1.00%	12.00%
56	1.00%	12.00%
57	2.00%	12.00%
58	2.00%	12.00%
59	3.00%	12.00%
60	3.00%	19.00%
61	15.00%	19.00%
62	34.00%	19.00%
63	11.00%	19.00%
64	11.00%	19.00%
65	11.00%	19.00%
66	7.00%	19.00%
67	7.00%	19.00%
68	7.00%	19.00%
69	7.00%	19.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 3 – Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
Up to 24	62.00%	46.00%	38.00%	30.00%
25	58.00%	42.00%	32.00%	20.00%
26	58.00%	42.00%	32.00%	20.00%
27	58.00%	42.00%	32.00%	20.00%
28	58.00%	42.00%	32.00%	20.00%
29	58.00%	42.00%	32.00%	20.00%
30	55.00%	38.00%	30.00%	12.00%
31	55.00%	38.00%	30.00%	12.00%
32	55.00%	38.00%	30.00%	12.00%
33	55.00%	38.00%	30.00%	12.00%
34	55.00%	38.00%	30.00%	12.00%
35	48.00%	38.00%	30.00%	11.00%
36	48.00%	38.00%	30.00%	11.00%
37	48.00%	38.00%	30.00%	11.00%
38	48.00%	38.00%	30.00%	11.00%
39	48.00%	38.00%	30.00%	11.00%
40	48.00%	30.00%	30.00%	8.00%
41	48.00%	30.00%	30.00%	8.00%
42	48.00%	30.00%	30.00%	8.00%
43	48.00%	30.00%	30.00%	8.00%
44	48.00%	30.00%	30.00%	8.00%
45	48.00%	30.00%	20.00%	6.00%
46	48.00%	30.00%	20.00%	6.00%
47	48.00%	30.00%	20.00%	6.00%
48	48.00%	30.00%	20.00%	6.00%
49	48.00%	30.00%	20.00%	6.00%
50	42.00%	28.00%	20.00%	5.00%
51	42.00%	28.00%	20.00%	5.00%
52	42.00%	28.00%	20.00%	5.00%
53	42.00%	28.00%	20.00%	5.00%
54	42.00%	28.00%	20.00%	5.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 3 – Page 2 of 2

**Withdrawal Rates**

<b>Age</b>	<b>Years of Service</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3+</b>
55	40.00%	28.00%	20.00%	9.00%
56	40.00%	28.00%	20.00%	9.00%
57	40.00%	28.00%	20.00%	9.00%
58	40.00%	28.00%	20.00%	9.00%
59	40.00%	28.00%	20.00%	9.00%
60+	40.00%	28.00%	15.00%	10.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

## Schedule SB, Part V — Summary of Plan Provisions

### Shaw's UPP Participants

**Effective Date** January 1, 1975.

**Covered Employees** Employees that are members of:

- United Food and Commercial Workers Union Local 791 AFL CIO;
- United Food and Commercial Workers International Local 371 AFL CIO CLC; and
- United Food and Commercial Workers Union Local 1445 AFL CIO.
- United Food and Commercial Workers Union Local 464A and who are employed on a part-time basis.

**Participation Date** The first day of the month coincident with or next following the later of (a) date of employment or (b) date of attainment of age 21. For members of Local 464A, no earlier than January 1, 2016.

#### Definitions

**Vesting Service** One year for each 750-hour plan year of employment by Shaw's Supermarkets, Inc. after attainment of age 18.

**Benefit Service** No service is credited prior to effective date. For each plan year after the effective date, credited service is as follows.

Number of Hours of Service During Plan Year	Number of Benefit Units
Less than 450	0.00
450–899	0.25
900–1,040	0.50
1,041–1,559	0.75
1,560+	1.00

In the first plan year (for plan years prior to 2003) and last plan year of participation, 0.125 benefit units are earned if credited with more than 112.5 and less than 450 hours of service.

Local 464A participants earn 1.0 benefit unit if credited with 750 or more hours of service, and no benefit units if credited with less than 750 hours of service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

No member shall be credited with more than 40 benefit units under the plan.

For members of Local 464A, future service accruals commencing no earlier than January 1, 2016, with a maximum of 40 years.

**Normal Retirement Date**

The day the member attains age 62.

**Monthly Pension Benefit**

A monthly pension equal to the sum of certain number of dollars determined as set forth below, multiplied by the number of benefit units credited. Effective for any retirement, death, or termination, monthly pension benefit levels are as follows:

Store and Warehouse

Employees hired on or before August 4, 2013:

Effective Date	Benefit Level for Service Prior to January 1, 2006	
	Store Employees	Warehouse Employees
November 5, 1988	\$ 24	\$ 29
July 27, 1989	\$ 25	\$ 30
July 27, 1990	\$ 26	\$ 31
July 27, 1991	\$ 27	\$ 32
July 27, 1992	\$ 28	\$ 33
July 27, 1993	\$ 29	\$ 34
August 1, 1996	\$ 32	\$ 37
August 1, 1997	\$ 33	\$ 38
August 1, 1998	\$ 34	\$ 39
August 1, 1999	\$ 35	\$ 40
August 1, 2000	\$ 36	\$ 41
August 1, 2001	\$ 37	\$ 43
August 1, 2002	\$ 38	\$ 43
August 1, 2003	\$ 39	\$ 44

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
January 1, 2006	\$ 40	\$ 45
January 1, 2008	\$ 41	\$ 46
January 1, 2022	\$ 42	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Employees hired after August 4, 2013 and on or before June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
January 1, 2013	\$ 36	\$ 46
January 1, 2014	\$ 37	\$ 46
January 1, 2015	\$ 38	\$ 46
January 1, 2016	\$ 39	\$ 46
January 1, 2017	\$ 40	\$ 46
June 4, 2017	\$ 41	\$ 46
January 1, 2022	\$ 42	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Employees hired after June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
June 4, 2017	\$ 36	\$ 46
January 1, 2018	\$ 37	\$ 46
January 1, 2019	\$ 38	\$ 46
January 1, 2020	\$ 39	\$ 46
January 1, 2021	\$ 40	\$ 46
January 1, 2022	\$ 41	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

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Employees hired before March 8, 2014:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
November 5, 1988	\$ 34
January 1, 1999	\$ 35
January 1, 2000	\$ 36
January 1, 2001	\$ 37
January 1, 2002	\$ 38
January 1, 2003	\$ 39
January 1, 2004	\$ 40
January 1, 2005	\$ 41
January 1, 2006	\$ 42
January 1, 2007	\$ 43
January 1, 2008	\$ 44
January 1, 2009	\$ 45

Employees hired after March 8, 2014 and on or before March 2, 2018:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2014	\$ 40
January 1, 2015	\$ 41
January 1, 2016	\$ 42
January 1, 2017	\$ 43
January 1, 2021	\$ 44
January 1, 2022	\$ 45

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Employees hired after March 2, 2018:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2018	\$ 41
January 1, 2019	\$ 42
January 1, 2020	\$ 43
January 1, 2021	\$ 44
January 1, 2022	\$ 45

Wells

Employees hired on or before August 4, 2013:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2005	\$ 41
January 1, 2006	\$ 42
January 1, 2007	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Employees hired after August 4, 2013 and on or before June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2013	\$ 38
January 1, 2014	\$ 39
January 1, 2015	\$ 40
January 1, 2016	\$ 41
January 1, 2017	\$ 42
June 4, 2017	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Employees hired after June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
June 4, 2017	\$ 38
January 1, 2018	\$ 39
January 1, 2019	\$ 40
January 1, 2020	\$ 41
January 1, 2021	\$ 42
January 1, 2022	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Connecticut Stores

There are no future benefit accruals for Connecticut Stores, effective July 1, 2001.

Local 464A

Part-time employees on or after January 1, 2016:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2016	\$ 13

**Monthly Preretirement Spouse Benefit**

The lifetime amount that would have been payable to the spouse had the participant retired, choosing the 50% joint and survivor annuity form of payment as follows.

- If eligible for early retirement, retirement is assumed on the first day of the month in which death occurred. Monthly payments begin on the first day of the month following the month in which death occurred, unless spouse elects a later date but prior to the participant's normal retirement date.
- If not eligible for early retirement and had completed at least 10 years of vesting service, the participant is assumed to separate from service on his date of death, survive to his earliest retirement date, and then retire. Payments begin on the date that would have been his earliest retirement date.
- If the participant did not complete 10 years of vesting service, he is assumed to survive until his normal retirement date and then retire. Payments begin on the date that would have been the participant's normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Benefit Eligibility**

Normal Retirement	Retire on normal retirement date.
Early Retirement	Retire before normal retirement date and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed Retirement	Retire after normal retirement date.
Deferred Vested	Terminate for reasons other than death or retirement after completing five years of vesting service.
Preretirement Spouse Benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits with a surviving spouse.

**Monthly Benefits Paid Upon the Following Events**

Normal Retirement	Monthly pension benefit determined as of normal retirement date, payable immediately.
Early Retirement	Monthly pension benefit determined as of early retirement date, reduced by 6% for each year that commencement of payment precedes the participant's normal retirement date to age 60. For retirement before age 60, the monthly pension benefit determined as of early retirement date is reduced using actuarial equivalence from normal retirement.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date, payable immediately.
Termination With Deferred Vested Benefit	Monthly pension determined as of termination date, payable at normal retirement date.
Death With Preretirement Spouse Benefits	Monthly preretirement spousal benefit is payable. See above.
<b>Automatic Form of Annuity</b>	The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Albertsons Union Participants

**Covered Employees**

Certain employees that are members of Teamsters Local 222 (i.e., Salt Lake City Drivers).

**Participation Date**

January 1 or July 1 immediately following the date on which the employee attained age 21 and completed one year of service.

**Normal Retirement**

Eligibility

Attainment of normal retirement date, age 62, and fifth anniversary of initial participation in the plan.

Monthly Benefit

Attributable to years of credited service. Equal to the sum of the following (1) through (5) shown below.

- (1) \$7.00 for each year of credited service for anniversary years of employment ending prior to January 1, 1971;
- (2) \$14.00 for each year of credited service for anniversary years of employment ending subsequent to December 31, 1970 and prior to February 1, 1991;
- (3) 1/12 of 1.0% of annual compensation in excess of \$12,000, but not in excess of \$30,000, for each plan year subsequent to January 31, 1976 and prior to February 1, 1988;
- (4) 1/12 of 1.0% of annual compensation in excess of \$12,000, but not in excess of \$40,000, for each plan year subsequent to January 31, 1988 and prior to February 1, 1991;
- (5) For each year of service ending subsequent to January 31, 1991 during which a year of credited service is earned, the greater of:
  - (a)  $\$15.00 \times$  year of credited service for each year;  
or
  - (b) 1/12 of 1.5% of annual compensation up to \$45,000 for each year.

Benefits accrued prior to March 21, 2013 are payable from the SUPERVALU INC. Retirement Plan. Benefits payable from the Shaw's Supermarket's, Inc. Pension Plan for Union Employees are calculated on an all-service basis, with the accrued benefit as of March 21, 2013 offset from the total benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

Benefit accruals shall cease after August 31, 2023, and no future benefit accruals will occur under the Plan after such date.

Commencement

Age 62 and fifth anniversary of initial participation in the plan. The accrued benefit earned at normal retirement.

**Early Retirement**

Eligibility

Attainment of age 55 and 10 years of service.

Monthly Benefit

The accrued benefit reduced by ½% for each month that benefit commencement precedes the participant's normal retirement date.

**Late Retirement**

Eligibility

Continued employment after becoming eligible for normal retirement.

Monthly Benefit

The accrued benefit earned at actual retirement.

**Deferred Vested Retirement**

Eligibility

Termination after five years of service.

Monthly Benefit

The accrued benefit earned at time of termination.

**Disability**

Eligibility

Receiving disability payment under a company provided long term disability plan.

Monthly Benefit

Disabled employees are credited with hours of service for all purposes under the plan. Upon attaining normal retirement date, benefits commence, although still considered an employee, and are adjusted annually to include any additional accruals.

**Preretirement Spouse's Benefit**

Eligibility

Death, whether or not currently employed, of a married participant after five years of service.

Monthly Benefit

If the participant dies prior to the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had terminated employment on his date of death, if not already terminated, survived to the earliest date at which he could have retired under the plan, retired under a joint and 100% survivor annuity and then died.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

If the participant dies on or after the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had retired under a joint and 100% survivor annuity on the day preceding his death and then died.

**Definitions**

Year of Service

A 12 consecutive month period measured from the anniversary date of employment during which at least 1,000 hours of service are completed.

Year of Credited Service

Based on the hours of service while employed as an employee in each employment anniversary year as follows.

Hours	Credited Service
Less than 1,000 Hours	0.0 year
1,000–1,199 Hours	0.6 year
1,200–1,399 Hours	0.7 year
1,400–1,599 Hours	0.8 year
1,600–1,799 hours	0.9 year
1,800 or More Hours	1.0 year

Annual Compensation

All compensation, but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and welfare benefits.

Automatic Form of Annuity

The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

**Plan Changes Since the Prior Year**

The funding valuation reflects the following change:

- Benefit accruals for Members of each Teamsters Locals 222, 483, 2, 190, or 983 shall cease after August 31, 2023, and no future benefit accruals will occur under the Plan after such date.

The funding normal cost includes changes effective on January 1, 2024.

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return from 7.75 percent for 2023 to 7.00 percent for 2024.
- An update to retirement rates to better reflect experience based on the results of a recent experience study.
- An update to termination rates to better reflect experience based on the results of a recent experience study.
- A change in active retirement election form probabilities from 50 percent lump sum, 40 percent single life annuity and 10 percent joint and survivor 100 percent to 75 percent lump sum, 15 percent single life annuity and 10 percent joint and survivor 75 percent.
- A change in active termination election form probabilities from 25 percent lump sum, 50 percent lump sum deferred to age 60, 20 percent single life annuity deferred to age 60 and 5 percent joint and survivor 100 percent deferred to age 60 to 35 percent lump sum, 30 percent lump sum deferred to age 60, 30 percent single life annuity deferred to age 60 and 5 percent joint and survivor 75 percent deferred to age 60.
- A change in terminated vested retirement election form probabilities from 100% lump sum commencing within one year of termination and 65 percent lump sum, 28 percent single life annuity and 7 percent joint and survivor 100 percent for commencements after one year of termination to 45 percent lump sum, 45 percent single life annuity and 10 percent joint and survivor 75 percent without regard to termination timing.
- A change in spouse age difference from female participants three years younger than their spouses to two years younger than their spouses based on the results of a recent experience study.

These changes were made to better reflect the anticipated plan experience. These changes in aggregate did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	315	302								
25-29	154	277	86							
30-34	97	168	110	24						
35-39	83	116	71	43	23					
40-44	75	133	69	18	35	18				
45-49	71	131	74	21	35	39	53			
50-54	81	156	95	24	44	37	75	103		
55-59	93	193	125	16	60	32	60	69	85	
60-64	70	189	150	30	47	30	46	68	51	22
65-69	89	130	102	6	5	9	17	12	12	10
70+	76	96	86	10	9	4	6	4	1	2

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,211,062	610,907	4,829,348	6,651,317
2025	2,426,835	552,094	4,746,350	7,725,279
2026	3,609,646	819,497	4,654,962	9,084,105
2027	4,820,789	1,046,343	4,553,560	10,420,692
2028	5,863,267	1,255,667	4,443,057	11,561,991
2029	6,902,773	1,433,193	4,323,959	12,659,925
2030	7,824,301	1,620,911	4,196,847	13,642,059
2031	8,743,580	1,811,464	4,057,981	14,613,025
2032	9,566,843	2,008,710	3,916,214	15,491,767
2033	10,323,446	2,209,401	3,767,610	16,300,457
2034	10,968,226	2,401,298	3,614,987	16,984,511
2035	11,542,355	2,557,407	3,457,691	17,557,453
2036	12,001,321	2,690,304	3,295,986	17,987,611
2037	12,316,409	2,809,652	3,130,402	18,256,463
2038	12,598,940	2,895,805	2,961,430	18,456,175
2039	12,796,331	2,994,441	2,789,557	18,580,329
2040	12,871,283	3,069,252	2,615,298	18,555,833
2041	12,880,095	3,131,626	2,439,259	18,450,980
2042	12,838,436	3,166,672	2,262,193	18,267,301
2043	12,741,652	3,181,573	2,085,032	18,008,257
2044	12,556,641	3,190,060	1,908,896	17,655,597
2045	12,312,076	3,179,987	1,735,042	17,227,105
2046	12,063,813	3,143,049	1,564,852	16,771,714
2047	11,767,635	3,108,916	1,399,762	16,276,313
2048	11,447,395	3,071,896	1,241,227	15,760,518
2049	11,093,412	3,017,046	1,090,657	15,201,115
2050	10,703,667	2,949,533	949,317	14,602,517
2051	10,275,516	2,875,710	818,272	13,969,498
2052	9,825,916	2,789,695	698,342	13,313,953
2053	9,351,243	2,704,455	590,057	12,645,755
2054	8,863,806	2,608,422	493,636	11,965,864
2055	8,389,136	2,504,216	408,977	11,302,329
2056	7,903,399	2,398,038	335,692	10,637,129
2057	7,420,079	2,291,686	273,153	9,984,918
2058	6,939,138	2,173,938	220,544	9,333,620

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	6,468,513	2,060,242	176,907	8,705,662
2060	6,005,965	1,939,692	141,206	8,086,863
2061	5,543,792	1,820,743	112,373	7,476,908
2062	5,093,994	1,700,428	89,362	6,883,784
2063	4,654,293	1,583,630	71,188	6,309,111
2064	4,240,766	1,468,028	56,951	5,765,745
2065	3,855,192	1,356,177	45,861	5,257,230
2066	3,498,174	1,250,021	37,247	4,785,442
2067	3,169,744	1,150,509	30,555	4,350,808
2068	2,869,254	1,052,621	25,340	3,947,215
2069	2,595,568	961,296	21,253	3,578,117
2070	2,347,271	875,279	18,024	3,240,574
2071	2,122,621	795,515	15,450	2,933,586
2072	1,919,752	721,667	13,377	2,654,796
2073	1,736,685	653,435	11,688	2,401,808

Above is a projection of benefits expected to be paid separately for active participants, terminated vested participants, and retired participants and beneficiaries receiving payments, and for the entire plan (not to include expected expenses) in each of the next fifty years starting with the plan year and based on the participant's status as of the valuation date. For purposes of this projection, assume no additional accruals, experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, no new entrants, and all benefits are paid as an annuity.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 16,689,309	January 1, 2023	14	\$ 1,592,874
Shortfall	\$ 5,438,648	January 1, 2024	15	\$ 494,810

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 1/1/2024 at 5.12%</b>	<b>Interest Adjusted Contribution</b>
April 11, 2025	\$ 11,000,000	466	\$ 10,322,054
Total Contribution	\$ 11,000,000		\$ 10,322,054

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.50%	0.9312	1.87
58.5	3.50%	0.8986	1.84
59.5	5.00%	0.8672	2.58
60.5	7.00%	0.8238	3.49
61.5	9.00%	0.7662	4.24
62.5	15.00%	0.6972	6.54
63.5	14.00%	0.5926	5.27
64.5	18.00%	0.5097	5.92
65.5	26.00%	0.4179	7.12
66.5	24.00%	0.3093	4.94
67.5	17.00%	0.2350	2.70
68.5	20.00%	0.1951	2.67
69.5	20.00%	0.1561	2.17
70	100.00%	0.1249	8.74
Weighted Average			63.94

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,211,062	610,907	4,829,348	6,651,317
2025	2,426,835	552,094	4,746,350	7,725,279
2026	3,609,646	819,497	4,654,962	9,084,105
2027	4,820,789	1,046,343	4,553,560	10,420,692
2028	5,863,267	1,255,667	4,443,057	11,561,991
2029	6,902,773	1,433,193	4,323,959	12,659,925
2030	7,824,301	1,620,911	4,196,847	13,642,059
2031	8,743,580	1,811,464	4,057,981	14,613,025
2032	9,566,843	2,008,710	3,916,214	15,491,767
2033	10,323,446	2,209,401	3,767,610	16,300,457
2034	10,968,226	2,401,298	3,614,987	16,984,511
2035	11,542,355	2,557,407	3,457,691	17,557,453
2036	12,001,321	2,690,304	3,295,986	17,987,611
2037	12,316,409	2,809,652	3,130,402	18,256,463
2038	12,598,940	2,895,805	2,961,430	18,456,175
2039	12,796,331	2,994,441	2,789,557	18,580,329
2040	12,871,283	3,069,252	2,615,298	18,555,833
2041	12,880,095	3,131,626	2,439,259	18,450,980
2042	12,838,436	3,166,672	2,262,193	18,267,301
2043	12,741,652	3,181,573	2,085,032	18,008,257
2044	12,556,641	3,190,060	1,908,896	17,655,597
2045	12,312,076	3,179,987	1,735,042	17,227,105
2046	12,063,813	3,143,049	1,564,852	16,771,714
2047	11,767,635	3,108,916	1,399,762	16,276,313
2048	11,447,395	3,071,896	1,241,227	15,760,518
2049	11,093,412	3,017,046	1,090,657	15,201,115
2050	10,703,667	2,949,533	949,317	14,602,517
2051	10,275,516	2,875,710	818,272	13,969,498
2052	9,825,916	2,789,695	698,342	13,313,953
2053	9,351,243	2,704,455	590,057	12,645,755
2054	8,863,806	2,608,422	493,636	11,965,864
2055	8,389,136	2,504,216	408,977	11,302,329
2056	7,903,399	2,398,038	335,692	10,637,129
2057	7,420,079	2,291,686	273,153	9,984,918
2058	6,939,138	2,173,938	220,544	9,333,620

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	6,468,513	2,060,242	176,907	8,705,662
2060	6,005,965	1,939,692	141,206	8,086,863
2061	5,543,792	1,820,743	112,373	7,476,908
2062	5,093,994	1,700,428	89,362	6,883,784
2063	4,654,293	1,583,630	71,188	6,309,111
2064	4,240,766	1,468,028	56,951	5,765,745
2065	3,855,192	1,356,177	45,861	5,257,230
2066	3,498,174	1,250,021	37,247	4,785,442
2067	3,169,744	1,150,509	30,555	4,350,808
2068	2,869,254	1,052,621	25,340	3,947,215
2069	2,595,568	961,296	21,253	3,578,117
2070	2,347,271	875,279	18,024	3,240,574
2071	2,122,621	795,515	15,450	2,933,586
2072	1,919,752	721,667	13,377	2,654,796
2073	1,736,685	653,435	11,688	2,401,808

Above is a projection of benefits expected to be paid separately for active participants, terminated vested participants, and retired participants and beneficiaries receiving payments, and for the entire plan (not to include expected expenses) in each of the next fifty years starting with the plan year and based on the participant's status as of the valuation date. For purposes of this projection, assume no additional accruals, experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, no new entrants, and all benefits are paid as an annuity.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

## Schedule SB, Part V — Summary of Plan Provisions

### Shaw's UPP Participants

<b>Effective Date</b>	January 1, 1975.
<b>Covered Employees</b>	<p>Employees that are members of:</p> <ul style="list-style-type: none"> <li>• United Food and Commercial Workers Union Local 791 AFL CIO;</li> <li>• United Food and Commercial Workers International Local 371 AFL CIO CLC; and</li> <li>• United Food and Commercial Workers Union Local 1445 AFL CIO.</li> <li>• United Food and Commercial Workers Union Local 464A and who are employed on a part-time basis.</li> </ul>

**Participation Date** The first day of the month coincident with or next following the later of (a) date of employment or (b) date of attainment of age 21. For members of Local 464A, no earlier than January 1, 2016.

#### Definitions

**Vesting Service** One year for each 750-hour plan year of employment by Shaw's Supermarkets, Inc. after attainment of age 18.

**Benefit Service** No service is credited prior to effective date. For each plan year after the effective date, credited service is as follows.

Number of Hours of Service During Plan Year	Number of Benefit Units
Less than 450	0.00
450–899	0.25
900–1,040	0.50
1,041–1,559	0.75
1,560+	1.00

In the first plan year (for plan years prior to 2003) and last plan year of participation, 0.125 benefit units are earned if credited with more than 112.5 and less than 450 hours of service.

Local 464A participants earn 1.0 benefit unit if credited with 750 or more hours of service, and no benefit units if credited with less than 750 hours of service.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

No member shall be credited with more than 40 benefit units under the plan.

For members of Local 464A, future service accruals commencing no earlier than January 1, 2016, with a maximum of 40 years.

**Normal Retirement Date**

The day the member attains age 62.

**Monthly Pension Benefit**

A monthly pension equal to the sum of certain number of dollars determined as set forth below, multiplied by the number of benefit units credited. Effective for any retirement, death, or termination, monthly pension benefit levels are as follows:

Store and Warehouse

Employees hired on or before August 4, 2013:

Effective Date	Benefit Level for Service Prior to January 1, 2006	
	Store Employees	Warehouse Employees
November 5, 1988	\$ 24	\$ 29
July 27, 1989	\$ 25	\$ 30
July 27, 1990	\$ 26	\$ 31
July 27, 1991	\$ 27	\$ 32
July 27, 1992	\$ 28	\$ 33
July 27, 1993	\$ 29	\$ 34
August 1, 1996	\$ 32	\$ 37
August 1, 1997	\$ 33	\$ 38
August 1, 1998	\$ 34	\$ 39
August 1, 1999	\$ 35	\$ 40
August 1, 2000	\$ 36	\$ 41
August 1, 2001	\$ 37	\$ 43
August 1, 2002	\$ 38	\$ 43
August 1, 2003	\$ 39	\$ 44

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
January 1, 2006	\$ 40	\$ 45
January 1, 2008	\$ 41	\$ 46
January 1, 2022	\$ 42	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Employees hired after August 4, 2013 and on or before June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
January 1, 2013	\$ 36	\$ 46
January 1, 2014	\$ 37	\$ 46
January 1, 2015	\$ 38	\$ 46
January 1, 2016	\$ 39	\$ 46
January 1, 2017	\$ 40	\$ 46
June 4, 2017	\$ 41	\$ 46
January 1, 2022	\$ 42	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Employees hired after June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>	
	<b>Store Employees</b>	<b>Warehouse Employees</b>
June 4, 2017	\$ 36	\$ 46
January 1, 2018	\$ 37	\$ 46
January 1, 2019	\$ 38	\$ 46
January 1, 2020	\$ 39	\$ 46
January 1, 2021	\$ 40	\$ 46
January 1, 2022	\$ 41	\$ 46
January 1, 2023	\$ 43	\$ 43
January 1, 2025	\$ 44	\$ 44

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Methuen

Employees hired before March 8, 2014:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
November 5, 1988	\$ 34
January 1, 1999	\$ 35
January 1, 2000	\$ 36
January 1, 2001	\$ 37
January 1, 2002	\$ 38
January 1, 2003	\$ 39
January 1, 2004	\$ 40
January 1, 2005	\$ 41
January 1, 2006	\$ 42
January 1, 2007	\$ 43
January 1, 2008	\$ 44
January 1, 2009	\$ 45

Employees hired after March 8, 2014 and on or before March 2, 2018:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2014	\$ 40
January 1, 2015	\$ 41
January 1, 2016	\$ 42
January 1, 2017	\$ 43
January 1, 2021	\$ 44
January 1, 2022	\$ 45

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Employees hired after March 2, 2018:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2018	\$ 41
January 1, 2019	\$ 42
January 1, 2020	\$ 43
January 1, 2021	\$ 44
January 1, 2022	\$ 45

Wells

Employees hired on or before August 4, 2013:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2005	\$ 41
January 1, 2006	\$ 42
January 1, 2007	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Employees hired after August 4, 2013 and on or before June 4, 2017:

<b>Effective Date</b>	<b>Benefit Level for Service On or After Effective Date</b>
January 1, 2013	\$ 38
January 1, 2014	\$ 39
January 1, 2015	\$ 40
January 1, 2016	\$ 41
January 1, 2017	\$ 42
June 4, 2017	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

Employees hired after June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
June 4, 2017	\$ 38
January 1, 2018	\$ 39
January 1, 2019	\$ 40
January 1, 2020	\$ 41
January 1, 2021	\$ 42
January 1, 2022	\$ 43
January 1, 2024	\$ 44
January 1, 2025	\$ 45

Connecticut Stores

There are no future benefit accruals for Connecticut Stores, effective July 1, 2001.

Local 464A

Part-time employees on or after January 1, 2016:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2016	\$ 13

**Monthly Preretirement Spouse Benefit**

The lifetime amount that would have been payable to the spouse had the participant retired, choosing the 50% joint and survivor annuity form of payment as follows.

- If eligible for early retirement, retirement is assumed on the first day of the month in which death occurred. Monthly payments begin on the first day of the month following the month in which death occurred, unless spouse elects a later date but prior to the participant's normal retirement date.
- If not eligible for early retirement and had completed at least 10 years of vesting service, the participant is assumed to separate from service on his date of death, survive to his earliest retirement date, and then retire. Payments begin on the date that would have been his earliest retirement date.
- If the participant did not complete 10 years of vesting service, he is assumed to survive until his normal retirement date and then retire. Payments begin on the date that would have been the participant's normal retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

**Benefit Eligibility**

Normal Retirement	Retire on normal retirement date.
Early Retirement	Retire before normal retirement date and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed Retirement	Retire after normal retirement date.
Deferred Vested	Terminate for reasons other than death or retirement after completing five years of vesting service.
Preretirement Spouse Benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits with a surviving spouse.

**Monthly Benefits Paid Upon the Following Events**

Normal Retirement	Monthly pension benefit determined as of normal retirement date, payable immediately.
Early Retirement	Monthly pension benefit determined as of early retirement date, reduced by 6% for each year that commencement of payment precedes the participant's normal retirement date to age 60. For retirement before age 60, the monthly pension benefit determined as of early retirement date is reduced using actuarial equivalence from normal retirement.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date, payable immediately.
Termination With Deferred Vested Benefit	Monthly pension determined as of termination date, payable at normal retirement date.
Death With Preretirement Spouse Benefits	Monthly preretirement spousal benefit is payable. See above.
<b>Automatic Form of Annuity</b>	The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Albertsons Union Participants

**Covered Employees**

Certain employees that are members of Teamsters Local 222 (i.e., Salt Lake City Drivers).

**Participation Date**

January 1 or July 1 immediately following the date on which the employee attained age 21 and completed one year of service.

**Normal Retirement**

Eligibility

Attainment of normal retirement date, age 62, and fifth anniversary of initial participation in the plan.

Monthly Benefit

Attributable to years of credited service. Equal to the sum of the following (1) through (5) shown below.

- (1) \$7.00 for each year of credited service for anniversary years of employment ending prior to January 1, 1971;
- (2) \$14.00 for each year of credited service for anniversary years of employment ending subsequent to December 31, 1970 and prior to February 1, 1991;
- (3) 1/12 of 1.0% of annual compensation in excess of \$12,000, but not in excess of \$30,000, for each plan year subsequent to January 31, 1976 and prior to February 1, 1988;
- (4) 1/12 of 1.0% of annual compensation in excess of \$12,000, but not in excess of \$40,000, for each plan year subsequent to January 31, 1988 and prior to February 1, 1991;
- (5) For each year of service ending subsequent to January 31, 1991 during which a year of credited service is earned, the greater of:
  - (a)  $\$15.00 \times$  year of credited service for each year;  
or
  - (b) 1/12 of 1.5% of annual compensation up to \$45,000 for each year.

Benefits accrued prior to March 21, 2013 are payable from the SUPERVALU INC. Retirement Plan. Benefits payable from the Shaw's Supermarket's, Inc. Pension Plan for Union Employees are calculated on an all-service basis, with the accrued benefit as of March 21, 2013 offset from the total benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

	Benefit accruals shall cease after August 31, 2023, and no future benefit accruals will occur under the Plan after such date.
Commencement	Age 62 and fifth anniversary of initial participation in the plan. The accrued benefit earned at normal retirement.
<b>Early Retirement</b>	
Eligibility	Attainment of age 55 and 10 years of service.
Monthly Benefit	The accrued benefit reduced by ½% for each month that benefit commencement precedes the participant's normal retirement date.
<b>Late Retirement</b>	
Eligibility	Continued employment after becoming eligible for normal retirement.
Monthly Benefit	The accrued benefit earned at actual retirement.
<b>Deferred Vested Retirement</b>	
Eligibility	Termination after five years of service.
Monthly Benefit	The accrued benefit earned at time of termination.
<b>Disability</b>	
Eligibility	Receiving disability payment under a company provided long term disability plan.
Monthly Benefit	Disabled employees are credited with hours of service for all purposes under the plan. Upon attaining normal retirement date, benefits commence, although still considered an employee, and are adjusted annually to include any additional accruals.
<b>Preretirement Spouse's Benefit</b>	
Eligibility	Death, whether or not currently employed, of a married participant after five years of service.
Monthly Benefit	If the participant dies prior to the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had terminated employment on his date of death, if not already terminated, survived to the earliest date at which he could have retired under the plan, retired under a joint and 100% survivor annuity and then died.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
 EIN: 04-1123420 PN: 002

If the participant dies on or after the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had retired under a joint and 100% survivor annuity on the day preceding his death and then died.

**Definitions**

Year of Service

A 12 consecutive month period measured from the anniversary date of employment during which at least 1,000 hours of service are completed.

Year of Credited Service

Based on the hours of service while employed as an employee in each employment anniversary year as follows.

Hours	Credited Service
Less than 1,000 Hours	0.0 year
1,000–1,199 Hours	0.6 year
1,200–1,399 Hours	0.7 year
1,400–1,599 Hours	0.8 year
1,600–1,799 hours	0.9 year
1,800 or More Hours	1.0 year

Annual Compensation

All compensation, but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and welfare benefits.

Automatic Form of Annuity

The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

**Plan Changes Since the Prior Year**

The funding valuation reflects the following change:

- Benefit accruals for Members of each Teamsters Locals 222, 483, 2, 190, or 983 shall cease after August 31, 2023, and no future benefit accruals will occur under the Plan after such date.

The funding normal cost includes changes effective on January 1, 2024.

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

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

**SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR  
UNION EMPLOYEES**

**Employer ID No: 04-1123420**

**Plan Number: 002**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF  
ASSETS (HELD AT END OF YEAR)**

**December 31, 2024**

**(In thousands)**

(b) Identity of Issue, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	<u>(d) Cost</u>	<u>(e) Current Value</u>
Master Trust	Plan's Interest in investments of the Safeway Inc. Master Retirement Trust	\$ 209,969	\$ 218,628
TOTAL		<u>\$ 209,969</u>	<u>\$ 218,628</u>

See accompanying Independent Auditor's Report.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 16,689,309	January 1, 2023	14	\$ 1,592,874
Shortfall	\$ 5,438,648	January 1, 2024	15	\$ 494,810

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Shaw's Supermarkets, Inc. Pension Plan for Union Employees  
EIN: 04-1123420 PN: 002

## Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected rate of return from 7.75 percent for 2023 to 7.00 percent for 2024.
- An update to retirement rates to better reflect experience based on the results of a recent experience study.
- An update to termination rates to better reflect experience based on the results of a recent experience study.
- A change in active retirement election form probabilities from 50 percent lump sum, 40 percent single life annuity and 10 percent joint and survivor 100 percent to 75 percent lump sum, 15 percent single life annuity and 10 percent joint and survivor 75 percent.
- A change in active termination election form probabilities from 25 percent lump sum, 50 percent lump sum deferred to age 60, 20 percent single life annuity deferred to age 60 and 5 percent joint and survivor 100 percent deferred to age 60 to 35 percent lump sum, 30 percent lump sum deferred to age 60, 30 percent single life annuity deferred to age 60 and 5 percent joint and survivor 75 percent deferred to age 60.
- A change in terminated vested retirement election form probabilities from 100% lump sum commencing within one year of termination and 65 percent lump sum, 28 percent single life annuity and 7 percent joint and survivor 100 percent for commencements after one year of termination to 45 percent lump sum, 45 percent single life annuity and 10 percent joint and survivor 75 percent without regard to termination timing.
- A change in spouse age difference from female participants three years younger than their spouses to two years younger than their spouses based on the results of a recent experience study.

These changes were made to better reflect the anticipated plan experience. These changes in aggregate did not reduce the funding shortfall; as such, approval of the Commissioner is not required.