Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 09/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

506 PELLIS RD
GREENSBURG, PA 15601-4506

2b Employer Identification Number (EIN) 25-1805823

2c Plan Sponsor's telephone number 724-834-1090

2d Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2026	EDWARD M POACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	433
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	429
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	393
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	395
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	395
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4B 4D 4E 4F

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

D Employer Identification Number (EIN)
25-1805823

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1082080	80802	VARIOUS	393	09/01/2024	08/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1276	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

C B TRACY & ASSOCIATES INC
506 PELLIS ROAD
GREENSBURG, PA 15601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1276			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	24691
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN	25-1805823

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

SUN LIFE ASSURANCE CO OF CANADA

P O BOX 419596
KANSAS CITY, MO 64141

38-1082080

(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?
12	CLAIMS PROCESSING	15893	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELUZIO & COMPANY LLP

351 HARVEY AVENUE
SUITE A
GREENSBURG, PA 15601

45-3941203

(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	AUDITING SERVICES	9750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

C B TRACY & ASSOCIATES INC

506 PELLIS ROAD
GREENSBURG, PA 15601

25-1353456

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	12393	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

D Employer Identification Number (EIN)
25-1805823

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	462281	464374
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		369
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2811	2826
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	465092	467569
Liabilities			
g Benefit claims payable	1g	6100	21883
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	21409	4037
k Total liabilities (add all amounts in lines 1g through1j)	1k	27509	25920
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	437583	441649

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	231912	
(B) Participants	2a(1)(B)	969	
(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)		232881
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15	
(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)		15
(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	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		232896
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	166181	
(2) To insurance carriers for the provision of benefits	2e(2)	24241	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		190422
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38408	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		38408
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		228830
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4066
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: DELUZIO & COMPANY LLP **(2)** EIN: 45-3941203

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

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

Part IV Compliance Questions

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN

Financial Statements and Supplemental Schedule

August 31, 2025 and 2024

DELUZIO & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN

Table of Contents

Note: 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.

DELUZIO & COMPANY, LLP

Lisa M. Altschaffl, CPA
Jeffrey P. Anzovino, CPA, MSA
Cole F. Beehner, CPA
Nathan R. Musser, CPA
Joseph E. Petrillo, CPA
Stacey A. Sanders, CPA, CSEP, CVA
Daniel W. Wilkins, CPA

Independent Auditor's Report

To the Trustees
Affiliated SuperValu Retail Outlets' Welfare Plan

Opinion

We have audited the financial statements of Affiliated SuperValu Retail Outlets' Welfare Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the fiscal years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Affiliated SuperValu Retail Outlets' Welfare Plan as of August 31, 2025 and 2024, and the changes in its net assets available for benefits and plan benefit obligations for the fiscal years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

(continued)

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Independent Auditor's Report

(continued)

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

(continued)

DELUZIO
& COMPANY, LLP

Independent Auditor's Report

(continued)

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2025 was presented for the purpose 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deluzio & Company, LLP

Greensburg, Pennsylvania
June 10, 2026

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN
Statements of Net Assets Available for Benefits
August 31, 2025 and 2024

	2025	2024
ASSETS		
Cash	$ 464,374	$ 462,281
Investment, at fair value		
Interest-bearing cash	2,826	2,811
Receivable		
Other receivable	369	-
Total Assets	467,569	465,092
LIABILITIES		
Premiums received in advance	2,259	20,079
Accrued expenses	1,778	1,330
Total Liabilities	4,037	21,409
Net Assets Available for Benefits	$ 463,532	$ 443,683

See accompanying notes to the financial statements.

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN
Statements of Changes in Net Assets Available for Benefits
Fiscal Years Ended August 31, 2025 and 2024

	2025	2024
Contributions		
Participating employers	$ 231,912	$ 234,633
Participants	969	1,072
Total Contributions	232,881	235,705
Other Income		
Interest income	15	21
Total Additions	232,896	235,726
Deductions		
Claims paid		
Dental	85,790	82,889
Vision	11,491	9,670
Disability	53,117	42,922
Insurance premiums paid for		
Group term life/accidental death and dismemberment	24,241	22,268
Total Benefits Paid	174,639	157,749
Administrative expenses	38,408	39,059
Total Deductions	213,047	196,808
Net Increase	19,849	38,918
Net Assets Available for Benefits - Beginning of Fiscal Year	443,683	404,765
Net Assets Available for Benefits - End of Fiscal Year	$ 463,532	$ 443,683

See accompanying notes to the financial statements.

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN
Statements of Plan Benefit Obligations
August 31, 2025 and 2024

	2025	2024
Amounts Currently Payable		
Claims payable	$ 21,883	$ 6,100
Claims incurred but not reported	-	-
Total Benefit Obligations	$ 21,883	$ 6,100

Statements of Changes in Plan Benefit Obligations
Fiscal Years Ended August 31, 2025 and 2024

	2025	2024
Amounts Currently Payable		
Balance at beginning of fiscal year	$ 6,100	$ 12,274
Claims and premiums incurred	190,422	151,575
Claims and insurance premiums paid	(174,639)	(157,749)
Balance at End of Fiscal Year	$ 21,883	$ 6,100

See accompanying notes to the financial statements.

NOTE 1 – PLAN DESCRIPTION

The following description of the Affiliated SuperValu Retail Outlets' Welfare Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions, copies of which may be obtained from the Plan administrator. The administrator of the Plan is the Plan Sponsor, i.e., the Board of Trustees.

General

The Plan is a multiple employer defined benefit health and welfare plan. The Plan and related Trust were established in September 1997. Contributions to the Trust as well as specific eligibility requirements are set forth in each participating employer's participation agreement, copies of which may be obtained from the Plan administrator. The Plan was established to provide welfare benefit coverage, through insurance contracts and the Trust, for the participating employers' eligible employees and their eligible spouses and dependents, as defined. Former employees and their eligible spouses and dependents are eligible for continued coverage for the number of months specified under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if they elect so. The Trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, as amended, as a Voluntary Employees' Benefit Association (VEBA). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan Sponsor is the Board of Trustees that have been appointed under the Trust. The Board of Trustees appointed a third-party-administrator to act as both the Trust administrator and claims processor.

Benefits

The Plan provides group term life and accidental death and dismemberment (AD&D) benefits, short-term disability, dental and vision benefits, to all eligible participants and their covered spouses and dependents, as defined in each respective participating employers' participation agreement. Short-term disability, dental and vision benefits are processed by the claim's processors, but the ultimate responsibility for the payments to participants and providers is retained by the Plan. The Plan provides continuation of certain benefits upon termination of employment through COBRA.

Insured Benefits

The Plan offers fully insured group term life insurance benefits (basic, supplemental, and dependent) and AD&D benefits. The Plan purchases annual insurance contracts for these insured benefits based on the participating employers' coverage options selected. Premiums for group term life and AD&D benefits are paid to the insurance companies from assets of the VEBA Trust, which are funded by the participating employers, based on premiums charged by the respective insurance carriers.

Self-Funded Benefits

The Plan also offers self-funded (dental, vision and short-term disability). The claims for self-funded benefits are processed by the Plan's third-party claims processors under administrative service only (ASO) arrangements. The claims processor pays self-funded vision and short-term disability claims directly to, or on behalf of participants through the VEBA Trust. Self-funded dental claims are processed and paid by Sun Life under an ASO arrangement.

NOTE 1 – PLAN DESCRIPTION (continued)

Contributions

The Plan requires participating employers to make contributions to the Trust that are sufficient to cover the costs of the benefits provided. The amount is determined annually based upon premiums charged by insurance providers and the Trust administrator for self-funded benefits. The Trust administrator bases annual contribution payments on past claims paid, surplus funds and rates charged by insurance carriers for like coverage. Employee contributions are only required if former employees elect to continue coverage under COBRA. Any deficiency of the Plan's net assets over benefit obligations would be funded at the direction of the Trustees. The Trustees would have multiple options at their discretion, including assessments on the participating employers, retroactive rate adjustments and or prospective rate adjustments.

Other

The Plan's Board of Trustees, as the Plan Sponsor, has the right under the Plan to modify the benefits provided to participating employers. Each participating employer may terminate its participation, at any time, upon providing proper notification to the Plan administrator as defined in the participation agreements. Participating employers are responsible for all liabilities incurred until their effective date of termination.

Funding Policy

The Plan includes benefits that are fully insured as well as self-funded. Contributions funded by the various participating employers, pursuant to the Plan agreement, are invested in assets held in the VEBA Trust fund (Fund). The Trust invests the Fund's money as set forth in the Plan's investment policy.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity 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 management to make estimates and assumptions that may affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions to net assets during the reported period. Actual results could differ from those estimates.

Reclassifications

Certain prior year amounts have been reclassified to conform to current year's presentation. These reclassifications had no impact on net assets available for benefits.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash

The Plan's cash consists of demand deposits in non-interest bearing accounts at financial institutions. Excluded from the definition of cash are such amounts that have been designated by the Plan administrator as investments.

Investment

The Plan's investment consists of a money market fund and are reported at fair value, using net asset value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Interest income is recorded on the accrual basis.

Premiums Received in Advance

Premiums received in advance are insurance premiums paid by the VEBA Trust on or before August 31st for the following Plan year's September coverage.

Payment of Benefits

Claim payments for self-funded benefits are recorded when paid by the third-party claim's processors. Claims submitted for reimbursement beyond 12 months after year-end are not eligible for reimbursement. Insurance premiums paid by the VEBA Trust are recorded as insurance premiums paid in the accompanying statements of changes in net assets available for benefits.

Insurance Contracts

Insurance carriers provide coverage for group term life and AD&D benefits. Under the terms of the contracts with each respective carrier, the insurer has received premium payments and has a legal obligation to make all benefit payments. As such, these insurance contracts are excluded from the Plan's assets, claims payable and benefit obligations at year-end, as the liability for payment remains with the insurance providers. It is the present intention of the Plan Sponsors to continue insurance coverage for these benefits. The Plan Sponsor is not permitted to deduct amounts for future benefits (beyond one year).

Administrative Expenses

Administrative, audit and claims processing expenses are paid out of the Plan's Trust fund.

NOTE 3 – POSTEMPLOYMENT OBLIGATIONS

Postemployment obligations consist solely of coverage provided by the Plan under COBRA. Participants contribute 102 percent of the expected cost of the obligation, as estimated by the claim's processor. Postemployment self-funded benefit obligations, if any, are included in claims payable at year-end.

NOTE 4 – PLAN ADMINISTRATION

The Plan utilizes the services of a third-party Trust administrator and claims processors to oversee the operations of the Plan. These services include the collection of contributions, payment of insurance premiums and processing of benefit claims for self-funded benefits. The Trust administrator receives a fee for the performance of these services based upon eligible contributions, as defined in each participating employers' participation agreement.

NOTE 5 – TAX STATUS

The VEBA Trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan Sponsor has obtained a favorable tax exemption letter, dated March 9, 1999, in which the Internal Revenue Service (IRS) stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator believes the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP prescribes rules for the recognition, measurement, classification, and disclosure in the financial statements of uncertain tax positions taken or expected to be taken in the Plan's tax returns. Management has determined that the Plan does not have any uncertain tax positions and associated unrecognized tax benefits that materially impact the financial statements or related disclosures.

Since tax matters are subject to some degree of uncertainty, there can be no assurance that the Plan's tax returns will not be challenged by taxing authorities and that the Plan will not be subject to additional tax, penalties, and interest as a result of such a challenge. Generally, the Plan's federal and state tax returns remain open for income tax examination for three years from the date of filing.

NOTE 6 – CONCENTRATIONS

The Plan maintains its cash in a bank deposit account at a financial institution located in Southwestern Pennsylvania. The bank deposit account is insured by the Federal Deposit Insurance Corporation and at times, the Plan's cash balances may exceed insured limits. The Plan has not experienced any losses in such accounts.

NOTE 7 – PLAN TERMINATION

Although they have not expressed any intention to do so, the Board of Trustees have the right under the Plan to modify the benefits provided to, and contributions required from participating employers and participants, and terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for, or on account of the participants. No assets of the Plan may revert to the participating employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 8 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan pays a fee to the third-party Trust administrator and claims processor for overseeing the operations of the Plan, as described in Note 4, based on terms agreed to by the Trustees and contained in the participation agreements, which are considered party-in-interest transactions under ERISA. Certain Plan assets were invested in a common trust fund managed by the Trust administrator. Both Trustees are participating employers in the Plan and as such, the Trust provides benefits to the Trustees. These benefits are at terms and rates comparable to those of other participating employers electing the same types of coverage. These benefits are considered party-in-interest transactions and are permitted under Department of Labor Rules and Regulations. These transactions are exempt from the prohibited transaction rules under ERISA.

NOTE 9 – RISKS AND UNCERTAINTIES

Benefit obligations are reported based on certain assumptions pertaining to claims incurred but not reported, 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.

NOTE 10 – CLAIMS PAYABLE

Amounts due to participants that have not been paid by the Trust at fiscal year-end are recorded as claims payable in the accompanying statements of plan benefit obligations. Claims payables are based on actual claims paid through May of the following year. Claims submitted for reimbursement beyond 12 months after year-end are not eligible for reimbursement.

NOTE 11 – CLAIMS INCURRED BUT NOT REPORTED

Benefit obligations at August 31st for claims incurred but not reported are estimated based on past claim experience. These amounts are paid by the Trust only if claims are submitted and approved for payment. The Plan administrator has determined that there were no incurred but not reported amounts due at August 31, 2025 and 2024.

NOTE 12 – SUBSEQUENT EVENTS

The Plan evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

NOTE 13 – RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the schedule H of the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 463,532	$ 443,683
Less: Benefit obligations currently payable	(21,883)	(6,100)
Net assets per Schedule H of Form 5500	$ 441,649	$ 437,583

The following is a reconciliation of claims paid per the financial statements to the schedule H of the Form 5500:

	2025	2024
Claims paid per the financial statements	$ 150,398	$ 135,481
Change in benefit obligations payable	15,783	(6,174)
Benefits paid to participants or beneficiaries per Form 5500	$ 166,181	$ 129,307

The following is a reconciliation of the net increase per the financial statements to the schedule H of the Form 5500:

	2025	2024
Net increase per the financial statements	$ 19,849	$ 38,918
Change in benefit obligations payable	(15,783)	6,174
Net income per Schedule H of the Form 5500	$ 4,066	$ 45,092

Claims and premiums that have been processed and approved for payment at fiscal year-end, but not paid, and claims incurred but not reported, are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims and premiums paid on the accompanying financial statements but are recorded on the Form 5500 as a liability.

Supplemental Schedule

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Employer Identification Number 25-1805823
Plan Number 501
August 31, 2025

(a)	(b) Borrower, Lessor	(c) Date, Rate of Interest, Collateral, Par or	(d) Cost	(e) Value
*	S&T Bank	Interest-Bearing Money Market Account - .44%	$ 2,826	$ 2,826
		Total Investments	$ 2,826	$ 2,826

(*) Asterisk denotes a party-in-interest.

See independent auditor's report.

AFFILIATED SUPERVALU RETAIL OUTLETS
PARTICIPATING EMPLOYERS
PLAN YEAR 9/1/2024 - 8/31/2025

Thomi Company	25-1755246	13%
Duritza Enterprises Inc.	25-1381935	35%
Jamieson Family Markets	25-1881620	25%
R & W Enterprises	25-1470227	2%
Triangle Sales & Marketing	25-1711797	1%
Held's Inc	23-2947819	1%
Wilder & Company	25-1264222	.50%
Franklin Foods	25-1468212	1%
E & M Investments	55-0743851	2%
Perryopolis Foods Inc.	25-1520650	.50%
Saltsburg Shop N Save	25-1402746	1%
C. G. P. Foods, Inc.	52-1752364	2%
Castle Shannon SNS	20-3945962	2%
Grove City County Market	25-1520967	5%
Haymaker Shop N Save	85-2573360	3%
Mt Pleasant Foodland Fresh, Inc.	25-1872045	1%
Rodinny, Inc.	46-4307566	1%
G & T Food Services, Inc.	55-0753760	2%
Connellsville Cash Saver	82-2950150	2%
		100%

AFFILIATED SUPERVALU RETAIL OUTLETS' WELFARE PLAN
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Employer Identification Number 25-1805823
Plan Number 501
August 31, 2025

(a)	(b) Borrower, Lessor	(c) Date, Rate of Interest, Collateral, Par or	(d) Cost	(e) Value
*	S&T Bank	Interest-Bearing Money Market Account - .44%	$ 2,826	$ 2,826
		Total Investments	$ 2,826	$ 2,826

(*) Asterisk denotes a party-in-interest.

See independent auditor's report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 09/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
AFFILIATED SUPERVALU RETAIL OUTLETS WELFARE PLAN

506 PELLIS RD
GREENSBURG, PA 15601-4506

2b Employer Identification Number (EIN)
25-1805823

2c Plan Sponsor's telephone number
724-834-1090

2d Business code (see instructions)
525100

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

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

SIGN HERE	Edward M. Poach Jr	6/15/26	Edward M Poach Jr
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE