

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SCHNUCKS OUTSTATE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 03/29/1981
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) SCHNUCK MARKETS, INC. 11420 LACKLAND ROAD, PO BOX 46928 ST. LOUIS, MO 63146
2b	Employer Identification Number (EIN) 43-0726776
2c	Plan Sponsor's telephone number 314-994-9900
2d	Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2026	JACK RODEMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3293
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 634 6a(2) 574 6b 925 6c 1484 6d 2983 6e 124 6f 3107 6g(1) 6g(2) 6h 32
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:

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☒ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SCHNUCKS OUTSTATE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHNUCK MARKETS, INC.	D Employer Identification Number (EIN) 43-0726776
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 30 Year 2024			
2	Assets:			
a	Market value	2a	130617954	
b	Actuarial value	2b	121272509	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	942	57702556	57702556
b	For terminated vested participants	1717	41826025	41826025
c	For active participants	634	26061690	26216628
d	Total	3293	125590271	125745209
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.39 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	815425	
b	Expected plan-related expenses	6b	829260	
c	Target normal cost	6c	1644685	

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

SIGN HERE	Signature of actuary ANDREW J. WITTE Type or print name of actuary AON CONSULTING Firm name 4220 DUNCAN AVENUE SUITE 401 SAINT LOUIS, MO 63110 Address of the firm	06/15/2026 Date 26-05764 Most recent enrollment number 314-719-3836 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15368206
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5113917
9 Amount remaining (line 7 minus line 8)	0	10254289
10 Interest on line 9 using prior year's actual return of <u>19.15</u> %	0	1963696
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3661696
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>19.15</u> %		701215
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		4362911
d Portion of (c) to be added to prefunding balance		4362911
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	16580896

Part III Funding Percentages

14 Funding target attainment percentage	14	83.25 %
15 Adjusted funding target attainment percentage	15	83.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a Segment rates:</td> <td style="width: 33%;">1st segment: 4.84 %</td> <td style="width: 33%;">2nd segment: 5.24 %</td> <td style="width: 33%;">3rd segment: 5.59 %</td> <td style="width: 33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	62						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

Part VI	Miscellaneous Items
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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
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28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	1644685
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	21053596	2153886
	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		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34 style="text-align: center;">3798571
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	3798571	3798571
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: center;">0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: center;">0
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: center;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: center;">0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025		
A Name of plan SCHNUCKS OUTSTATE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNUCK MARKETS, INC.	D Employer Identification Number (EIN) 43-0726776	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

NORTHERN TRUST

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?
14 25 27 50	TRUSTEE CUSTODIAN	324541	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 64	ACTUARY	211228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

400 HOWARD ST
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?
27 50	INVESTMENT ADVISORY	18176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025		
A Name of plan SCHNUCKS OUTSTATE PENSION PLAN	B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SCHNUCK MARKETS, INC.	D Employer Identification Number (EIN) 43-0726776	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC EMERGING MARKETS FD FEBT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 06-6275604-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4560499	
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC INTL EQUITY FD FEBT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 06-6275604-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11608332	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLTV RUSSELL 1000 INDX FD			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 45-6138509-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10269960	
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC ARISTOTLE LCV NL AFEFT FD			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 06-6275604-247	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1845825	
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC SMALL CAP FD FEBT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 06-6275604-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1484815	
a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC POLEN LARGE CAP GROWTH			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 82-6192524-262	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1946853	
a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK LONG DUR CORP CRD SCR			
b Name of sponsor of entity listed in (a): NORTHERN TRUST			
c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11565209	

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK US STRIPS 20 BD FD

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

c EIN-PN 82-2249590-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25775652
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC HI YIELD BO FD FEBT

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

c EIN-PN 06-6275604-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7910569
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INV FUND

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

c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 740869
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC JACOBS LEVY NL FUND DEBT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 82-6192524-279	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5325815
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC HUTCHKINS & WILEY VALUE

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

c EIN-PN 82-6192524-280	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1847211
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTCC LONG CORPORATE FUND FEBT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 82-6192524-274	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23836823
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a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE INVST MGMT MC INVST TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 46-2596644-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3946617
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	Financial Transaction Schedules 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.
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For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025	
A Name of plan SCHNUCKS OUTSTATE PENSION PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNUCK MARKETS, INC.	D Employer Identification Number (EIN) 43-0726776

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.				
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
NORTHERN TRUST INVESTMENTS, INC.	AFFILIATE OF THE TRUSTEE	ASSET BASED FEES WERE CHARGED IN ADDITION TO MANAGEMENT FEES	1780		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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 09/30/2024 and ending 09/28/2025

A Name of plan SCHNUCKS OUTSTATE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNUCK MARKETS, INC.	D Employer Identification Number (EIN) 43-0726776

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	237275	300461
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	54191	0
(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)	16308357	15221889
(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)	109760085	112665049
(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)	638090	469260
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	130997998	128656659
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	352576	585835
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	352576	585835
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	130645422	128070824

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		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)	13229	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13229
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	352454	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4169405
(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)		17941
c Other income	2c		703576
d Total income. Add all income amounts in column (b) and enter total	2d		5256605

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6590626	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6590626
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)	570701	
(6) Bank or trust company trustee/custodial fees	2i(6)	57992	
(7) Actuarial fees	2i(7)	211228	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	400656	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1240577
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7831203

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2574598
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARMANINO LLP**

(2) EIN: **33-2514127**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☒		1780
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578805.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025					
A Name of plan SCHNUCKS OUTSTATE PENSION PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNUCK MARKETS, INC.				D Employer Identification Number (EIN) 43-0726776	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-0417860					
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	145
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 30.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.8 %

High-Yield Debt: 6.2 % Real Assets: 5.2 % Cash or Cash Equivalents: 0.6 % Other: 6.9 %

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_____.

Schnucks Outstate Pension Plan

Financial Statements
and Supplemental Schedules

September 28, 2025 and September 29, 2024



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INDEPENDENT AUDITOR'S REPORT

To the Retirement Plans Committee
Schnucks Outstate Pension Plan

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

We have performed audits of the accompanying financial statements of Schnucks Outstate Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of September 28, 2025 and September 29, 2024, and the related statements of changes in net assets available for benefits for the years ended September 28, 2025 and September 29, 2024, and the statement of accumulated plan benefits as of September 30, 2024, and the statement of changes in accumulated plan benefits for the year 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 Schnucks Outstate Pension 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 September 28, 2025 and September 29, 2024, and for the years then ended, stating that the certified investment information, as described in Note D 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 Audits of the Financial Statements section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Schnucks Outstate Pension 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Schnucks Outstate Pension Plan's ability to continue as a going concern within 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 Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 generally accepted auditing standards 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 audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Schnucks Outstate Pension 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 Schnucks Outstate Pension 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 audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of September 28, 2025, reportable transactions for the year then ended September 28, 2025 and nonexempt transactions for the year ended September 28, 2025, (collectively, "supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Armanino LLP

St. Louis, Missouri

July 7, 2026

SCHNUCKS OUTSTATE PENSION PLAN

Statements of Net Assets Available for Benefits

September 28, 2025 and September 29, 2024

	2025	2024
ASSETS		
Investments, at fair value (Note E)		
Cash	\$ -	\$ 54,191
Mutual funds	469,260	638,090
Collective trusts	112,665,049	109,760,085
Limited partnerships	15,221,889	16,308,357
Total investments	128,356,198	126,760,723
Receivables		
Employer	-	4,000,000
Accrued investment earnings	68,181	82,640
Pending trades	232,280	154,635
Total receivables	300,461	4,237,275
Total Assets	128,656,659	130,997,998
LIABILITIES		
Pending trades	299,859	235,436
Fees payable	285,976	117,140
Total Liabilities	585,835	352,576
NET ASSETS AVAILABLE FOR BENEFITS	\$ 128,070,824	\$ 130,645,422

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

SCHNUCKS OUTSTATE PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended September 28, 2025 and September 29, 2024

	2025	2024
Additions to net assets attributed to:		
Employer contributions	\$ -	\$ 4,000,000
Total additions	-	4,000,000
Deductions from net assets attributed to:		
Benefits paid to participants	6,590,626	5,979,972
PBGC expense	329,260	2,116,484
Administrative expenses	431,052	344,826
Total deductions	7,350,938	8,441,282
Investment income:		
Net appreciation in fair value of investments	4,156,366	19,707,517
Interest and dividend income	619,974	1,079,347
Total investment income	4,776,340	20,786,864
NET (DECREASE) INCREASE	(2,574,598)	16,345,582
Net assets available for benefits at beginning of year	130,645,422	114,299,840
Net assets available for benefits at end of year	\$ 128,070,824	\$ 130,645,422

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

SCHNUCKS OUTSTATE PENSION PLAN

Statement of Accumulated Plan Benefits

September 30, 2024

	<u>September 30, 2024</u>
Actuarial present value of accumulated	
Plan benefits (Note B)	
Vested benefits:	
Participants currently receiving payments	\$ 53,735,184
Other participants	<u>61,228,660</u>
Total vested benefits	114,963,844
Nonvested benefits	<u>169,219</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 115,133,063</u>

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

SCHNUCKS OUTSTATE PENSION PLAN

Statement of Changes in Accumulated Plan Benefits

For the year ended September 30, 2024

	<u>September 30, 2024</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 114,145,972
Increase (decrease) during the year attributable to: (Note B)	
Interest	6,671,972
Assumption changes	-
Other changes	295,091
Benefits paid	<u>(5,979,972)</u>
Net increase	<u>987,091</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 115,133,063</u>

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

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements

September 28, 2025 and September 29, 2024

Note A - Description of Plan

The following brief description of the Schnucks Outstate Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan documents for more complete information.

General

The Plan covers employees in certain divisions of outstate store locations of Schnuck Markets, Inc. (the Company or Plan Sponsor). It is a noncontributory, defined benefit pension plan established originally March 29, 1981 and restated on October 2, 2023. The Plan is designed under the applicable provision of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan eligibility is evaluated annually and participants who have completed 1,000 hours of service during a one-year period of employment or have attained at least 1,000 hours in a Plan year may enter the Plan. Effective September 25, 2011, the Plan was amended to freeze entry into the Plan by non-union store level teammates.

Benefits

Plan benefits accumulate annually based on hours of service credited for each Plan year. Plan benefits vest 100% after five years of service under the five-year “cliff” vesting method. Plan participants who terminate employment prior to completing five years of vesting service forfeit their right to benefits under the Plan.

Benefits are payable upon normal retirement, death, or permanent disability. Participants who terminate employment prior to normal retirement are entitled to receive their vested benefits according to the Plan provisions. Participants who elect early retirement, as permissible under the Plan, will receive reduced benefits as specified in the Plan. The normal form of benefit for married participants is a joint and survivor form of benefit, and for single participants, a single life annuity form of benefit.

If a terminated participant’s nonforfeitable accrued benefits do not exceed \$7,000, a single lump sum will be distributed either directly to the participant or to a designated individual retirement account.

Plan Administration

The Plan is overseen by the Retirement Plans Committee appointed by the Company. The Retirement Plans Committee contracts third-party companies and administrative service organizations to administer the Plan.

Fiscal Year End

The Plan uses the same fiscal year end as the Plan Sponsor, which is the Sunday closest to September 30. Fiscal year 2025 ended on September 28, 2025, and fiscal year 2024 ended on September 29, 2024. Fiscal years 2025 and 2024 include 52 weeks. Plan management has elected to adopt the measurement date practical expedient, which permits the Plan to report investments as of the month end date that is closest to the Plan’s fiscal year end, when the fiscal period does not coincide with a month end. Therefore, investment values have been reported as of September 30, 2025 and 2024.

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America (US GAAP).

Contributions and Contribution receivable

Employer contributions are recorded in the year they are earned and to coincide with the year in which the Company records contributions. The Plan records receivables for all contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Use of Estimates

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair 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. The Plan's Retirement Plans Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note E for discussion of fair value measurements.

Transactions 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 in fair value includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual funds and collective trusts are deducted from income earned and are not separately stated. Consequently, management fees and operating expenses are reflected as a reduction in investment returns for these assets.

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued
September 28, 2025 and September 29, 2024

Note B - Summary of Significant Accounting Policies (Continued)

Actuarial Assumptions and Accumulated Plan Benefits

The calculation of the actuarial present value of accumulated Plan benefits was made by consulting actuaries as of September 30, 2024. The Company believes that the use of the September 30 measurement date does not result in materially different results than if the September 28 date had been used. The more significant actuarial assumptions underlying this valuation were as follows:

Investments return	6% (same in prior year)
Mortality	Pri-2012 aggregate blue-collar table projected using scale MP-2021. (same in prior year)
Retirement age	The assumed retirement age is the later of the Normal Retirement Age or the participant's age on the valuation date. The Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65 or, for the Mechanics Group, age 60. The assumed average retirement age is based on the retirement rate tables reflecting the experience of the Company.

Accumulated Plan Benefits represent those future periodic payments that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan Benefits are expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of Accumulated Plan Benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated payment obligations to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrement assumptions such as for death, disability, withdrawal, or retirement) between the valuation date and the expected payment date.

Subsequent Events

The Plan evaluated all subsequent events through July 7, 2026, the date the financial statements were available to be issued.

Note C - Funding Policy

The Company's funding policy is to contribute to the Plan amounts sufficient, upon an actuarially determined basis, to provide benefits under the Plan in accordance with the minimum funding requirements of ERISA. Employer contributions for the 2025 and 2024 Plan years met or exceeded the minimum funding requirements of ERISA.

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note D - Certification of Investments

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) and schedule of reportable transactions, including investments held at September 28, 2025, and September 29, 2024, and net appreciation in fair value of investments, interest, and dividends for the years ended September 28, 2025, and September 29, 2024, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by The Northern Trust Company ("Northern Trust"), the Trustee of the Plan as of and for the years ended September 28, 2025, and September 29, 2024.

Note E - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 28, 2025 and September 29, 2024.

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

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note E - Fair Value Measurements (Continued)

Collective trusts – Valued at the NAV of units of bank collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Limited partnership – Valued using the NAV per share, or its equivalent, as a practical expedient for fair value. Valuations provided by the respective fund's management considering variables such as the financial performance of the underlying investments, recent sales prices of underlying investments, and other pertinent information.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value on September 28, 2025:

Description	Total September 28, 2025	Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 469,260	\$ 469,260	\$ -	\$ -
Total assets in the fair value hierarchy	469,260	469,260	-	-
Investments measured at net asset value*	127,886,938	-	-	-
Investments at fair value	\$ 128,356,198	\$ 469,260	\$ -	\$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value on September 29, 2024:

Description	Total September 29, 2024	Fair Value Measurement at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 638,090	\$ 638,090	\$ -	\$ -
Total assets in the fair value hierarchy	638,090	638,090	-	-
Investments measured at net asset value*	126,068,442	-	-	-
Investments at fair value	\$ 126,706,532	\$ 126,706,532	\$ -	\$ -

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note E - Fair Value Measurements (Continued)

* Certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits. See Note F regarding investments measured at fair value using net asset value per share.

Note F - Investments Measured at Fair Value Using Net Asset Value per Share

The following table summarizes investments valued at fair value based on NAV per unit as of September 28, 2025, and September 29, 2024:

Investment Name	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
Prime Property Fund, LLC (a)	\$ 6,657,996	\$ 7,962,587	-	Quarterly	3 months
GDIF US Hedged Feeder Fund LP (b)	8,563,893	8,345,770	-	Quarterly	3 months
Collective Trusts	112,665,049	109,760,085	-	Daily	Daily

- (a) Investment strategy is to acquire, own, and hold for investment and ultimately dispose of investments in real estate and real estate assets with the intention of achieving current income, capital appreciation, or both.
- (b) Investment strategy is to acquire, own, and hold for investment and ultimately dispose of investments in infrastructure through its investments in various related funds with the intention of achieving current income, capital appreciation, or both. The Plan can redeem its interest quarterly, upon one quarter's advance notice, subject to available cash.

Note G - Priorities Upon 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 to 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 retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits 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. For plan terminations occurring during 2025 and 2024 that ceiling is \$7,432 and \$7,108 per month, respectively. That ceiling applies to those who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note G - Priorities Upon Plan Termination (Continued)

Whether all participants receive their vested benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, 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 funded by the then existing assets and the PBGC guaranty while other benefits may not be funded.

Note H - Related Party and Party-In-Interest Transactions

ERISA defines party-in-interest similarly to the definition of a related party under U.S. GAAP, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. Management did not identify any related parties to the Plan that were not also considered to be party-in-interest.

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee associate or relatives of such persons.

Certain Plan investments are shares of mutual funds and collective trusts managed by Northern Trust for the Plan and, therefore, these transactions qualify as party-in-interest transactions as Northern Trust is the Plan trustee. Fees paid by the Plan for investment management services were included as a reduction of the return earned on investments.

Note I - Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated April 2, 2018, that the Plan is designed in accordance with applicable sections of the IRC. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt.

The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of September 28, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note J - Risks and Uncertainties

The Plan invests in securities which, in general, are exposed to various risks, such as interest rate risk, 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 those 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.

SCHNUCKS OUTSTATE PENSION PLAN

Notes to Financial Statements - Continued

September 28, 2025 and September 29, 2024

Note K – Nonexempt (Prohibited) Transactions

In connection with an internal compliance review, Northern Trust Investments, Inc. (“Northern OCIO”), an affiliate of the Trustee, identified that it had inadvertently engaged in a nonexempt prohibited transaction under ERISA. Specifically, in 2022, Northern OCIO invested assets of the Pension Plan in the Igneo GDIF US Hedged Feeder Fund LP (the “Igneo Fund”). At the time of the investment, the Igneo Fund had retained an affiliate of Northern OCIO, The Northern Trust Company, to provide administrative and custody-related services in exchange for an asset based fee. This arrangement resulted in a prohibited transaction under ERISA Section 406 due to the compensation received by a party in interest. Northern OCIO has taken steps to address the issue and is evaluating appropriate corrective actions in accordance with applicable Department of Labor guidance. The correction related to periods prior to and including the plan year ended September 29, 2024 totaled \$11,245, while the correction related to the plan year ended September 28, 2025 totaled \$627. These amounts were corrected in June 2025 and include fees charged, as well as lost earnings and interest calculated using the Department of Labor Voluntary Correction Program calculator.

SUPPLEMENTAL SCHEDULES

SCHNUCKS OUTSTATE PENSION PLAN**EIN #43-0726776 PLAN 003****Schedule of Assets (Held at End of Year)****Form 5500 - Schedule H - Item 4i**

September 28, 2025

(See Independent Auditor's Report)

		Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
a) b)	c)		d)	e)	
*		Northern Trust Multi-Manager Global Listed Infrastructure Fund	Mutual Fund	\$ 422,574	\$ 469,260
		Total Mutual Funds		<u>422,574</u>	<u>469,260</u>
		Limited Partnerships & Collective Trusts:			
*		Northern Trust Polen Large Cap Growth	Collective Trust	1,232,596	1,946,853
*		Northern Trust Small Cap Fund	Collective Trust	680,568	1,484,815
*		Northern Trust International Equity Fund	Collective Trust	5,459,441	11,608,332
		Blackrock Long Duration Corporate Credit Screened Non-lendable Fund	Collective Trust	10,871,144	11,565,209
*		Northern Trust High Yield Bond Fund	Collective Trust	4,976,336	7,910,569
*		Northern Trust Collective Russell 1000 Index Fund	Collective Trust	4,588,745	10,269,960
		Metlife Emerging Market Debt Collective Trust Class 1	Collective Trust	3,416,000	3,946,617
*		Northern Trust Long Corporate Fund DEBT	Collective Trust	21,633,838	23,836,823
*		Northern Trust Aristotle Large Cap Value NL Fund	Collective Trust	665,787	1,845,825
*		Northern Trust Jacobs Levy Core Equity NL Fund	Collective Trust	4,111,497	5,325,815
		Northern Trust Collective Funds Trust Short-Term Investment Fund	Collective Trust	740,869	740,869
		Blackrock U.S. STRIPS 20+ Year Bond Index Fund Non-Lendable Fund	Collective Trust	31,567,061	25,775,652
*		Northern Trust Emerging Markets Fund	Collective Trust	2,152,117	4,560,499
*		Northern Trust Collective Funds Trust Hotchkis & Wiley Value Opportunities NL Fund	Collective Trust	1,217,120	1,847,211
		The Prime Property Fund, LLC	Limited Partnership	6,396,866	6,657,996
*		GDIF US Hedged Feeder Fund, LP	Limited Partnership	6,609,232	8,563,893
		Total Limited Partnerships & Collective Trusts		<u>106,319,217</u>	<u>127,886,938</u>
		Total Investments		<u>\$ 106,741,791</u>	<u>\$ 128,356,198</u>

* Represents party-in-interest to the Plan.

SCHNUCKS OUTSTATE PENSION PLAN
EIN #43-0726776 PLAN 003

Schedule of Reportable Transactions
Form 5500 - Schedule H - Item 4j
Year Ended September 28, 2025
(See Independent Auditor's Report)

Series of transactions when aggregated involving an amount
in excess of 5 percent of beginning total net assets:

								Current value of assets on transaction		
a)	Identity of party involved	b)	Description of asset	Number of purchases	Number of sales	g)	Cost of assets	h)	date	i) Net gain or (loss)
*	Northern Trust		Short-Term Investment Fund	73			\$ 10,269,817	\$	10,269,817	\$ -
*	Northern Trust		Short-Term Investment Fund		50		\$ 9,528,948	\$	9,528,948	\$ -

* Party-in-interest transaction

SCHNUCKS OUTSTATE PENSION PLAN
EIN #43-0726776 PLAN 003

Schedule of Nonexempt Transactions
Form 5500 - Schedule G - Part III
Year Ended September 28, 2025
(See Independent Auditor's Report)

Identity of		Relation to	Description of transaction including	Transaction	Amount of	Total	Date of	Date of
a)	party involved	b) other party-in-interest	c) maturity date, rate of interest, collateral par or maturity value	(d) expense	(j) earnings	transaction	principal correction	earning corrections
* Northern Trust Investments, Inc.		Affiliate of the Trustee	Plan year 2025 Asset based fees that were charged in addition to management fees	\$ 601	\$ 26	\$ 627	6/30/2025	6/30/2025
* Northern Trust Investments, Inc.		Affiliate of the Trustee	Plan year 2024 Asset based fees that were charged in addition to management fees	\$ 9,491	\$ 1,754	\$ 11,245	6/30/2025	6/30/2025
* Party-in-interest transaction								

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of September 30, 2024

Number of Participants and Average Compensation

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		39 \$23,284	3							
25-29		10	10							
30-34		14	11	14	6					
35-39		6	6	13	11	7				
40-44		16	6	15	17	21 \$42,945	4			
45-49		11	6	11	10	14	25 \$41,160			
50-54		7	5	11	16	9	14	6	1	
55-59		9	11	7	10	8	17	13	5	1
60-64		10	11	13	9	15	28 \$39,918	7	10	20 \$44,419
65-69		7	4	7	4	4	7	3		2
70+		1	2	4	3	2	1	2	2	

N-634

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
EIN: 43-0726776 PN: 003

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

For ERISA Requirements

**Interest Rates for Minimum Funding
Purposes**

Based on segment rates with a four-month
lookback (as of May 2024), each adjusted as
needed to fall within the 25-year average interest
rate stabilization corridor

1st Segment Rate 4.84%

2nd Segment Rate 5.24%

3rd Segment Rate 5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month
lookback (as of May 2024), without regard to
interest rate stabilization

1st Segment Rate 4.84%

2nd Segment Rate 5.24%

3rd Segment Rate 5.22%

Salary Increases 4.00%

Retirement Age

Active Participants See Tables 1-2

Terminated Vested Participants Age 65

Mortality Rates

Healthy 2024 generational mortality table for annuitants
and non-annuitants per §1.430(h)(3)-1(e)

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

Disabled	Curr.Liab.Disabled>1/1/95 Male & Female
Withdrawal Rates	See Table 3
Disability Rates	None
Surviving Spouse Benefit	It is assumed that 65% of males and 55% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation 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.
Trust Expenses Included in Target Normal Cost	\$500,000 + Actual PBGC Premium
Actuarial Method	Standard unit credit cost method
Valuation Date	September 30, 2024

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

A change in the interest rate assumption from segment rates as of May 2023 to segment rates as of May 2024, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor under ARPA.

A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
EIN: 43-0726776 PN: 003

Table 1

Retirement Rates (Mechanics)

Age	Rate
55-59	7.00%
60+	100.00%

Table 2

Retirement Rates (Non-Mechanics)

Age	Rate
55-60	7.00%
61	15.00%
62	25.00%
63	15.00%
64	25.00%
65	45.00%
66-69	40.00%
70+	100.00%

Table 3

Termination Rates

Age	Years of Service					
	1	2	3	4	5	6+
<25	45.00%	45.00%	35.00%	35.00%	30.00%	20.00%
25-29	40.00%	40.00%	30.00%	30.00%	25.00%	20.00%
30-34	30.00%	25.00%	25.00%	17.50%	17.50%	15.00%
35-44	30.00%	25.00%	25.00%	17.50%	17.50%	10.00%
45+	30.00%	25.00%	25.00%	17.50%	17.50%	7.50%

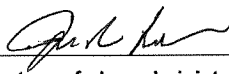
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025	
A This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan SCHNUCKS OUTSTATE PENSION PLAN	1b Three-digit plan number (PN) ▶ 003
	1c Effective date of plan 03/29/1981
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) SCHNUCK MARKETS, INC. 11420 LACKLAND ROAD, PO BOX 46928 ST. LOUIS MO 63146	2b Employer Identification Number (EIN) 43-0726776
	2c Plan Sponsor's telephone number 314-994-9900
	2d Business code (see instructions) 445110

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

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

SIGN HERE		7/8/26	JACK RODEMANN
	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

SCHNUCKS OUTSTATE PENSION PLAN
EIN #43-0726776 PLAN 003

Schedule of Reportable Transactions
Form 5500 - Schedule H - Item 4j
Year Ended September 28, 2025
(See Independent Auditor's Report)

Series of transactions when aggregated involving an amount
in excess of 5 percent of beginning total net assets:

							Current value of assets on transaction				
a)	Identity of party involved	b)	Description of asset	Number of purchases	Number of sales	g)	Cost of assets	h)	date	i)	Net gain or (loss)
*	Northern Trust		Short-Term Investment Fund	73			\$ 10,269,817	\$	10,269,817		\$ -
*	Northern Trust		Short-Term Investment Fund		50		\$ 9,528,948	\$	9,528,948		\$ -

* Party-in-interest transaction

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form Is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/30/2024 and ending 09/28/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Schnucks Outstate Pension Plan	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Schnuck Markets, Inc.	D Employer Identification Number (EIN) 43-0726776
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 09 Day 30 Year 2024			
2 Assets:			
a Market value		2a	130,617,954
b Actuarial value		2b	121,272,509
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	942	57,702,556	57,702,556
b For terminated vested participants	1,717	41,826,025	41,826,025
c For active participants	634	26,061,690	26,216,628
d Total	3,293	125,590,271	125,745,209
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.39%	
6 Target normal cost			
a Present value of current plan year accruals		6a	815,425
b Expected plan-related expenses		6b	829,260
c Target normal cost		6c	1,644,685

Statement by Enrolled Actuary

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

SIGN HERE	Andrew Witte (A.W.)	6/15/2026
	Signature of actuary	Date
Andrew J. Witte	Type or print name of actuary	2605764
		Most recent enrollment number
Aon Consulting	Firm name	314-719-3836
		Telephone number (including area code)
4220 Duncan Avenue Suite 401 Saint Louis MO 63110	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.84 % 2nd segment: 5.24 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	1,644,685
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	21,053,596	2,153,886
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 3,798,571
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
			Total balance
		3,798,571	3,798,571
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 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

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

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	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	7.00%	0.6957	2.92
61	15.00%	0.6470	5.92
62	25.00%	0.5499	8.52
63	15.00%	0.4125	3.90
64	25.00%	0.3506	5.61
65	45.00%	0.2629	7.69
66	40.00%	0.1446	3.82
67	40.00%	0.0868	2.33
68	40.00%	0.0521	1.42
69	40.00%	0.0312	0.86
70	100.00%	0.0187	1.31
Weighted Average			61.61

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	500,501	283,154	5,467,478	6,251,133
2025	773,056	493,188	5,359,049	6,625,293
2026	999,603	752,293	5,229,284	6,981,180
2027	1,185,675	1,051,329	5,103,859	7,340,863
2028	1,337,333	1,350,807	4,971,949	7,660,089
2029	1,464,843	1,690,419	4,812,695	7,967,957
2030	1,587,122	1,890,666	4,662,703	8,140,491
2031	1,656,657	2,123,769	4,503,785	8,284,211
2032	1,714,399	2,291,532	4,337,336	8,343,267
2033	1,771,482	2,486,712	4,162,173	8,420,367
2034	1,801,706	2,681,411	3,984,627	8,467,744
2035	1,828,131	2,862,681	3,801,160	8,491,972
2036	1,860,624	3,034,458	3,612,444	8,507,526
2037	1,878,178	3,166,196	3,419,259	8,463,633
2038	1,895,047	3,325,332	3,222,469	8,442,848
2039	1,911,695	3,453,461	3,022,994	8,388,150
2040	1,920,049	3,579,584	2,821,782	8,321,415
2041	1,928,564	3,683,898	2,619,815	8,232,277
2042	1,931,422	3,766,213	2,418,114	8,115,749
2043	1,939,522	3,841,936	2,217,768	7,999,226
2044	1,949,343	3,882,275	2,019,945	7,851,563
2045	1,947,725	3,952,948	1,825,927	7,726,600
2046	1,927,098	3,985,517	1,637,114	7,549,729
2047	1,911,720	4,016,510	1,454,957	7,383,187
2048	1,903,373	4,024,994	1,280,937	7,209,304
2049	1,894,348	4,012,092	1,116,523	7,022,963
2050	1,834,165	3,947,921	963,060	6,745,146
2051	1,798,963	3,886,726	821,677	6,507,366
2052	1,741,079	3,785,839	693,199	6,220,117
2053	1,672,365	3,666,401	578,101	5,916,867
2054	1,594,782	3,522,747	476,494	5,594,023

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	1,532,361	3,357,938	388,128	5,278,427
2056	1,457,715	3,197,733	312,428	4,967,876
2057	1,390,864	3,026,847	248,549	4,666,260
2058	1,317,097	2,849,062	195,451	4,361,610
2059	1,235,947	2,669,783	151,965	4,057,695
2060	1,157,065	2,492,275	116,865	3,766,205
2061	1,081,399	2,318,597	88,934	3,488,930
2062	1,009,868	2,149,519	67,009	3,226,396
2063	947,186	1,985,683	50,016	2,982,885
2064	880,425	1,827,593	37,004	2,745,022
2065	821,436	1,676,067	27,149	2,524,652
2066	762,421	1,531,429	19,758	2,313,608
2067	704,309	1,392,626	14,266	2,111,201
2068	648,573	1,260,652	10,217	1,919,442
2069	595,345	1,135,603	7,254	1,738,202
2070	544,686	1,017,543	5,101	1,567,330
2071	496,348	906,530	3,550	1,406,428
2072	450,310	802,622	2,441	1,255,373
2073	406,594	705,847	1,656	1,114,097

SCHNUCKS OUTSTATE PENSION PLAN
EIN #43-0726776 PLAN 003

Schedule of Nonexempt Transactions
Form 5500 - Schedule G - Part III
Year Ended September 28, 2025
(See Independent Auditor's Report)

Identity of		Relation to	Description of transaction including	Transaction	Amount of	Total	Date of	Date of
a)	party involved	b) other party-in-interest	c) maturity date, rate of interest, collateral par or maturity value	(d) expense	(j) earnings	transaction	principal correction	earning corrections
* Northern Trust Investments, Inc.		Affiliate of the Trustee	Plan year 2025 Asset based fees that were charged in addition to management fees	\$ 601	\$ 26	\$ 627	6/30/2025	6/30/2025
* Northern Trust Investments, Inc.		Affiliate of the Trustee	Plan year 2024 Asset based fees that were charged in addition to management fees	\$ 9,491	\$ 1,754	\$ 11,245	6/30/2025	6/30/2025
* Party-in-interest transaction								

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
EIN: 43-0726776 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	March 29, 1981
Plan Year:	Same as fiscal year
Employer Fiscal Year	Monday following Sunday nearest September 30 through Sunday nearest September 30
Plan Administrator:	Administrative Committee

Eligibility

On or after March 29, 1981 an Employee becomes a participant on the Entry Date next following the end of the first year of eligibility. The Entry Date is defined as the first or the 183rd day of a plan year. A year of Eligibility Service is defined as one year of 1,000 hours of service (commencing at employment or at a plan year beginning date). In addition, participants from the Logli stores must be at least 21 years of age to be eligible.

No non-union participants are eligible to join this plan if they were hired on or after September 25, 2011.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. For those becoming participants on or after April 5, 1994, only hours worked while a participant count towards the benefit. If an employee works 1,000 hours during a plan year but works less than 1,000 hours while a participant during such year, he shall be given prorate credit for service less than 1,000 hours in the plan year.

A break in service occurs at the start of any calendar year in which the employee works 500 hours or less for the Employee in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability while the participant is being paid directly or indirectly by the Employer, or
- (4) A maternity or paternity leave of absence.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
EIN: 43-0726776 PN: 003

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- (2) The employee's period of absence was less than the greater of five years or his pre-break service.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the later of the attainment of age sixty-five and the fifth anniversary of participation in the plan, but for Mechanics and Wash Bay this is age sixty and the fifth anniversary.

Average Compensation

The average of the highest five consecutive plan years of W-2 Compensation paid. Compensation for the year of separation may be included in the average if 1,000 hours were completed in that year. For benefit purposes, compensation used in any year shall not exceed the maximum compensation limit for that year. This definition is only applicable for Non-Logli participants for the benefit accrued as of October 1, 1994.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

EIN: 43-0726776 PN: 003

Normal Retirement Benefit

The amount of monthly benefit to be paid in monthly installments for life commencing at the Normal Retirement Date and based on service to the Normal Retirement Date is:

For the groups that are not affiliated with the Logli stores, benefit accrual rates based upon service as a participants are shown below;

Benefit multiplier dates	10/03/99-10/03/04	10/04/04-09/30/07	10/01/07-forward	10/03/99-10/1/2006	10/02/06-10/02/16	10/03/16 forward
Group Name	Mechanics	Mechanics	Mechanics	Long-Haul Drivers	Long-Haul Drivers	Long-Haul Drivers
Hours						
=> 1,750	110.00	115.00	120.00	50.00	60.00	60.00
1,500-1,749	96.25	100.63	105.00	43.75	52.50	52.50
1,250-1,499	82.50	86.25	90.00	37.50	45.00	45.00
1,000-1,249	68.75	71.88	75.00	31.25	37.50	37.50
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

Benefit multiplier dates	10/03/05-09/30/07	10/01/07-forward	03/29/81 - 10/01/94	10/01/94 - 09/30/02	09/30/02-10/03/2010	10/03/10-forward	09/30/02 forward
Group Name	Wash Bay	Wash Bay	All other non-Logli locations	All other non-Logli locations	Nonunion All other Non-Logli locations	Nonunion All other Non-Logli locations	Union All other Non-Logli locations Prior to move to \$30 schedule
Hours							
=> 1,750	50.00	55.00	24.00	30.00	45.00	30.00	45.00
1,500-1,749	43.75	48.13	21.00	25.75	38.75	26.25	38.75
1,250-1,499	37.50	41.25	18.00	21.50	32.50	22.50	32.50
1,000-1,249	31.25	34.38	15.00	17.25	26.25	18.75	26.25
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00	0.00

For the above locations, benefits accrued during a past year under a different multiplier do not change when future multipliers change. On 2/27/2011, benefits for Nonunion All other Non-Logli locations were reduced from being based upon the \$45 multiplier to being based upon the \$30 multiplier. On 10/3/2011 Carbondale Unions moved to the \$30 schedule. On 10/1/2012 plan the Centralia Union moved to the \$30 schedule. On 8/1/2014 Jefferson City Unions moved to the \$30 schedule. On 2/23/2015 the Evansville Unions moved to the \$30 schedule. On 10/01/2015 the Columbia Union moved to the \$30 schedule. On 5/16/2016 Bakery Associates moved to the \$30 schedule.

In the event of mid plan year changes to the multiplier schedule, participants get the greater of the \$45 schedule for the year to the amendment, and the \$30 schedule for the entire year.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
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For participants from the Midstates Dairy Location benefits are accrued as follows;

Effective Date	03/29/81	01/01/92	01/01/97	01/01/01	01/01/03	01/01/05
Hours						
=> 1,750	\$35.00	\$50.00	\$70.00	\$75.00	\$80.00	\$85.00
1,500-1,749	Unavailable	43.75	61.25	65.63	70.00	74.38
1,250-1,499	Unavailable	37.50	52.50	56.25	60.00	63.75
1,000-1,249	Unavailable	31.25	43.75	46.88	50.00	53.13
< 1,000	0.00	0.00	0.00	0.00	0.00	0.00

There were no benefit amounts accrued until 03/29/1981. At each effective date for the Midstates Group, the benefit amounts for all prior years are increased to the new schedule, provided service was performed after the applicable effective date. This is different than for other locations. Note that this location was sold in July 2007, so there are no additional accruals under the Midstates formula.

The plan year 03/29/1988 – 10/01/1988 was a short plan year. For that year the hours are multiplied by two for the determination of vesting and benefit service.

Any benefit calculated under the above hours counting rules may not be less than the Accrued Benefit as of October 1, 1994. The plan's provisions at that time called for a minimum benefit of 1% times years of a five year average salary times years of credited service.

For Logli Division Employees, the benefit is calculated using 1.30% of career average pay going forward. Some prior years' benefits were calculated using a slightly different formula. This career average pay benefit is limited to \$3,000 per month at age 65. Prior to the 2011-12 plan year the benefit formula was 1.75% of career average earnings.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

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Early Retirement Benefit

For Eligible Employees other than Logli, Mechanics and Midstates Dairy

Upon the completion of ten years of service and the attainment of age fifty-five, or the completion of five years of service and the attainment of age sixty, a participant may elect to retire. He/she may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his/her Normal Retirement Date, with the benefit being reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which the payment date precedes the Normal Retirement Date.

For Mechanics

These participants have the same reductions as shown above, except the benefits are reduced from age 60 rather than from age 65.

For Midstates Dairy

These participants have the same reductions as shown above, except for terminations that take place in 2004 or after there is no early retirement reduction for those that are at least age 57 and whose age plus vesting service is at least 80 upon termination of employment

For Logli Division Employees

Upon the attainment of age 55 with 5 years of service, benefits payable prior to age normal retirement age are reduced to their actuarial equivalent using the 1951 Group Annuity Table and 2½ % interest

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the greater of the actuarial equivalent of his Normal Retirement Benefit or the benefit based on service and compensation as of actual Retirement Date.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
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Disability Retirement Benefit

For Logli Division Employees

There is no disability benefit beyond the ordinary terminated vested benefit.

For Other Eligible Employees

A participant who retires due to a disability is eligible to receive a 60-month certain annuity with a monthly benefit equal to his Accrued Benefit with no reduction. Such benefit will commence following the month Social Security disability benefits commence and end upon death or recovery from disability if prior to the 60-month period. Upon cessation of the period, the actuarial equivalent amount paid during the timeframe will reduce the ultimate retirement benefit otherwise payable.

Death Benefit

In the event of an active or inactive married vested participant's death before reaching eligibility for early retirement, his surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant separated from service on the date of death, survived to the earliest retirement date, began receiving benefits in the form of an immediate qualified joint and 50% survivor annuity at the earliest retirement age, and died on the day after the earliest retirement age.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Schnucks Outstate Pension Plan

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Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below with his spouse as beneficiary. The options for the Non-Logli participants are:

- (1) A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his beneficiary for their lifetime.
- (2) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his beneficiary for their lifetime.
- (3) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.

All optional methods of settlement are actuarially equivalent to the normal form of annuity on a unisex basis using the UP-1984 Mortality Table and a 6% interest rate. Lump sums are not offered.

For the optional benefits available to Logli division employees, please see the formal plan document.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

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

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document. In the event the summary above varies from the actual Plan document, the Plan document provisions apply.

SCHNUCKS OUTSTATE PENSION PLAN**EIN #43-0726776 PLAN 003****Schedule of Assets (Held at End of Year)****Form 5500 - Schedule H - Item 4i**

September 28, 2025

(See Independent Auditor's Report)

		Identity of issue, borrower, lessor, or similar party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
a) b)	c)		d)	e)	
*		Northern Trust Multi-Manager Global Listed Infrastructure Fund	Mutual Fund	\$ 422,574	\$ 469,260
		Total Mutual Funds		<u>422,574</u>	<u>469,260</u>
		Limited Partnerships & Collective Trusts:			
*		Northern Trust Polen Large Cap Growth	Collective Trust	1,232,596	1,946,853
*		Northern Trust Small Cap Fund	Collective Trust	680,568	1,484,815
*		Northern Trust International Equity Fund	Collective Trust	5,459,441	11,608,332
		Blackrock Long Duration Corporate Credit Screened Non-lendable Fund	Collective Trust	10,871,144	11,565,209
*		Northern Trust High Yield Bond Fund	Collective Trust	4,976,336	7,910,569
*		Northern Trust Collective Russell 1000 Index Fund	Collective Trust	4,588,745	10,269,960
		Metlife Emerging Market Debt Collective Trust Class 1	Collective Trust	3,416,000	3,946,617
*		Northern Trust Long Corporate Fund DEBT	Collective Trust	21,633,838	23,836,823
*		Northern Trust Aristotle Large Cap Value NL Fund	Collective Trust	665,787	1,845,825
*		Northern Trust Jacobs Levy Core Equity NL Fund	Collective Trust	4,111,497	5,325,815
		Northern Trust Collective Funds Trust Short-Term Investment Fund	Collective Trust	740,869	740,869
		Blackrock U.S. STRIPS 20+ Year Bond Index Fund Non-Lendable Fund	Collective Trust	31,567,061	25,775,652
*		Northern Trust Emerging Markets Fund	Collective Trust	2,152,117	4,560,499
*		Northern Trust Collective Funds Trust Hotchkis & Wiley Value Opportunities NL Fund	Collective Trust	1,217,120	1,847,211
		The Prime Property Fund, LLC	Limited Partnership	6,396,866	6,657,996
*		GDIF US Hedged Feeder Fund, LP	Limited Partnership	6,609,232	8,563,893
		Total Limited Partnerships & Collective Trusts		<u>106,319,217</u>	<u>127,886,938</u>
		Total Investments		<u>\$ 106,741,791</u>	<u>\$ 128,356,198</u>

* Represents party-in-interest to the Plan.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Schnucks Outstate Pension Plan
EIN: 43-0726776 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 6,512,732	September 28, 2020	11	\$ 751,577
Shortfall	\$ (3,128,338)	October 4, 2021	12	\$ (338,726)
Shortfall	\$ 9,438,955	October 3, 2022	13	\$ 965,386
Shortfall	\$ 2,783,907	October 2, 2023	14	\$ 270,487
Shortfall	\$ 5,446,340	September 30, 2024	15	\$ 505,162