

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 10/01/2024 and ending 09/30/2025	
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 RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN
1b	Three-digit plan number (PN) ▶ 006
1c	Effective date of plan 03/01/1958
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) KING KULLEN GROCERY CO. 102 MOTOR PARKWAY SUITE 410 HAUPPAUGE, NY 11788
2b	Employer Identification Number (EIN) 11-0954404
2c	Plan Sponsor's telephone number 516-733-7100
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.	07/14/2026	MICHAEL SIMCO
	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 COMMITTEE OF THE RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN 102 MOTOR PARKWAY SUITE 410 HAUPPAUGE, NY 11788	3b Administrator's EIN 11-2636572 3c Administrator's telephone number 516-733-7174
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	5 457
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) 92 6a(2) 80 6b 244 6c 63 6d 387 6e 62 6f 449 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3H

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

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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 KING KULLEN GROCERY CO.	D Employer Identification Number (EIN) 11-0954404	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	768564-D1	449	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	65905237

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 66377278

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below).....	7c(5)	4344355	

▶ **GAIN ON ASSETS**

(6) Total additions **7c(6)** 4344355

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 70721633

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4612846	
(2) Administration charge made by carrier.....	7e(2)	203550	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below).....	7e(4)		

▶

(5) Total deductions **7e(5)** 4816396

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 65905237

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan	B Three-digit plan number (PN)	006
RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
KING KULLEN GROCERY CO.	11-0954404	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	748564-D1	449	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY**

b Balance at the end of the previous year	7b	17435
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	17435
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1184
(2) Administration charge made by carrier.....	7e(2)	3500
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ LOSS ON ASSETS	7e(4)	2727
(5) Total deductions	7e(5)	7411
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	10024

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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 10/01/2024 and ending 09/30/2025	
▶ 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 RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KING KULLEN GROCERY CO.	D Employer Identification Number (EIN) 11-0954404
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 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	66394714	
b	Actuarial value	2b	61068984	
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	300	46544827	46544827
b	For terminated vested participants	65	5061207	5061207
c	For active participants	92	11355474	11355474
d	Total	457	62961508	62961508
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	5.38 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	18000	
c	Target normal cost	6c	18000	

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 NICHOLAS CARNAVAL, FSA, EA, MAAA Type or print name of actuary MILLIMAN, INC. Firm name 1 PENN PLAZA 38TH FLOOR NEW YORK, NY 10019 Address of the firm	05/29/2026 Date 26-08226 Most recent enrollment number 646-473-3000 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)	231298	12121300
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	231298	987927
9 Amount remaining (line 7 minus line 8)	0	11133373
10 Interest on line 9 using prior year's actual return of <u>18.97</u> %	0	2112001
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	2545597
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10699777

Part III Funding Percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	80.35 %
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

21 Discount rate:				
a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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	18000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	12592301	1228205	
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	1246205	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1246205	1246205
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
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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 10/01/2024 and ending 09/30/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 KING KULLEN GROCERY CO.		D Employer Identification Number (EIN) 11-0954404

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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

(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)

PKS FINANCIAL SERVICES INC.

80 STATE ST.
ALBANY, NY 12207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	108761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUMMIT FINANCIAL LLC

4 CAMPUS DRIVE
PARSIPPANY, NJ 07054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	75475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	19315	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

PENCHECKS TRUST

8580 LA MESA BOULEVARD SUITE 101
LA MESA, CA 91942

33-6134835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	14852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	3500	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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 10/01/2024 and ending 09/30/2025		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN	B Three-digit plan number (PN) ▶	006
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 KING KULLEN GROCERY CO.	D Employer Identification Number (EIN) 11-0954404	

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: JP MORGAN US GOVT MMKT INSTL			
b Name of sponsor of entity listed in (a): JP MORGAN			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5639487	
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP INDEX ADM			
b Name of sponsor of entity listed in (a): VANGUARD			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1438207	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX			
b Name of sponsor of entity listed in (a): FIDELITY INVEST			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4566391	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX			
b Name of sponsor of entity listed in (a): FIDELITY INVEST			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1507164	
a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL SMALL CAP OPPS I			
b Name of sponsor of entity listed in (a): MASS MUTUAL			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1288144	
a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL MID CAP GROWTH I			
b Name of sponsor of entity listed in (a): MASS MUTUAL			
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1378039	
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EQUITY INCOME ADM			
b Name of sponsor of entity listed in (a): VANGUARD			
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7766643	

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES		
b Name of sponsor of entity listed in (a): DIMENSAIONAL FUND ADVISORS		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2835027
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY TOTAL INTERNATIONAL INDEX		
b Name of sponsor of entity listed in (a): FIDELITY INVESTMENTS		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1577744
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WAHINGTON MUTUAL R5		
b Name of sponsor of entity listed in (a): CAPITAL GROUP		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1443181
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD REAL ESTATE INDEX ADMIRAL		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2872478
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE AND COX INCOME I		
b Name of sponsor of entity listed in (a): DODGE AND COX		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10923285
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG TERM INVEST GR ADM		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4603378
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL R5		
b Name of sponsor of entity listed in (a): CAPITAL GROUP		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6547170
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT TERM BOND INDEX ADM		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6912729
a Name of MTIA, CCT, PSA, or 103-12 IE: MASS MUTUAL CORE BOND I		
b Name of sponsor of entity listed in (a): MASS MUTUAL		
c EIN-PN 91-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4606170
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)

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 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 10/01/2024 and ending 09/30/2025

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 KING KULLEN GROCERY CO.	D Employer Identification Number (EIN) 11-0954404

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)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	66377278	65905237
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17435	10024
(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	66394713	65915261
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	66394713	65915261

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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	-2130	
(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)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4343762
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4341632

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4599182	
(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)		4599182
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)	37666	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	184236	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		221902
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4821084

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-479452
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: **DANNIBLE AND MCKEE, LLP**

(2) EIN: **33-0996661**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574897.

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 10/01/2024 and ending 09/30/2025					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF KING KULLEN				B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 KING KULLEN GROCERY CO.				D Employer Identification Number (EIN) 11-0954404	
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): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



Retirement Plan for Employees of King Kullen

Financial Statements
and
Supplemental Schedules

September 30, 2025 and 2024

DM **DANNIBILE & McKEE, LLP**
Certified Public Accountants and Consultants

DM Financial Plaza | 221 S. Warren St. | Syracuse, NY 13202
315.472.9127 | www.DMCPAS.com

Independent Auditor's Report

July 1, 2026

To the Participants, Plan Administrator and Trustees of the
Retirement Plan for Employees of King Kullen

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

We have performed audits of the financial statements of the Retirement Plan for Employees of King Kullen (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 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit** section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within the Plan Year) for the year ended September 30, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025, 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 GAAS. 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).

Dannible & McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

Retirement Plan for Employees of King Kullen

Statements of Net Assets Available for Benefits

<u>Assets</u>	<u>September 30,</u>	
	<u>2025</u>	<u>2024</u>
Investments (Notes 2, 5 and 6):		
Investments at fair value	\$ 5,649,511	\$ 6,009,691
Investments at net asset value	<u>60,265,750</u>	<u>60,385,022</u>
Total investments	<u>\$65,915,261</u>	<u>\$66,394,713</u>

See accompanying notes to financial statements.

Retirement Plan for Employees of King Kullen

Statements of Changes in Net Assets Available for Benefits

	<u>Year ended September 30,</u>	
	<u>2025</u>	<u>2024</u>
Additions in net assets attributed to:-		
Investment income:		
Net appreciation in investments (Notes 2 and 4)	\$ 4,341,632	\$10,857,348
Interest and dividend income (Note 2)	<u>-</u>	<u>369</u>
Total additions	<u>4,341,632</u>	<u>10,857,717</u>
Deductions from net assets attributed to:		
Benefits paid to participants (Notes 1, 2 and 3)	(4,599,182)	(4,473,429)
Administrative expenses (Notes 2 and 6)	<u>(221,902)</u>	<u>(46,145)</u>
Total deductions	<u>(4,821,084)</u>	<u>(4,519,574)</u>
Net increase (decrease)	(479,452)	6,338,143
Net assets available for benefits:		
Beginning of year	<u>66,394,713</u>	<u>60,056,570</u>
End of year	<u>\$65,915,261</u>	<u>\$66,394,713</u>

See accompanying notes to financial statements.

Retirement Plan for Employees of King Kullen

Notes to Financial Statements

Note 1 - Summary of significant accounting policies

The following description of the Retirement Plan for Employees of King Kullen (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General - The Plan is a qualified defined benefit plan covering all “Qualified Employees” (as defined in the Plan) of “Participating Employers” (as defined in the Plan). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The sponsor of the Plan is King Kullen Grocery Co., Inc. (the “Company”). The Plan was amended to freeze participation as of March 11, 2011. As a result of the freeze, no future benefits accrue to plan participants after March 11, 2011, and the Plan no longer accepts new participants.

Administration - The Plan is administered through a committee whose members are appointed by the Board of Directors of the Company. The committee administers or delegates such duties that are required to maintain the financial records of the Plan. Empower Retirement, LLC (“Empower”) is the contracted third-party administrator for the Plan. Empower Life & Annuity Insurance Company of New York (“ELAINY”) is the investment Custodian of the Plan.

Pension benefits - Participants having completed five years of service are entitled to retirement benefits beginning at the normal retirement age of sixty-five. The annual normal retirement benefits for retirement at age sixty-five are equal to 1.5% of the participant’s highest average annual compensation for any five years during the last ten years of the employee’s service through the freeze date, multiplied by the number of years of his/her benefit service, reduced by 1.5% of his/her Social Security annual benefit multiplied by the number of years of service (not greater than 33½ years) through the freeze date. If a participant terminates employment before age sixty-five, then the participant’s benefit is reduced by the fraction of actual years of service over the years of service the participant would have completed had the participant remained employed until age sixty-five.

Benefit service may include years of service with a Participating Employer before an employee becomes a participant if the employee is a Qualified Employee when he/she retires with all of the Participating Employers. In such case, the Plan reduces a participant’s benefit by the actuarial equivalent of the participant’s benefit under another qualified retirement plan contributed to by a Participating Employer on behalf of the participant (“Transferor Plan”) before the participant became a Qualified Employee. However, such offset will not be greater than zero and will not cause the participant’s benefit under the Plan to be less than the amount it would otherwise be by including only the participant’s actual years of service as a Qualified Employee. The Plan permits early retirement at ages fifty-five to sixty-four (with actuarially reduced benefits based on factors set forth in the Plan) and provides for disability retirement benefits and preretirement spouse’s benefits provided; however, that the actuarial reduction for an early retirement under the Plan for a participant covered by a Transferor Plan is not applied under the

Plan until such time that the participant is eligible to receive a benefit from the Transferor Plan without an actuarial reduction for payment before normal retirement under the Transferor Plan.

For married participants, pension benefits are paid in the form of a joint and survivor annuity, unless the spouse consents to some other form of benefit payment. The retirement benefit calculations are performed by the Plan's actuary. Prior to the plan freeze, if a participant terminated his/her employment before completing five years of service, the participant forfeited the right to receive any benefits under the Plan, unless the participant was reemployed prior to incurring five consecutive "Breaks in Service" (as defined in the Plan).

Plan termination - The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participant benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guarantee Corporation (PBGC) guarantee at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 2 - Summary of significant accounting policies

Method of accounting - The Plan maintains its accounting records and financial statements on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of plan income and expenses during the reporting period. Actual results could differ from those estimates.

Risks and uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market risk. Market risks include domestic and global events which could impact the value of investment securities, such as economic concerns, i.e., inflation and international conflicts, respectively. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

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 estimating 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.

Valuation of investment and income recognition - Investments held by the Plan are stated at fair value (see Note 5) with the exception of pooled separate accounts, which are valued at net asset value (NAV) as a practical expedient as reported by Massachusetts Mutual Life Insurance Company ("MassMutual"), the sponsor of the funds; see below. The Plan invests in a general investment account (GIA) through group annuity contracts that are not considered benefit responsive and are valued at fair value (see Note 5). The crediting interest rate is based on an agreed upon formula with the issuer but cannot be less than zero. All investment values and investment transactions have been determined and certified by ELAINY (see Note 4). Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Pooled separate accounts invest primarily in equities, bonds and mutual funds, which are mainly publicly traded securities. Pooled separate accounts are valued at NAV per share, which serves as a practical expedient to estimate its fair value. The practical expedient would not be used if it were determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The NAV of each pooled separate account is not publicly quoted in the active markets. Each pooled separate account can be redeemed at NAV as of the measurement date and can be redeemed on a daily basis. There were no unfunded commitments or redemption restrictions on these investments as of September 30, 2025 and 2024. Investments measured at net asset value per share used as a practical expedient are not required to be classified in the fair value hierarchy.

Payment of benefits - Benefit payments are recorded upon distribution.

Administrative expenses - The Plan's expenses are paid by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from the financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions on the accompanying statements of changes in net assets available for benefits (see Note 6).

Subsequent events - Management has evaluated subsequent events through July 1, 2026, the date that the financial statements were available for issue.

Note 3 - Accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service participants have rendered.

The actuarial present value of accumulated plan benefits is calculated by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by decreases for death, disability, termination or retirement) between the valuation date and the expected date of payment. The following actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of September 30, 2025 and 2024, based on the participant data as of October 1, 2025 and 2024. Had the valuations been performed based on participant data as of September 30, there would be no material differences. The significant actuarial assumptions used in the valuations of September 30, 2025 and 2024, are summarized as follows:

Interest rate per annum, compounded annually	6.5% for Plan years 2025 and 2024
Assumed maximum retirement age	65
Mortality	Pri-2012 Total Dataset Employee/ Retiree Amount-Weighted Mortality Tables projected with improvement scale MP-2021

The actuarial present value of accumulated plan benefits is summarized as follows:

	September 30,	
	2025	2024
Actuarial present value of accumulated benefits:-		
Vested benefits:		
Active participants	\$ 8,013,960	\$10,030,652
Participants with deferred benefits	3,545,226	4,374,600
Participants receiving benefits	44,930,871	42,902,647
	<u>\$56,490,057</u>	<u>\$57,307,899</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended September 30, 2025, are summarized as follows:

Actuarial present value of accumulated benefits, beginning of year	\$57,307,899
Increase (decrease) during the year attributable to:	
Actuarial gain	203,447
Decrease in discount period	3,577,893
Benefit payments	<u>(4,599,182)</u>
	<u>\$56,490,057</u>

The Company's contributions are made in amounts sufficient to meet or exceed the annual ERISA minimum funding requirements. Such contributions are actuarially determined. There were no company contributions made to the Plan for the year ended September 30, 2025 and 2024.

Note 4 - Information certified by the Custodian of the Plan

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including investments and net appreciation in investments and interest and dividends was obtained by management and agreed to or derived from information certified as complete and accurate by ELAINY, the Custodian of the Plan. Accordingly, ELAINY has certified that the information included in the accompanying financial statements as of and for the years ended September 30, 2025 and 2024, and supplemental schedules as of and for the year ended September 30, 2025, are complete and accurate. Furthermore, the Plan's independent auditors did not perform auditing procedures with respect to this information except to compare such information to the related information included in the financial statements and supplemental schedules.

Note 5 - Fair value measurement

The Financial Accounting Standards Board has published authoritative guidance on fair value measurement, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Following is a description of the valuation methodology used for the Plan's assets measured at fair value.

Money Market Funds - Managed portfolios including commercial paper and other fixed income securities issued by U.S. and foreign corporations, asset backed commercial paper, U.S. government securities, obligations of foreign governments and the U.S. and foreign banks; valued at the closing price reported on the active market on which the individual security is traded (Level 2).

Fixed Annuities - The reported values for fixed annuity options are reported daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider (Level 2).

The preceding methodology may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used as of September 30, 2025 and 2024.

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

September 30, 2025				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Money Market	\$ -	\$ 5,639,487	\$ -	\$ 5,639,487
Fixed Annuities	-	10,024	-	10,024
Total investments at fair value	<u>\$ -</u>	<u>\$ 5,649,511</u>	<u>\$ -</u>	<u>\$ 5,649,511</u>
September 30, 2024				
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Money Market	\$ -	\$ 5,992,256	\$ -	\$ 5,992,256
Fixed Annuities	-	17,435	-	17,435
Total investments at fair value	<u>\$ -</u>	<u>\$ 6,009,691</u>	<u>\$ -</u>	<u>\$ 6,009,691</u>

Note 6 - Related party transactions

Certain plan investments are managed by ELAINY, the Custodian of the Plan. Fees paid for these services qualify as party-in-interest transactions and are included in the net appreciation of investments in the accompanying statements of changes in net assets available for benefits.

The Plan pays for certain expenses related to plan operations to various service providers, which are party-in-interest transactions under ERISA and are included in administrative expenses on the accompanying statements of changes in net assets available for benefits as follows: the Plan contracts with Empower to provide contract administrative services. Fees paid for these services amounted to \$207,098 and \$31,409 for the years ended September 30, 2025 and 2024, respectively. During fiscal year 2025, Empower changed how they were charging administrative fees to the Plan. Previously, certain administrative fees were included in the net appreciation (depreciation) in investments. Starting in fiscal year 2025, these fees have been removed from net appreciation (depreciation) in investments and are now included in administrative expenses. Furthermore, the Plan contracts with PenChecks Trust to provide services related to disbursements of benefit payments to participants. Fees paid for these services amounted to \$14,804 and \$14,736 for the years ended September 30, 2025 and 2024, respectively. The Plan contracts with Dannible & McKee, LLP to provide auditing services, which qualifies as party-in-interest transactions. Fees for these services were paid for by the Company for the years ended September 30, 2025 and 2024, as discussed in Note 2.

Note 7 - Income tax status of the Plan

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the “Code”). The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Accordingly, the Plan has been accounted for as a tax-exempt plan.

The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and interest for the years ended September 30, 2025 and 2024. The Plan is no longer subject to regulatory examinations by tax authorities for the closed years before 2022.

Note 8 - Reconciliation of the financial statements to Form 5500

Form 5500 has certain investment balances, income and expense items that differ from amounts shown on the accompanying financial statements. These differences related to classification and rounding only and have no effect on the net assets available for benefits as of September 30, 2025 and 2024, nor changes in the net assets available for benefits for the years then ended.

Supplementary Information



Retirement Plan for Employees of King KullenEIN #11-0954404Plan #006Schedule of Assets (Held at End of Year)(Required Disclosure of Schedule H, Line 4i on Form 5500)September 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair value
Insurance Company General Account (unallocated contracts)				
*	Massachusetts Mutual Life Insurance Company	Fixed Annuities	\$ 17,571	\$ 10,024 **
Pooled Separate Investment Account				
*	Massachusetts Mutual Life Insurance Company	Dodge and Cox Income	9,453,792	10,923,285
*	Massachusetts Mutual Life Insurance Company	Vanguard Equity-Income Fund	5,462,273	7,766,643
*	Massachusetts Mutual Life Insurance Company	Vanguard Short Term Bond Index Fund	5,968,573	6,912,729
*	Massachusetts Mutual Life Insurance Company	American Funds Washington Mutual R5	4,254,610	6,547,170
	JPMorgan	US Government Money Market Fund	5,393,076	5,639,487
*	Massachusetts Mutual Life Insurance Company	MassMutual Core Bond I	4,049,776	4,606,170
*	Massachusetts Mutual Life Insurance Company	Vanguard Long Term Investment Grade Adm	3,896,253	4,603,378
*	Massachusetts Mutual Life Insurance Company	Fidelity 500 Index Fund	2,889,850	4,566,391
*	Massachusetts Mutual Life Insurance Company	Vanguard Real Estate Index Fund	2,850,719	2,872,478
*	Massachusetts Mutual Life Insurance Company	DFA Inflation-Protected Securities Fund	2,735,213	2,835,027
*	Massachusetts Mutual Life Insurance Company	Fidelity Total International Index Fund	1,182,143	1,577,744
*	Massachusetts Mutual Life Insurance Company	Fidelity Mid Cap Index Fund	1,110,298	1,507,164
*	Massachusetts Mutual Life Insurance Company	American Funds New World Fund R5	1,122,325	1,443,181
*	Massachusetts Mutual Life Insurance Company	Vanguard Small Cap Index Fund	1,093,598	1,438,207
*	Massachusetts Mutual Life Insurance Company	MassMutual Mid Cap Growth I	1,133,165	1,378,039
*	Massachusetts Mutual Life Insurance Company	MassMutual Small Cap Opps I	985,597	1,288,144
			<u>53,581,261</u>	<u>65,905,237</u>
			<u>\$ 53,598,832</u>	<u>\$ 65,915,261</u>

* Party-in-interest, as defined by ERISA

** Stated at fair value, contract value \$17,571

Retirement Plan for Employees of King KullenEIN #11-0954404Plan #006Schedule of Assets (Acquired and Disposed of Within the Plan Year)(Required Disclosure of Schedule H, Line 4i on Form 5500)Year ended September 31, 2025

(a)	(b)	(c)	(d)	(e)
		Description of investment including		
	Identity of issue, borrower, lessor or similar party	maturity date, rate of interest, collateral, par or maturity value	Cost of acquisition	Proceeds of disposition

- None -

Retirement Plan for Employees of King KullenEIN #11-0954404Plan #006Schedule of Reportable Transactions (Required Disclosure of Schedule J, Line 4j on Form 5500)Year ended September 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expenses incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)

Category (i) - Single transactions in excess of 5% of plan assets:

- None -

Category (ii) - Series of transactions in other than securities with the same person in excess of 5% of the plan assets:

- None -

Category (iii) - Series of investment transactions in excess of 5% of the plan assets:

- None -

Category (iv) - Security transactions with or in conjunction with the same person with whom any prior single 5% security transaction took place:

- None -

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Line 26a – Schedule of Active Participant Data

Number of Participants by Age and Service Groups

Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	1	-	-	-	-	1
40–44	-	-	2	2	2	3	2	-	-	-	11
45–49	-	-	1	-	1	2	2	2	-	-	8
50–54	-	-	-	-	1	4	3	6	5	-	19
55–59	-	-	-	-	1	3	4	2	8	5	23
60–64	-	-	-	-	4	5	-	3	3	8	23
65–69	-	-	-	-	-	-	-	2	1	2	5
70+	-	-	-	-	-	-	-	-	2	-	2
Total	-	-	3	2	9	18	11	15	19	15	92

Plan Name: Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Part V – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Methods

Valuation Date: October 1, 2024

Actuarial Methods

Attribution Method: The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period.

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Changes in Actuarial Methods Since Prior Valuation

None.

Plan Name: Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Part V – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the standard method, which was elected to be effective October 1, 2024.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.05%	5.05%	4.17%
Segment 2 (5–20 years)	5.31%	5.31%	4.76%
Segment 3 (20+ years)	5.59%	5.37%	5.25%
Effective Interest Rate	5.38%	5.31%	4.87%

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430. The sponsor has elected to utilize rates averaged over a 24-month period, without lookback, limited to applicable minimum and maximum values in accordance with funding stabilization rules. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

ECONOMIC ASSUMPTIONS

FASB ASC Topic 960 Discount Rate and Expected Return on Assets:

Assumption: 6.50% compounded annually. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including anticipated inflation.

Rationale: In developing an investment return assumption, we relied on models and capital market assumptions developed by Milliman investment consultants. We reviewed the Plan's actual asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations and correlations between investment categories were determined and used in the investment return assumption.

Administrative Expenses:

Assumption: An assumption of \$18,000 was added to the Target Normal Cost this year.

Rationale: This assumption represents our best estimate of expected administrative expenses payable from the Plan's assets.

Plan Name: Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Part V – Summary of Actuarial Methods and Assumptions

DEMOGRAPHIC ASSUMPTIONS

Mortality:

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium:

Assumption: Statutory generational tables for 2024 based on Pri-2012 mortality tables, with projections to anticipate greater future longevity using IRS-modified projection scale MP-2021, with separate rates for non-annuitants and annuitants.

Rationale: This assumption is prescribed under PPA. The Plan Sponsor elected to apply generational improvements to the mortality assumption for the 2024-2025 plan year.

FASB ASC Topic 960:

Assumption: Pri-2012 Total Dataset Employee/Retiree Amount-Weighted Mortality Tables projected with improvement scale MP-2021, for males and females. The Pri-2012 Total Dataset Contingent Survivor Amount-Weighted Mortality Tables were reflected for beneficiaries. For disabled participants, the Pri-2012 Total Dataset Disabled Amount-Weighted Mortality Tables projected with MP-2021 were used.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above-mentioned published mortality tables in which credible mortality experience was analyzed.

Withdrawal

Assumption: Turnover rates associated with the probability of receiving ordinary vesting benefits. Rates vary by age and service, with sample rates shown below:

Age	Years of Service			
	0	1	2	3 +
25	9.80%	7.35%	6.13%	4.90%
30	7.82%	5.87%	4.89%	3.91%
35	5.70%	4.28%	3.56%	2.85%
40	4.06%	3.05%	2.54%	2.03%
45	2.96%	2.22%	1.85%	1.48%
50	1.90%	1.43%	1.19%	0.95%
54+	0.74%	0.56%	0.46%	0.37%

Rationale: Given the fact that all accruals have been frozen, we believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Plan Name: Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Part V – Summary of Actuarial Methods and Assumptions

Disability

Assumption: Rates vary by age and gender, with sample rates shown below:

Age	Male	Female
25	0.07%	0.04%
30	0.08%	0.04%
35	0.13%	0.06%
40	0.20%	0.14%
45	0.31%	0.25%
50	0.46%	0.45%
55	0.64%	0.73%
60	1.04%	1.35%
65	1.71%	2.50%
69	2.41%	3.60%
70+	0.00%	0.00%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Retirement

Assumption: Rates vary by age for active participants as shown below:

Age	Rate
55 – 59	2.00%
60 – 61	3.00%
62	6.00%
63 – 64	5.00%
65 – 69	50.00%
70	100.00%

Terminated vested participants are assumed to retire at age 65.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Plan Name: Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Part V – Summary of Actuarial Methods and Assumptions

Marriage and Beneficiary Age Difference

Assumption: 80% of participants assumed to be married with females three years younger than males.

Rationale: This assumption is used in valuing pre-retirement death benefits. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Form of Payment

Assumption: Upon retirement, active and terminated vested participants are assumed to elect a form of payment at the following rates, which vary by gender:

Form of Payment	Male	Female
Life Annuity	30.00%	75.00%
10 Year Certain and Life	5.00%	5.00%
100% Joint and Survivor	65.00%	20.00%

Disabled participants are assumed to elect a life annuity.

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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 10/01/2024 and ending 09/30/2025

▶ 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 Retirement Plan for Employees of King Kullen	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF King Kullen Grocery Co., Inc.	D Employer Identification Number (EIN) 11-0954404
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 10 Day 1 Year 2024	
2 Assets:	
a Market value	2a 66,394,714
b Actuarial value	2b 61,068,984
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 300 (2) Vested Funding Target 46,544,827 (3) Total Funding Target 46,544,827
b For terminated vested participants.....	65 5,061,207 5,061,207
c For active participants	92 11,355,474 11,355,474
d Total.....	457 62,961,508 62,961,508
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 5.38 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 18,000
c Target normal cost	6c 18,000

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

SIGN HERE		05/29/2026
	Signature of actuary	Date
Nicholas Carnaval, FSA, EA, MAAA	Type or print name of actuary	26-08226
		Most recent enrollment number
Milliman, Inc.	Firm name	(646) 473-3000
		Telephone number (including area code)
463 7th Avenue		
19th Floor		
New York	NY 10018	
	Address of the firm	

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

Part 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)	231,298	12,121,300
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	231,298	987,927
9	Amount remaining (line 7 minus line 8)	0	11,133,373
10	Interest on line 9 using prior year's actual return of <u>18.97</u> %	0	2,112,001
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	2,545,597
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	10,699,777

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
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	80.35%
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

21	Discount rate:			
	a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.59 %
		☐ N/A, full yield curve used		
	b Applicable month (enter code)	21b	0	
22	Weighted average retirement age	22	64	
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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	18,000
	b Excess assets, if applicable, but not greater than line 31a	31b	
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	12,592,301	1,228,205
	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	1,246,205
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	1,246,205
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
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Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

<u>Age</u>	<u>Number of Lives Remaining</u>	<u>Retirement Rate</u>	<u>Number of Retirees</u>	<u>Age multiplied by Number of Retirees</u>
55	1,000.000	2.00%	20.000	1,100.000
56	980.000	2.00%	19.600	1,097.600
57	960.400	2.00%	19.208	1,094.856
58	941.192	2.00%	18.824	1,091.783
59	922.368	2.00%	18.447	1,088.394
60	903.921	3.00%	27.118	1,627.057
61	876.803	3.00%	26.304	1,604.550
62	850.499	6.00%	51.030	3,163.857
63	799.469	5.00%	39.973	2,518.328
64	759.496	5.00%	37.975	2,430.386
65	721.521	50.00%	360.760	23,449.429
66	360.760	50.00%	180.380	11,905.095
67	180.380	50.00%	90.190	6,042.737
68	90.190	50.00%	45.095	3,066.464
69	45.095	50.00%	22.548	1,555.779
70	22.548	100.00%	22.548	1,578.327
		Totals	1,000.000	64,414.642

Weighted Average Retirement Age:

64

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document.

Basic Information

Plan Name: Retirement Plan for Employees of King Kullen

Effective Date of Plan: March 1, 1958

Employer Identification Number/Plan Number: 11-0954404/006

Effective Date of Last Amendment: June 15, 2023

Plan Year / Fiscal Year: October 1 – September 30

Date of Benefit Accrual Freeze: March 26, 2011

Participating Employer: King Kullen Grocery Co., Inc.

Qualified Employee: Each employee of a Participating Employer, excluding: Leased Employees, any person designated by an Affiliate as an independent contractor, and any employee whose job classification is generally covered by a collective bargaining agreement pursuant to which a Participating Employer has negotiated retirement benefits.

Eligibility: Employees become a participant in the Plan on the date he or she becomes a Qualified Employee and, for employees hired on or after May 1, 2005, upon completion of one Year of Service. Employees hired on or after March 26, 2011 are not eligible to participate in the Plan.

Years of Service: Generally, a period of continuous service measured in years and days beginning when an employee first begins employment and ending upon termination.

For purposes of determining benefit amounts, no service shall be granted after March 26, 2011.

Compensation: Annual wages reportable on IRS Form W-2, including salary reduction contributions to a plan described in IRC Sections 125 or 401(k), but excluding moving expenses, imputed income related to a fringe benefit plan, a nonqualified deferred compensation plan, special cash bonuses, and taxable reimbursements. The maximum compensation is limited as required by IRC Section 401(a)(17).

No compensation shall be included after March 26, 2011.

Average Final Compensation: The average Compensation earned during the five highest consecutive 12-month periods within the final 120 months.

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Social Security Benefit: The annual old-age or disability benefit which the participant is entitled to receive at age 65, or age at retirement, if later, based on the Social Security Act in effect at the end of the calendar year immediately preceding the date on which the participant is last employed. For participants terminating prior to Normal Retirement Age, the Social Security Benefit is computed assuming the participant would continue to receive Compensation at his or her last base weekly wage level until age 65.

Employee Contributions: None.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Eligibility: The first day of the month coincident with or next following the later of attainment of age 65 or completion of five Years of Service.

Normal Retirement Benefit: Determined as follows:

- (a) 1.5% of Average Final Compensation multiplied by Years of Service, reduced by
- (b) 1.5% of Social Security Benefit multiplied by Years of Service (not in excess of 33-1/3 years)

No Years of Service shall be granted after March 26, 2011.

Early Retirement

Early Retirement Eligibility: The first of the month coincident with or next following the attainment of age 55 and completion of at least five Years of Service but before Normal Retirement Eligibility.

Early Retirement Benefit: Calculated in the same manner as described for Normal Retirement, based on Average Final Compensation and Years of Service through early retirement, reduced by 1/2 of 1% for each of the first 60 months commencement precedes Normal Retirement Age and further reduced by 1/3 of 1% for each such month in excess of 60.

Late Retirement

Late Retirement Eligibility: Termination of employment after Normal Retirement Age.

Late Retirement Benefit: Calculated in the same manner as described for Normal Retirement, based on Average Final Compensation and Years of Service through late retirement, but not less than the Actuarial Equivalent of the Normal Retirement Benefit.

Disability Retirement

Disability Retirement Eligibility: Participants leaving active service due to injury or illness after completion of five years of service but before attaining Normal Retirement Age, who qualifies for Social Security disability benefits.

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Disability Retirement Benefit: Calculated in the same manner as described for Normal Retirement, based on Average Final Compensation (reflecting the last base weekly wage level prior to disability) and Years of Service through the date retirement payments actually commence, and payable as of Normal Retirement Age. Such participant may elect to commence as early as age 55.

Vested Termination

Vested Termination Eligibility: Termination for any reason other than death, disability, or retirement after completion of five Years of Service.

Vested Termination Benefit: Calculated in the same manner as described for Normal Retirement, based on Average Final Compensation and Years of Service through termination, and payable as of Normal Retirement Age. Such participant may elect to commence early, subject to the provisions described for Early Retirement.

Transferred Employee Benefits

Transferred Employee: An employee who was not initially a Qualified Employee who is then transferred to an employment position that is categorized as a Qualified Employee.

Transferred Employee Benefit: A Transferred Employee's benefit is determined using the formulas previously described, including Years of Service before becoming a Qualified Employee, offset by the normal retirement benefit under the multiemployer plan attributable to service with the Participating Employer, but not below what the participant would have received using only Years of Service while a Qualified Employee. Because different plans have different provisions, any adjustments to the offset are based on Actuarial Equivalent factors used in this Plan.

If a participant terminates employment after becoming eligible for Early Retirement and commences prior to Normal Retirement Age, then the multiemployer offset does not take effect until the participant is entitled to receive an unreduced retirement benefit from the multiemployer plan.

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: The surviving spouse, who was legally married to a participant for at least one year, is entitled to a benefit provided the participant completed at least five Years of Service and did not commence payments prior to his or her death.

Preretirement Surviving Spouse Benefit: The survivor portion of the benefit the participant would have received had he or she retired under a 100% Joint and Survivor Annuity form of payment on the date of death, or earliest retirement date, whichever is later. If the participant was eligible for Early Retirement upon death, the surviving spouse may elect to commence immediately. Otherwise, benefits will commence no later than the participant's Normal Retirement Age.

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Forms of Payment

Normal Forms: Single Life Annuity for unmarried participants. A married participant will receive benefits as an Actuarial Equivalent 100% Joint and Survivor Annuity (or, if elected by the participant, an Actuarial Equivalent 50% Joint and Survivor Annuity) with the spouse as contingent beneficiary unless the spouse provides written consent to waive this benefit. If the Actuarial Equivalent of a participant's benefit is \$1,000 or less, then the entire benefit shall be paid in a single lump sum following the Plan Year a participant incurs a one-year Break in Service (without participant or spousal consent).

Optional Forms: Single Life Annuity or an Actuarial Equivalent 50% or 100% Joint and Survivor Annuity (with a spouse or non-spouse beneficiary), 120-month Certain and Life Annuity, and Lump Sum (if the Actuarial Equivalent benefit is less than \$5,000 but greater than \$1,000).

Actuarial Equivalent

Late Retirement: Mortality rates in accordance with Table I of Appendix A of the current plan document and an interest rate of 6%, compounded annually.

Optional Form Conversion (other than Lump Sums): Tabular factors set forth in Tables 2 and 3 of Appendix A of the current plan document.

Lump Sum Conversion: Applicable mortality table in accordance with Internal Revenue Code (IRC) §417(e)(3) and the first, second, and third segment rates under IRC §417(e) in effect for the last month of the Plan Year preceding the Plan Year during which the distribution occurs.

Maximum Benefits: Subject to IRC §415(b) limits. The limit is \$275,000 for 2024.

Changes in Plan Provisions

The valuation reflects the plan provisions in effect on October 1, 2024, which are the same as from those used in the prior valuation, with the following exception:

- An increase in the annual benefit limit under IRC Section 415(b) from \$265,000 to \$275,000.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Retirement Plan for Employees of King Kullen

Employer Identification Number: ► 11-0954404

For plan year (beginning/ending): ► 10/01/2024 Plan number: ► 09/30/2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Insurance Company General Account (unallocated contracts)			
*	Massachussets Mutual Life Insurance	Fixed Annuities	17,571	10,024 **
	Pooled Separate Investment Account			
*	Massachussets Mutual Life Insurance	Dodge and Cox Income	9,453,792	10,923,285
*	Massachussets Mutual Life Insurance	Vanguard Equity Income Fund	5,462,273	7,766,643
*	Massachussets Mutual Life Insurance	Vanguard Short Term Bond Index Fund	5,968,573	6,912,729
*	Massachussets Mutual Life Insurance	American Funds Washington Mutual R5	4,254,610	6,547,170
	JP Morgan	US Government Money Market Fund	5,393,076	5,639,487
*	Massachussets Mutual Life Insurance	Mass Mutual Core Bond I	4,049,776	4,606,170
*	Massachussets Mutual Life Insurance	Vanguard Long Term Invest Gr Adm	3,896,253	4,603,378
*	Massachussets Mutual Life Insurance	Fidelity 500 Index Fund	2,889,850	4,566,391
*	Massachussets Mutual Life Insurance	Vanguard Real Estate Index Fund	2,850,719	2,872,478
*	Massachussets Mutual Life Insurance	DFA Inflation-Protected Securities	2,735,213	2,835,027
*	Massachussets Mutual Life Insurance	Fidelity Total International Index Fund	1,182,143	1,577,744
*	Massachussets Mutual Life Insurance	Fidelity Mid Cap Index Fund	1,110,298	1,507,164
*	Massachussets Mutual Life Insurance	American Funds New World Fund R5	1,122,325	1,443,181
*	Massachussets Mutual Life Insurance	Vanguard Small Cap Index Fund	1,093,598	1,438,207
*	Massachussets Mutual Life Insurance	Mass Mutual Mid Cap Growth I	1,133,165	1,378,039
*	Massachussets Mutual Life Insurance	MassMutual Small Cap Opps I	985,597	1,288,144
			53,581,261	65,905,237
			\$ 53,598,832	\$ 65,915,261
	* Party in interest, as defined by ERISA			
	** Stated at fair value, contract value \$17,571			

Retirement Plan for Employees of King Kullen
EIN/PN: 11-0954404/006
Attachment to 2024 Form 5500
Schedule SB, line 32 – Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall amortizations, for the plan year beginning October 1, 2024 is determined below. The Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factor shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

<u>Date</u> <u>Established</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Present</u> <u>Value</u> <u>Factor</u>	<u>Present</u> <u>Value</u>
a. 10/1/2023	\$ <u>1,201,225</u>	14	10.241957	\$ <u>12,302,894</u>
b. Total	1,201,225			12,302,894

2. Shortfall Amortization for current plan year

a. Applicable Funding Target	62,961,508
b. Actuarial Value of Assets less Prefunding Balance	50,369,207
c. Is the plan exempt from establishing a Shortfall Amortization for the current year?	No
d. Funding Shortfall [(a) - (b), but not < \$0]	12,592,301
e. Net Funding Shortfall [If (d) > \$0, (d) - (1c), otherwise n/a]	289,407
f. Amortization factor	10.726604
g. Shortfall Amortization for current plan year [(e) ÷ (f)]	\$26,980

3. Total Shortfall Amortizations

[(1b) + (2g), but not < \$0]	1,228,205
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