

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/1970
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) SHOPRITE SUPERMARKETS, INC. 176 NORTH MAIN STREET FLORIDA, NY 10921
2b	Employer Identification Number (EIN) 22-1705981
2c	Plan Sponsor's telephone number 845-651-4411
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.	10/01/2026	KEN GROGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	KEN GROGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 146
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) 0 6a(2) 0 6b 92 6c 45 6d 137 6e 6f 137 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 Characteristic Codes in the instructions:

1B 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
▶ 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 SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHOPRITE SUPERMARKETS, INC.	D Employer Identification Number (EIN) 22-1705981
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 01 Day 01 Year 2025			
2	Assets:			
a	Market value	2a	4314376	
b	Actuarial value	2b	4314376	
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	92	2839911	2839911
b	For terminated vested participants	52	998302	998302
c	For active participants	0	0	0
d	Total	144	3838213	3838213
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	5.30 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	60000	
c	Target normal cost	6c	60000	

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 MICHAEL G. IBRAHIM, FSPA, EA Type or print name of actuary APEX ACTUARIAL CONSULTANTS LLC Firm name 293 ROUTE 18 SOUTH SUITE D, 153 US EAST BRUNSWICK, NJ 08816 Address of the firm	08/24/2026 Date 23-04567 Most recent enrollment number 201-725-2437 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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 _____%		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
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	112.41 %
15 Adjusted funding target attainment percentage	15	112.41 %
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	111.92 %
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)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
5.00 %2nd segment:
5.27 %3rd segment:
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b****22** Weighted average retirement age**22**

56

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****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**

60000

b Excess assets, if applicable, but not greater than line 31a**31b**

60000

32 Amortization installments:**a** Net shortfall amortization installment**b** Waiver amortization installment

Outstanding Balance

Installment

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement**36** Additional cash requirement (line 34 minus line 35)**36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37****38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE 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
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

MORGAN STANLEY SMITH BARNEY, LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 71 72 99 33 49 19 27	CUSTODIAL	30751	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APEX ACTUARIAL CONSULTANTS

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	31475	Yes ☐ No ☒	Yes ☐ No ☐		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 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHOPRITE SUPERMARKETS, INC.	D Employer Identification Number (EIN) 22-1705981	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	ALL-COUNTRY WORLD EX-US INDEX FUND
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b Name of sponsor of entity listed in (a):	NORTHERN TRUST
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c EIN-PN 45-6138589-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 662307
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

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

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

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

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

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

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

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

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

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

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
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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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SHOPRITE SUPERMARKETS, INC.	D Employer Identification Number (EIN) 22-1705981	

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)		
(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)	182931	92893
(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)	1267012	476548
(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)	593907	662307
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2270631	3161976
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4314481	4393724

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	7400	6975
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	7400	6975

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	4307081	4386749
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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)		
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)	159	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		159
(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)	118145	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118145
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	41846	
(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)		41846
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	326609	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		326609

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		486759

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	328849	
(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)		328849
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)	30751	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	31475	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16016	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		78242
j Total expenses. Add all expense amounts in column (b) and enter total	2j		407091

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		79668
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: WITHUMSMITH+BROWN,PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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?	☒		15000000
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 _____.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SHOPRITE SUPERMARKETS, INC.		D Employer Identification Number (EIN) 22-1705981
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
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 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
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) 2025 v. 250312		

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

0

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

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

**Financial Statements and Supplemental Schedule
December 31, 2025 and 2024**

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

	Page(s)
Independent Auditor's Report	1–2
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2025 and 2024.....	3
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2025 and 2024.....	4
Notes to Financial Statements December 31, 2025 and 2024.....	5–13
Supplemental Schedule	
Schedule H, Line 4i—Schedule of Assets (Held at End of Year) December 31, 2025.....	14–16

Independent Auditor's Report

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

Opinion

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

September 9, 2026

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	\$ 4,393,724	\$ 4,314,481
Total assets	<u>4,393,724</u>	<u>4,314,481</u>
Liabilities		
Accrued expenses	<u>6,975</u>	<u>7,400</u>
Total liabilities	<u>6,975</u>	<u>7,400</u>
Net assets available for benefits	<u>\$ 4,386,749</u>	<u>\$ 4,307,081</u>

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

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 368,455	\$ 157,610
Interest and dividend income	118,304	115,131
Total investment income	<u>486,759</u>	<u>272,741</u>
Deductions		
Benefits paid to participants	328,849	398,846
Administrative expenses	<u>78,242</u>	<u>71,749</u>
Total deductions	<u>407,091</u>	<u>470,595</u>
Net change in net assets available for benefits	79,668	(197,854)
Net assets available for benefits		
Beginning of year	<u>4,307,081</u>	<u>4,504,935</u>
End of year	<u>\$ 4,386,749</u>	<u>\$ 4,307,081</u>

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

ShopRite Supermarkets, Inc.

Retail Clerks Employees' Retirement Plan

Notes to Financial Statements

December 31, 2025 and 2024

1. Description of Plan

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

General

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

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

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

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

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

Plan Termination

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

Generally, the Pension Benefit Guaranty Corporation ("PBGC") guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at a level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later). For younger or older annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted.

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

Eligibility

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

Pension Benefits

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

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

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

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

Full-Time Employees

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

Part-Time Employees

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

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

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

Early Retirement

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

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

Late Retirement

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

Disability Retirement

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

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

Preretirement Death Benefits

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

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

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein in these financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various securities including bank deposits, common stock, exchange traded fund and common/collective fund investments. Investment securities are exposed to various risks such as interest rate, market, foreign exchange and credit risks. Additionally, the Plan holds an investment in the iShares 5-10 year Investment Grade Corporate Bond ETF (IGIB), Vanguard Short Term Bond (BSV), Invesco S&P 500 Equal Weight E (RSP) and Northern Trust Common/Collective Trust which represents 30%, 21%, 21% and 15%, respectively, of the Plan's net assets at December 31, 2025. The Plan holds an investment in the iShares 5-10 year Investment Grade Corporate Bond ETF (IGIB), Vanguard Short Term Bond (BSV), Invesco S&P 500 Equal Weight E (RSP) and Northern Trust Common/Collective Trust which represents 28%, 25%, 19% and 14%, respectively, of the Plan's net assets at December 31, 2024. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the change in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits.

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

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

Funding Policy

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

The Company has met the minimum funding requirements of ERISA. There were no required contributions for 2025 or 2024.

3. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access at the measurement date.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observed for the asset;

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

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

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

Certain prior year amounts have been reclassified to conform to the current year presentation, with no effect on statement of net assets available for benefits or the statement of changes in net assets available for benefits.

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

Following is a description of the valuation methodologies used for assets measured at fair value.

Bank Deposit

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

Common Stocks

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

Registered Investment Company

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

Common/Collective Trust

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

The aforementioned methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between Levels 1, 2, and 3 for the periods presented.

There have been no changes in the methodologies used at December 31, 2025 and 2024.

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Fair Value Measurement at December 31, 2025				
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash, interest bearing	\$ 92,893	\$ -	\$ -	\$ 92,893
Registered investment companies	3,161,976	-	-	3,161,976
Common stocks	476,548	-	-	476,548
Total investments	<u>\$ 3,731,417</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3,731,417</u>
Common/Collective trust measured at NAV (a)				<u>662,307</u> <u>\$ 4,393,724</u>

Fair Value Measurement at December 31, 2024				
	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash, interest bearing	\$ 182,931	\$ -	\$ -	\$ 182,931
Registered investment companies	3,104,727	-	-	3,104,727
Common stocks	432,916	-	-	432,916
Total investments	<u>\$ 3,720,574</u>	<u>\$ -</u>	<u>\$ -</u>	<u>3,720,574</u>
Common/Collective trust measured at NAV (a)				<u>593,907</u> <u>\$ 4,314,481</u>

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

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) former active participants or their beneficiaries transferred to the buyer upon sale of the only store whose employees were participants of the Plan. The accumulated plan benefits for former active participants are based on their estimated accrued benefits as of the valuation date, which is December 31, 2024. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

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

The actuarial present value of accumulated plan benefits as of December 31, 2024 is as follows:

Vested benefits

Vested benefit obligations for other participants	\$ 881,842
Participant and/or beneficiaries currently receiving benefits	<u>2,508,609</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 3,390,451</u>

The actuarial assumptions as of December 31, 2024 are based on the presumption that the Plan will continue (refer to Note 1). Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits as of December 31, 2024 are as follows:

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

The mortality assumption utilized for the year ended December 31, 2024 was the RP-2014, with projection scale MP-2021.

Actuarial present value of accumulated plan benefits at December 31, 2023	<u>\$ 3,465,865</u>
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial experience	124,779
Benefits paid	(398,846)
Interest due to the decrease in the discount period	<u>198,653</u>
Net decrease	<u>(75,414)</u>
Actuarial present value of accumulated plan benefits at December 31, 2024	<u>\$ 3,390,451</u>

5. Tax Status

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

ShopRite Supermarkets, Inc.
Retail Clerks Employees' Retirement Plan
Notes to Financial Statements
December 31, 2025 and 2024

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

6. Parties-in-Interest Transactions

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

7. Subsequent Events

The Plan has evaluated subsequent events through September 9, 2026, the date the financial statements were available to be issued. Based upon this evaluation, the Plan has determined that no subsequent events have occurred, which would require recognition or disclosure in the financial statements.

Supplemental Schedule

ShopRite Supermarkets, Inc.

Retail Clerks Employees' Retirement Plan EIN/Plan number: 22-1705981/003

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

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
*	Morgan Stanley	Interest-bearing cash	92,893	92,893
	Cash Reserve Fund		\$ 92,893	\$ 92,893
	3M CO	Investment in common stock	3,526	3,662
	AMG	Investment in common stock	2,819	4,897
	ALLE	Investment in common stock	5,132	6,434
	ALSN	Investment in common stock	2,002	2,163
	AMP	Investment in common stock	6,784	8,475
	AME	Investment in common stock	2,445	3,068
	ARW	Investment in common stock	2,499	2,215
	AZO	Investment in common stock	1,825	7,139
	BIIB	Investment in common stock	2,661	2,996
	BALL	Investment in common stock	3,969	3,804
	BIO	Investment in common stock	1,239	1,133
	BYD	Investment in common stock	2,738	3,691
	BLDR	Investment in common stock	3,474	2,431
	BXP	Investment in common stock	3,673	3,468
	CACI	Investment in common stock	3,124	4,212
	CG	Investment in common stock	3,586	4,977
	COR	Investment in common stock	4,738	7,364
	CVCO	Investment in common stock	1,857	2,553
	CDW	Investment in common stock	5,916	4,893
	CNC	Investment in common stock	1,685	2,520
	CNP	Investment in common stock	1,393	1,942
	CF	Investment in common stock	3,902	3,889
	CHKP	Investment in common stock	3,684	4,344
	CHDN	Investment in common stock	2,320	2,145
	COKE	Investment in common stock	4,165	4,798
	CCEP	Investment in common stock	1,912	2,541
	CMC	Investment in common stock	2,370	3,170
	CACC	Investment in common stock	2,558	2,286
	DHI	Investment in common stock	3,593	3,419
	DRI	Investment in common stock	1,563	1,734
	DELL	Investment in common stock	934	1,509
	FANG	Investment in common stock	2,624	3,192
	DNOW	Investment in common stock	1,140	1,064
	DOV	Investment in common stock	1,800	2,347
	DTE	Investment in common stock	3,977	4,955
	EWBC	Investment in common stock	3,622	5,093
	EGP	Investment in common stock	3,128	3,125
	EBAY	Investment in common stock	3,152	5,689
	ETR	Investment in common stock	1,792	3,333
	EPAM	Investment in common stock	2,998	3,786
	EQT	Investment in common stock	2,361	3,571
	EQH	Investment in common stock	2,587	2,449
	ELS	Investment in common stock	3,311	3,008
	EQR	Investment in common stock	2,121	2,253
	ESS	Investment in common stock	2,393	2,524
	EVR	Investment in common stock	1,900	3,729
	EXPD	Investment in common stock	4,797	5,722

See Independent Auditor's Report.

ShopRite Supermarkets, Inc.

Retail Clerks Employees' Retirement Plan EIN/Plan number: 22-1705981/003

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

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
	EXR	Investment in common stock	2,029	1,878
	FITB	Investment in common stock	2,390	3,200
	FAF	Investment in common stock	3,032	3,080
	FE	Investment in common stock	2,226	2,725
	FLEX	Investment in common stock	979	2,606
	FTDR	Investment in common stock	2,124	3,690
	GEHC	Investment in common stock	3,185	3,399
	GEN	Investment in common stock	3,628	3,888
	GNRC	Investment in common stock	3,422	3,335
	GNTX	Investment in common stock	3,075	2,186
	HRB	Investment in common stock	2,212	2,043
	HWM	Investment in common stock	1,208	4,469
	HBAN	Investment in common stock	4,154	5,569
	ICLR	Investment in common stock	1,944	2,026
	IDCC	Investment in common stock	1,061	3,502
	IQV	Investment in common stock	4,315	5,120
	ITT	Investment in common stock	1,217	1,758
	JBL	Investment in common stock	1,374	2,605
	KEYS	Investment in common stock	4,655	6,103
	LHX	Investment in common stock	2,855	3,923
	LH	Investment in common stock	1,927	1,934
	LAMR	Investment in common stock	3,561	4,235
	LW	Investment in common stock	1,735	1,291
	LSTR	Investment in common stock	3,310	2,657
	LDOS	Investment in common stock	2,019	3,074
	LECO	Investment in common stock	2,536	2,966
	LKQ	Investment in common stock	3,460	2,844
	LPX	Investment in common stock	1,430	1,287
	LPLA	Investment in common stock	5,636	8,490
	LULU	Investment in common stock	1,731	1,694
	MPC	Investment in common stock	4,954	5,318
	MKL	Investment in common stock	3,548	5,314
	MAR	Investment in common stock	1,676	2,247
	MAS	Investment in common stock	5,082	4,836
	MBC	Investment in common stock	1,543	1,104
	MCK	Investment in common stock	2,579	3,244
	MCHP	Investment in common stock	4,776	4,789
	MSM	Investment in common stock	2,147	2,172
	NTAP	Investment in common stock	3,643	4,108
	NRG	Investment in common stock	752	1,303
	NVR	Investment in common stock	4,651	4,478
	OGE	Investment in common stock	2,875	3,447
	ODFL	Investment in common stock	4,518	4,738
	PKG	Investment in common stock	4,246	5,034
	PH	Investment in common stock	1,158	2,163
	PR	Investment in common stock	3,404	3,409
	PSX	Investment in common stock	2,630	2,486
	PRMB	Investment in common stock	2,171	1,204
	QGEN	Investment in common stock	2,825	2,630
	Q	Investment in common stock	1,439	1,470

See Independent Auditor's Report.

ShopRite Supermarkets, Inc.

Retail Clerks Employees' Retirement Plan EIN/Plan number: 22-1705981/003

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

December 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investments including maturity date, rate of interest, collateral, par or maturity value	Cost	Fair Value
	DGX	Investment in common stock	2,824	2,935
	RL	Investment in common stock	1,546	3,785
	RRC	Investment in common stock	3,475	4,161
	RBA	Investment in common stock	2,429	3,988
	REG	Investment in common stock	3,346	3,663
	RS	Investment in common stock	4,835	4,714
	RNR	Investment in common stock	2,198	2,571
	REZI	Investment in common stock	1,179	2,320
	RKT	Investment in common stock	2,889	4,124
	ROST	Investment in common stock	2,879	3,663
	STX	Investment in common stock	1,112	2,491
	SPG	Investment in common stock	4,970	6,534
	SOLV	Investment in common stock	4,400	4,862
	SGI	Investment in common stock	3,247	5,330
	SSNC	Investment in common stock	3,095	3,763
	STE	Investment in common stock	2,170	2,398
	SF	Investment in common stock	3,074	4,190
	SYF	Investment in common stock	1,577	4,762
	SYI	Investment in common stock	4,117	4,020
	TEL	Investment in common stock	1,196	1,915
	FTI	Investment in common stock	4,146	6,194
	THC	Investment in common stock	3,518	5,245
	TXT	Investment in common stock	6,705	6,900
	CI	Investment in common stock	3,971	4,111
	BLD	Investment in common stock	2,910	4,061
	TRV	Investment in common stock	2,156	2,973
	TNET	Investment in common stock	1,653	1,398
	UFPI	Investment in common stock	3,002	2,353
	USFD	Investment in common stock	4,979	6,185
	VVV	Investment in common stock	3,279	2,505
	VICI	Investment in common stock	2,013	1,866
	VNT	Investment in common stock	1,710	1,703
	VOYA	Investment in common stock	2,650	2,900
	WTS	Investment in common stock	2,638	3,697
	WEX	Investment in common stock	1,833	1,931
	WSM	Investment in common stock	3,391	3,435
	WH	Investment in common stock	2,184	2,146
	XEL	Investment in common stock	2,399	2,176
	YUM	Investment in common stock	2,546	2,514
	ZBRA	Investment in common stock	3,423	3,283
	Common Stocks		\$ 394,500	\$ 476,548
	RSP	Registered investment company	758,977	921,787
	IGIB	Registered investment company	1,389,976	1,302,980
	BSV	Registered investment company	923,730	937,209
	Registered Investment Companies		\$ 3,072,683	\$ 3,161,976
*	Northern Trust	Common/Collective Trust	387,242	662,307
	Common/Collective Trust		\$ 387,242	\$ 662,307
	Total Investments		\$ 3,947,318	\$ 4,393,724

*Indicates Party-in-interest

See Independent Auditor's Report.

SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN

EIN 22-1705981

Plan No. 003

Plan Year Ended 12/31/2025

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

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

SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN

EIN 22-1705981

Plan No. 003

Plan Year Ended 12/31/2025

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

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

A. ACTUARIAL COST METHOD

Unit Credit Actuarial Cost Method

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

Asset Valuation Method

Market Value

B. ACTUARIAL ASSUMPTIONS

Investment Return	Target Liability Interest Rates (by segment): January 2025 Segment Rates 5.00%, 5.27%, 5.50%
Effective Annual Interest Rate	5.30%
Mortality	PPA Prescribed Tables: RP-2000 IRS PPA@2025, separate.
Turnover	N/A.
Salary Increases	N/A.
Retirement Age	Age 65.
Spouse's Age	In valuing pre-retirement death benefits, spouses are assumed to be 3 years younger if female, and 3 years older if male. Also, 25% of all members are assumed to be married.

SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN ACTUARIAL VALUATION FOR THE PLAN YEAR BEGINNING JANUARY 1, 2025

Principal Plan Provisions

Plan Year: January 1 to December 31

- | | |
|------------------------------|--|
| A. Eligibility Requirements | All employees who are covered by a collective bargaining agreement with 30 days of service. After November 1, 2007, new employees are not eligible to participate in this Plan. |
| B. Credited Service | Full-time employees – uninterrupted employment before July 1, 1976 plus all employment thereafter during which the employee is paid for 1,800 hours; fractional years are credited for less than 1,800 hours worked. For part-time employees, uninterrupted employment before July 1, 1977 plus all employment thereafter during which the employee is paid for 800 hours; fractional years are credited for less than 800 hours worked. |
| C. Normal Retirement Date | The first day of the month coincident with or next following the date the Participant attains age 65. |
| D. Normal Retirement Benefit | |
| Full-Time Employees | A Participant's monthly retirement income is equal to the sum of the following: <ul style="list-style-type: none">(i) \$16.00 multiplied by the number of years of credited service up to December 31, 1984;(ii) \$15.00 multiplied by the number of years of credited service from January 1, 1985 to December 31, 1987; |

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

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

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

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

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

- (i) \$9.00 multiplied by the number of years of credited service up to December 31, 1984;
- (ii) \$8.00 multiplied by the number of years of credited service from January 1, 1985 to December 31, 1987;
- (iii) .For Credited Service after December 31, 1987:

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

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

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

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

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

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

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2025

**This Form is Open to Public
Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

► 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 ShopRite Supermarkets, Inc. Retail Clerks Employees' Retirement Plan	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ShopRite Supermarkets, Inc.	D Employer Identification Number (EIN) 22-1705981
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 <u>01</u> Day <u>01</u> Year <u>2025</u>			
2 Assets:			
a Market value	2a	4,314,376	
b Actuarial value	2b	4,314,376	
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	92	2,839,911	2,839,911
b For terminated vested participants	52	998,302	998,302
c For active participants	0	0	0
d Total	144	3,838,213	3,838,213
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	5.30 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	60,000	
c Target normal cost	6c	60,000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Michael G. Ibrahim, FSEA, EA

Type or print name of actuary

Apex Actuarial Consultants LLC

Firm name

293 Route 18 South Suite D, 153

US East Brunswick

NJ 08816

Address of the firm

08/24/2026

Date

26-04567

Most recent enrollment number

(201) 725-2437

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2025
v. 250312

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. 1510-0110 1510-0080 2025 This Form Is Open to Public Inspection
--	--	--

Part I Annual Report Identification Information For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2025</u> and ending <u>12/31/2025</u>	
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.)	
B This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 SHOPRITE SUPERMARKETS, INC. RETAIL CLERKS EMPLOYEES' RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1970</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 22-1705981</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 845-651-4411</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 445110</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan 07/01/1970		2b Employer Identification Number (EIN) 22-1705981		2c Plan Sponsor's telephone number 845-651-4411		2d Business code (see instructions) 445110	
1b Three-digit plan number (PN) ►	003										
1c Effective date of plan 07/01/1970											
2b Employer Identification Number (EIN) 22-1705981											
2c Plan Sponsor's telephone number 845-651-4411											
2d Business code (see instructions) 445110											
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) SHOPRITE SUPERMARKETS, INC. 176 NORTH MAIN STREET FLORIDA, NY 10921											

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	 Signature of plan administrator	<u>9/21/26</u> Date	KEN GROGAN Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>9/21/26</u> Date	KEN GROGAN Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 22-1705981 3c Administrator's telephone number 845-651-4411
--	---

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	5 146
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 92
c Other retired or separated participants entitled to future benefits.	6c 45
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.	6f 137
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
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 Characteristic Codes in the instructions:
1B 1I 3H

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

9a Plan funding arrangement (check all that apply)	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	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information) - Number Attached _____
 (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____