Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[X] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
HEINEN'S INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2022

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)
HEINEN'S INC.

4540 RICHMOND ROAD
WARRENSVILLE HEIGHTS, OH 44128-5757

2b Employer Identification Number (EIN) 34-0673060

2c Sponsor's telephone number 216-475-2300

2d Business code (see instructions) 445110

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	74
b Total number of participants at the end of the plan year	**5b**	73
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	55
d(2) Total number of active participants at the end of the plan year	**5d(2)**	48
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/14/2026	CINDY ESSELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590859. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2220999	2559352
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2220999	2559352
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	430245	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		430245
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	91892	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		91892
i Net income (loss) (subtract line 8h from line 8c)	8i		338353
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 3D

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [ ] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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
- [X] N/A

15 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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501739A.

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
HEINEN'S INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HEINEN'S INC.

D Employer Identification Number (EIN)
34-0673060

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 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**	2366377
b Actuarial value	**2b**	2366377

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	11	875607	875607
b For terminated vested participants	8	127390	127390
c For active participants	55	1237776	1359894
d Total	74	2240773	2362891

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	228701
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	228701

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

09/18/2026
Date

BENJAMIN R. BERGESON
Type or print name of actuary

26-06849
Most recent enrollment number

AON CONSULTING, INC.
Firm name

704-343-8672
Telephone number (including area code)

MSC# 17693
P.O. BOX 551343
ATLANTA, GA 30355

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.94 %	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)		128255
	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 5.26 %		6746
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		135001
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.14 %
15	Adjusted funding target attainment percentage	15	100.14 %
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	101.41 %
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
09/01/2026	250000	0			
			Totals ► 18(b)	250000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	229139

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**	0
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	228701
b Excess assets, if applicable, but not greater than line 31a	**31b**	3486

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	225215

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	225215
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	229139
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3924
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1								
30-34		1								
35-39		3								
40-44		5								
45-49		7								
50-54		5								
55-59		14								
60-64		11								
65-69		8								
70+										

N-55

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are four years older than their spouses. Married participants are assumed to elect the 50% Joint & Survivor Annuity and non-married participants are assumed to elect the Single Life Annuity.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of $280,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

	Years of Service	
Age	**0-30**	**30+**
55	0.00%	2.00%
56	0.00%	2.00%
57	0.00%	2.00%
58	0.00%	2.00%
59	0.00%	2.00%
60	0.00%	2.00%
61	0.00%	2.00%
62	10.00%	25.00%
63	5.00%	15.00%
64	5.00%	15.00%
65	25.00%	75.00%
66	25.00%	35.00%
67	100.00%	100.00%

Table 2

Termination Rates [1]

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**>=5**
15	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
16	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
17	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
18	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
19	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
20	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
21	30.30%	30.30%	30.30%	30.30%	30.30%	15.15%
22	30.15%	30.15%	30.15%	30.15%	30.15%	15.07%
23	29.99%	29.99%	29.99%	29.99%	29.99%	14.99%
24	29.82%	29.82%	29.82%	29.82%	29.82%	14.91%
25	29.63%	29.63%	29.63%	29.63%	29.63%	14.82%
26	29.43%	29.43%	29.43%	29.43%	29.43%	14.72%
27	29.21%	29.21%	29.21%	29.21%	29.21%	14.60%
28	28.96%	28.96%	28.96%	28.96%	28.96%	14.48%
29	28.68%	28.68%	28.68%	28.68%	28.68%	14.34%
30	28.38%	28.38%	28.38%	28.38%	28.38%	14.19%
31	28.04%	28.04%	28.04%	28.04%	28.04%	14.02%
32	27.66%	27.66%	27.66%	27.66%	27.66%	13.83%
33	27.25%	27.25%	27.25%	27.25%	27.25%	13.62%
34	26.80%	26.80%	26.80%	26.80%	26.80%	13.40%

[1] Rates during the select period only apply to Local 507 participants.

Table 2 (continued)

Termination Rates [1]

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**>=5**
35	26.31%	26.31%	26.31%	26.31%	26.31%	13.16%
36	25.69%	25.69%	25.69%	25.69%	25.69%	12.85%
37	24.61%	24.61%	24.61%	24.61%	24.61%	12.31%
38	23.18%	23.18%	23.18%	23.18%	23.18%	11.59%
39	21.48%	21.48%	21.48%	21.48%	21.48%	10.74%
40	19.62%	19.62%	19.62%	19.62%	19.62%	9.81%
41	17.66%	17.66%	17.66%	17.66%	17.66%	8.83%
42	15.66%	15.66%	15.66%	15.66%	15.66%	7.83%
43	13.68%	13.68%	13.68%	13.68%	13.68%	6.84%
44	11.76%	11.76%	11.76%	11.76%	11.76%	5.88%
45	9.90%	9.90%	9.90%	9.90%	9.90%	4.95%
46	8.13%	8.13%	8.13%	8.13%	8.13%	4.07%
47	6.45%	6.45%	6.45%	6.45%	6.45%	3.22%
48	4.88%	4.88%	4.88%	4.88%	4.88%	2.44%
49	3.47%	3.47%	3.47%	3.47%	3.47%	1.74%
50	2.27%	2.27%	2.27%	2.27%	2.27%	1.13%
51	1.31%	1.31%	1.31%	1.31%	1.31%	0.66%
52	0.63%	0.63%	0.63%	0.63%	0.63%	0.32%
53	0.22%	0.22%	0.22%	0.22%	0.22%	0.11%
54	0.03%	0.03%	0.03%	0.03%	0.03%	0.01%
>=55	0.03%	0.03%	0.03%	0.03%	0.03%	0.01%

[1] Rates during the select period only apply to Local 507 participants.

Table 3

Disability Rates

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

>=65 0.00% 0.00%

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

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: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
HEINEN'S INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2022

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)
HEINEN'S INC.

4540 RICHMOND ROAD

WARRENSVILLE HEIGHTS OH 44128-5757

2b Employer Identification Number (EIN) 34-0673060

2c Sponsor's telephone number 216-475-2300

2d Business code (see instructions) 445110

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	74
b Total number of participants at the end of the plan year	**5b**	73
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	55
d(2) Total number of active participants at the end of the plan year	**5d(2)**	48
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Cindy Essell	10.14.2026	Cindy Essell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590859. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2,220,999	2,559,352
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2,220,999	2,559,352
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	430,245	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		430,245
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	91,892	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		91,892
i Net income (loss) (subtract line 8h from line 8c)	8i		338,353
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 3D

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☐ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 03/30/2018 (MM/DD/YYYY) and the Opinion Letter serial number J501739a.

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
Heinen's, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Heinen's, Inc.

D Employer Identification Number (EIN)
34-0673060

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 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**	2,366,377
b Actuarial value	**2b**	2,366,377

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	11	875,607	875,607
b For terminated vested participants	8	127,390	127,390
c For active participants	55	1,237,776	1,359,894
d Total	74	2,240,773	2,362,891

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	228,701
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	228,701

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

Benjamin R. Bergenson BRB
Signature of actuary

09/18/2026
Date

Benjamin R. Bergeson
Type or print name of actuary

2606849
Most recent enrollment number

Aon Consulting, Inc.
Firm name

704-343-8672
Telephone number (including area code)

MSC# 17693
P.O. Box 551343
Atlanta GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 4.94 %	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)		128,255
	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 5.26 %		6,746
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		135,001
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.14 %
15	Adjusted funding target attainment percentage	15	100.14 %
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	101.41 %
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
09/01/2026	250,000	0			

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	228,701
b Excess assets, if applicable, but not greater than line 31a	**31b**	3,486

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	225,215

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	225,215
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	229,139
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3,924
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.37%	Interest Adjusted Contribution
September 1, 2026	$ 250,000	608	$ 229,139
Total Contribution	$ 250,000		$ 229,139

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

<30 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	0.00%	1.0000	0.00
56.5	0.00%	1.0000	0.00
57.5	0.00%	1.0000	0.00
58.5	0.00%	1.0000	0.00
59.5	0.00%	1.0000	0.00
60.5	0.00%	1.0000	0.00
61.5	0.00%	1.0000	0.00
62.5	10.00%	1.0000	6.25
63.5	5.00%	0.9000	2.86
64.5	5.00%	0.8550	2.76
65.5	25.00%	0.8123	13.30
66.5	25.00%	0.6092	10.13
67	100.00%	0.4569	30.61
		Weighted Average	65.91

30+ Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	2.00%	0.9039	1.09
61.5	2.00%	0.8858	1.09
62.5	25.00%	0.8681	13.56
63.5	15.00%	0.6511	6.20
64.5	15.00%	0.5534	5.35
65.5	75.00%	0.4704	23.11
66.5	35.00%	0.1176	2.74
67	100.00%	0.0764	5.12
	Weighted Average:		63.79

The age 65 retirement age shown on the Schedule SB reflects a liability-weighted average of the ages shown above.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements
Surviving Spouse Benefit	It is assumed that 85% of males and 50% of females have an eligible spouse, and that males are four years older than their spouses. Married participants are assumed to elect the 50% Joint & Survivor Annuity and non-married participants are assumed to elect the Single Life Annuity.
Benefit Limits	Projected benefits are limited by the current IRC Section 415 maximum benefit of $280,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

	Years of Service	
Age	**0-30**	**30+**
55	0.00%	2.00%
56	0.00%	2.00%
57	0.00%	2.00%
58	0.00%	2.00%
59	0.00%	2.00%
60	0.00%	2.00%
61	0.00%	2.00%
62	10.00%	25.00%
63	5.00%	15.00%
64	5.00%	15.00%
65	25.00%	75.00%
66	25.00%	35.00%
67	100.00%	100.00%

Table 2

Termination Rates [1]

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**>=5**
15	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
16	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
17	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
18	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
19	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
20	30.46%	30.46%	30.46%	30.46%	30.46%	15.23%
21	30.30%	30.30%	30.30%	30.30%	30.30%	15.15%
22	30.15%	30.15%	30.15%	30.15%	30.15%	15.07%
23	29.99%	29.99%	29.99%	29.99%	29.99%	14.99%
24	29.82%	29.82%	29.82%	29.82%	29.82%	14.91%
25	29.63%	29.63%	29.63%	29.63%	29.63%	14.82%
26	29.43%	29.43%	29.43%	29.43%	29.43%	14.72%
27	29.21%	29.21%	29.21%	29.21%	29.21%	14.60%
28	28.96%	28.96%	28.96%	28.96%	28.96%	14.48%
29	28.68%	28.68%	28.68%	28.68%	28.68%	14.34%
30	28.38%	28.38%	28.38%	28.38%	28.38%	14.19%
31	28.04%	28.04%	28.04%	28.04%	28.04%	14.02%
32	27.66%	27.66%	27.66%	27.66%	27.66%	13.83%
33	27.25%	27.25%	27.25%	27.25%	27.25%	13.62%
34	26.80%	26.80%	26.80%	26.80%	26.80%	13.40%

[1] Rates during the select period only apply to Local 507 participants.

Table 2 (continued)

Termination Rates [1]

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**>=5**
35	26.31%	26.31%	26.31%	26.31%	26.31%	13.16%
36	25.69%	25.69%	25.69%	25.69%	25.69%	12.85%
37	24.61%	24.61%	24.61%	24.61%	24.61%	12.31%
38	23.18%	23.18%	23.18%	23.18%	23.18%	11.59%
39	21.48%	21.48%	21.48%	21.48%	21.48%	10.74%
40	19.62%	19.62%	19.62%	19.62%	19.62%	9.81%
41	17.66%	17.66%	17.66%	17.66%	17.66%	8.83%
42	15.66%	15.66%	15.66%	15.66%	15.66%	7.83%
43	13.68%	13.68%	13.68%	13.68%	13.68%	6.84%
44	11.76%	11.76%	11.76%	11.76%	11.76%	5.88%
45	9.90%	9.90%	9.90%	9.90%	9.90%	4.95%
46	8.13%	8.13%	8.13%	8.13%	8.13%	4.07%
47	6.45%	6.45%	6.45%	6.45%	6.45%	3.22%
48	4.88%	4.88%	4.88%	4.88%	4.88%	2.44%
49	3.47%	3.47%	3.47%	3.47%	3.47%	1.74%
50	2.27%	2.27%	2.27%	2.27%	2.27%	1.13%
51	1.31%	1.31%	1.31%	1.31%	1.31%	0.66%
52	0.63%	0.63%	0.63%	0.63%	0.63%	0.32%
53	0.22%	0.22%	0.22%	0.22%	0.22%	0.11%
54	0.03%	0.03%	0.03%	0.03%	0.03%	0.01%
>=55	0.03%	0.03%	0.03%	0.03%	0.03%	0.01%

[1] Rates during the select period only apply to Local 507 participants.

Table 3

Disability Rates

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

>=65 0.00% 0.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 2022.
Eligibility	Any employee who is part of the covered group and completes at least one (1) hour of service after the Effective Date of the plan.
Local 19	Local 19 employees with 14.5 or more years of Heinen's service as of the Effective Date of the plan for whom Heinen's made CBT contributions on or before November 27, 2021 and are actively employed in a non-seasonal position as of November 28, 2021.
Local 507	Local 507 employees for whom Heinen's made CBT contributions on or before November 27, 2021 and are actively employed in a non-seasonal position as of November 28, 2021. Employees in this group with more than 10 years of Heinen's service as of the contract ratification date (August 9, 2021) are eligible for the plan, and employees in this group with 10 years or less of Heinen's service who made a one-time election to participate in the plan are also eligible for the plan. Employees hired on or after November 27, 2021 are not eligible to participate in this plan. Participants will not accrue additional benefits after rehire following voluntary quit or termination for cause after November 27, 2021. Employees who are furloughed or laid off and return to work within 12 months of recall would return to the Heinen's pension plan upon rehire.
Normal Retirement	
Eligibility	Age 65 or five years of service, if later.
Benefit — Local 19	The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula: (1) The benefit accrued in the Cleveland Bakers and Teamsters Plan ("CBT") as of November 27, 2021; plus (2) $55 for each Year of Credited Service; plus

(3) Participants who are at least age 45, but younger than 60 on January 1, 2022 are eligible for an additional $50 per month of accrued benefit payable as of the Normal Retirement Date. Participants who are at least age 60 on January 1, 2022 are eligible for an additional $100 per month of accrued benefit payable as of the Normal Retirement Date.

Benefit — Local 507
with 9/30/1999 CBT Benefit

The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula:

(1) The benefit accrued in the Cleveland Bakers and Teamsters Plan ("CBT") as of November 27, 2021; plus

(2) $45 plus $2.50 for each whole multiple of five years of Vesting Service, but not more than $60 for each Year of Credited Service; plus

(3) Participants who are at least age 45 with at least 10 years of Vesting Service as of November 27, 2021 are eligible for additional accrued benefits based on age plus service points at termination of employment. The amount of the additional benefit is the number of points up to 100 points less 50 points times $4.

Benefit — Local 507
without 9/30/1999 CBT Benefit

The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula:

(1) $45 plus $2.50 for each whole multiple of five years of Vesting Service, but not more than $60 for each Year of Credited Service; plus

(2) Participants who are at least age 45 with at least 10 years of Vesting Service as of November 27, 2021 are eligible for additional accrued benefits based on age plus service points at termination of employment. The amount of the additional benefit is the number of points up to 100 points less 50 points times $4.

Postponed Retirement	
Eligibility	After attaining age 65.
Monthly Benefit	The amount determined as for normal retirement based on credited service at the time of termination of employment. Actuarial Increases will be applied on 4/1 of the year that the participant turns age 70.5. Suspension of benefits notices will be sent timely upon attainment of normal retirement age.
Commencement	At termination of employment.
Early Retirement	
Eligibility	Age 55 with 10 years of service.
Benefit	Normal retirement benefit reduced 0.60% per month from age 65 to 62, and then 0.35% per month from age 62 — 55
Unreduced Retirement	
Eligibility	Attainment of 90 age plus Vesting Service points or 30 Years of Vesting Service
Monthly Benefit	Unreduced normal retirement benefit
Commencement — Local 19	Any age
Commencement — Local 507	For associates with less than 15 years of service as of the contract ratification date (August 9, 2021) who reach 90 age and service points or 30 Years of Vesting Service, the commencement is age 62 or later. For associates with 15 years of service or more as of the contract ratification date (August 9, 2021) who reach 90 age and service points or 30 Years of Vesting Service, the commencement is any age.
In-Service Distributions	Allow for in-service distributions starting at age 65. In-service distributions offset against retirement accruals. Notwithstanding the above, Participants as of January 1, 2022 may receive their September 30, 1999 benefit that would have been payable from the Cleveland Bakers and Teamsters Pension Plan ("CBT") had it not been for Heinen's withdrawal beginning at age 60 as permitted under the provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE" Act) with 90 age plus service points and ending at the earlier of age 65 or termination of employment without offset against retirement accruals. For participants who are or could have become eligible to receive their

	September 30, 1999 accrued benefit from the CBT plan at age 60 with 90 age plus service points had it not been for Heinen's withdrawal, and had not yet commenced the September 30, 1999 CBT in-service benefit prior to the effective date of this plan, in the case of in-service death prior to the first of the month following age 65 the plan will pay to the Surviving Spouse the monthly amount for the Surviving Spouse's lifetime that would have been payable to the Participant under the CBT plan as a Single Life Annuity effective as of the first of the month following the date of death based on the CBT benefit earned through September 30, 1999. This amount will be offset by any survivor benefits paid by the CBT with respect to the September 30, 1999 CBT accrued benefit.
Disability Retirement	
Eligibility	10 years of service and participant is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. The permanence and degree of such impairment must be supported by medical evidence.
Benefit	The disability benefit is a temporary benefit equal to 110% of the Reduced Early Retirement benefit as if the participant is at least age 55 but not more than 100% of the accrued benefit. Benefit continues until the associate recovers, dies, or reaches Normal Retirement Age of 65.
Vested Benefits	
Eligibility	Five years of vesting service.
Benefit	Normal retirement benefit based on credited service immediately prior to termination. Employees may commence their benefits at age 55 or later, reduced 0.60% per month from age 65 to 62, and then 0.35% per month from age 62-55.

Preretirement Surviving Spouse Benefit

Eligibility	Must have been legal spouse for at least one year before associate death.
Benefit	50% Joint and Survivorship without charges for coverage. Benefit is as if associate terminated at date of death, survived to earliest retirement age, retired with the normal form of payment, and then died. Surviving spouse may defer payment up and until the associate would have reached age 65 and will receive an actuarially increased benefit.

Make-Up Benefits for Local 507 Without 9/30/1999 CBT Benefit

Eligibility	Eligible for Unreduced Retirement as described above and not eligible for unreduced pension before age 65 from CBT.
Make-Up Benefit	The amount of the Make-Up Benefit as of the annuity start date is the CBT accrued benefit on November 27, 2021 times (0.6% times the number of months that the annuity start date precedes the Participant's Normal Retirement Date) multiplied by the appropriate optional form factor from this plan.
Lost CBT Nonvested Benefits	This plan will provide a benefit under the terms of this Plan subject to vesting requirements equal to the CBT accrued benefit as of November 27, 2021 for Participants who are not vested in their CBT benefit as of the withdrawal date of November 27, 2021.
Lost CBT Disability Benefits	This plan will provide an additional Disability Benefit paid under the same terms and conditions as the Disability Benefit under this Plan equal to the CBT accrued benefit as of November 27, 2021 multiplied by a factor that is 110% times (1 minus 0.6% times the number of months between the Disability Benefit start date and Normal Retirement Date) but not less than 30.8% nor more than 100%.

Offset to Benefits Payable to Local 507 Participants with a 9/30/1999 CBT Benefits and Local 19 Participants	The benefits payable from this plan to Local 507 Participants with a 9/30/1999 CBT benefit and to Local 19 Participants are offset by the benefit payable based on the terms of the CBT plan on November 28, 2021 reflecting Heinen's withdrawal from CBT on November 27, 2021. The offset is the CBT benefit that would be payable as a single life annuity on the participant's Annuity Starting Date adjusted for form of payment using the factors from this plan for the 10-Year Certain and Continuous and lump sum payment forms and from the CBT for other optional forms of payment.
Definitions	
Credited Service	A full year of service is credited for more than 1600 hours worked in a calendar year. Partial year of service is credited between 800 and 1600 hours worked in a calendar year based on proration. No years of service are credited for less than 800 hours worked in a calendar year.
Vesting Service	Years of Vesting Service for periods prior to January 1, 2022 is the sum of Heinen's Service for periods of employment for which no credit is provided by CBT and CBT service, including years credited due to a Reciprocal Agreement with another multiemployer plan
Heinen's Service	Heinen's Service prior to January 1, 2022 is based on elapsed time
CBT Service	Service under the CBT plan as of November 27, 2021
Normal Form of Pension	
Married Participants	Actuarially reduced joint and 50% survivor annuity
Other Participants	Life annuity
Optional Forms	Life annuity 50%, 75%, or 100% joint and survivor annuity 10-year certain and continuous annuity Lump Sums up to $10,000

Actuarial Equivalence	For decreasing annuities, the interest rate under Code section 417(e) for the fifth month immediately preceding the plan year the distribution occurs and the mortality table as specified by the Internal Revenue Service pursuant to Code section 417(e)(3)(A)(ii)(I). For all other purposes, all non-decreasing annuities will be adjusted for form of payment based on the same factors defined in the CBT plan as of November 27, 2021. However, if the optional form factors produced by interest rate of 5% per annum and the Pri-2012 Blue Collar Mortality table for Annuitants (unisex) for non-decreasing annuities produces a higher benefit, the benefit will be based on the factor that produces the higher benefit.

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

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

The response reported on Schedule SB line 21b differs from the prior year filing due to correction of a historical reporting error. No change was made to the plan's elected interest rate lookback period. The current year filing reflects the election actually applicable to the valuation.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1								
30-34		1								
35-39		3								
40-44		5								
45-49		7								
50-54		5								
55-59		14								
60-64		11								
65-69		8								
70+										

N-55

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.37%	Interest Adjusted Contribution
September 1, 2026	$ 250,000	608	$ 229,139
Total Contribution	$ 250,000		$ 229,139

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

<30 Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	0.00%	1.0000	0.00
56.5	0.00%	1.0000	0.00
57.5	0.00%	1.0000	0.00
58.5	0.00%	1.0000	0.00
59.5	0.00%	1.0000	0.00
60.5	0.00%	1.0000	0.00
61.5	0.00%	1.0000	0.00
62.5	10.00%	1.0000	6.25
63.5	5.00%	0.9000	2.86
64.5	5.00%	0.8550	2.76
65.5	25.00%	0.8123	13.30
66.5	25.00%	0.6092	10.13
67	100.00%	0.4569	30.61
		Weighted Average	65.91

30+ Years of Service

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	2.00%	0.9039	1.09
61.5	2.00%	0.8858	1.09
62.5	25.00%	0.8681	13.56
63.5	15.00%	0.6511	6.20
64.5	15.00%	0.5534	5.35
65.5	75.00%	0.4704	23.11
66.5	35.00%	0.1176	2.74
67	100.00%	0.0764	5.12
	Weighted Average:		63.79

The age 65 retirement age shown on the Schedule SB reflects a liability-weighted average of the ages shown above.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Heinen's Inc. Pension Plan
EIN: 34-0673060 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 2022.
Eligibility	Any employee who is part of the covered group and completes at least one (1) hour of service after the Effective Date of the plan.
Local 19	Local 19 employees with 14.5 or more years of Heinen's service as of the Effective Date of the plan for whom Heinen's made CBT contributions on or before November 27, 2021 and are actively employed in a non-seasonal position as of November 28, 2021.
Local 507	Local 507 employees for whom Heinen's made CBT contributions on or before November 27, 2021 and are actively employed in a non-seasonal position as of November 28, 2021. Employees in this group with more than 10 years of Heinen's service as of the contract ratification date (August 9, 2021) are eligible for the plan, and employees in this group with 10 years or less of Heinen's service who made a one-time election to participate in the plan are also eligible for the plan. Employees hired on or after November 27, 2021 are not eligible to participate in this plan. Participants will not accrue additional benefits after rehire following voluntary quit or termination for cause after November 27, 2021. Employees who are furloughed or laid off and return to work within 12 months of recall would return to the Heinen's pension plan upon rehire.
Normal Retirement	
Eligibility	Age 65 or five years of service, if later.
Benefit — Local 19	The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula: (1) The benefit accrued in the Cleveland Bakers and Teamsters Plan ("CBT") as of November 27, 2021; plus (2) $55 for each Year of Credited Service; plus

(3) Participants who are at least age 45, but younger than 60 on January 1, 2022 are eligible for an additional $50 per month of accrued benefit payable as of the Normal Retirement Date. Participants who are at least age 60 on January 1, 2022 are eligible for an additional $100 per month of accrued benefit payable as of the Normal Retirement Date.

Benefit — Local 507
with 9/30/1999 CBT Benefit

The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula:

(1) The benefit accrued in the Cleveland Bakers and Teamsters Plan ("CBT") as of November 27, 2021; plus

(2) $45 plus $2.50 for each whole multiple of five years of Vesting Service, but not more than $60 for each Year of Credited Service; plus

(3) Participants who are at least age 45 with at least 10 years of Vesting Service as of November 27, 2021 are eligible for additional accrued benefits based on age plus service points at termination of employment. The amount of the additional benefit is the number of points up to 100 points less 50 points times $4.

Benefit — Local 507
without 9/30/1999 CBT Benefit

The monthly benefit payable as a life annuity as of Normal Retirement Date is calculated based on the following formula:

(1) $45 plus $2.50 for each whole multiple of five years of Vesting Service, but not more than $60 for each Year of Credited Service; plus

(2) Participants who are at least age 45 with at least 10 years of Vesting Service as of November 27, 2021 are eligible for additional accrued benefits based on age plus service points at termination of employment. The amount of the additional benefit is the number of points up to 100 points less 50 points times $4.

Postponed Retirement	
Eligibility	After attaining age 65.
Monthly Benefit	The amount determined as for normal retirement based on credited service at the time of termination of employment. Actuarial Increases will be applied on 4/1 of the year that the participant turns age 70.5. Suspension of benefits notices will be sent timely upon attainment of normal retirement age.
Commencement	At termination of employment.
Early Retirement	
Eligibility	Age 55 with 10 years of service.
Benefit	Normal retirement benefit reduced 0.60% per month from age 65 to 62, and then 0.35% per month from age 62 — 55
Unreduced Retirement	
Eligibility	Attainment of 90 age plus Vesting Service points or 30 Years of Vesting Service
Monthly Benefit	Unreduced normal retirement benefit
Commencement — Local 19	Any age
Commencement — Local 507	For associates with less than 15 years of service as of the contract ratification date (August 9, 2021) who reach 90 age and service points or 30 Years of Vesting Service, the commencement is age 62 or later. For associates with 15 years of service or more as of the contract ratification date (August 9, 2021) who reach 90 age and service points or 30 Years of Vesting Service, the commencement is any age.
In-Service Distributions	Allow for in-service distributions starting at age 65. In-service distributions offset against retirement accruals. Notwithstanding the above, Participants as of January 1, 2022 may receive their September 30, 1999 benefit that would have been payable from the Cleveland Bakers and Teamsters Pension Plan ("CBT") had it not been for Heinen's withdrawal beginning at age 60 as permitted under the provisions of the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE" Act) with 90 age plus service points and ending at the earlier of age 65 or termination of employment without offset against retirement accruals. For participants who are or could have become eligible to receive their

	September 30, 1999 accrued benefit from the CBT plan at age 60 with 90 age plus service points had it not been for Heinen's withdrawal, and had not yet commenced the September 30, 1999 CBT in-service benefit prior to the effective date of this plan, in the case of in-service death prior to the first of the month following age 65 the plan will pay to the Surviving Spouse the monthly amount for the Surviving Spouse's lifetime that would have been payable to the Participant under the CBT plan as a Single Life Annuity effective as of the first of the month following the date of death based on the CBT benefit earned through September 30, 1999. This amount will be offset by any survivor benefits paid by the CBT with respect to the September 30, 1999 CBT accrued benefit.
Disability Retirement	
Eligibility	10 years of service and participant is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. The permanence and degree of such impairment must be supported by medical evidence.
Benefit	The disability benefit is a temporary benefit equal to 110% of the Reduced Early Retirement benefit as if the participant is at least age 55 but not more than 100% of the accrued benefit. Benefit continues until the associate recovers, dies, or reaches Normal Retirement Age of 65.
Vested Benefits	
Eligibility	Five years of vesting service.
Benefit	Normal retirement benefit based on credited service immediately prior to termination. Employees may commence their benefits at age 55 or later, reduced 0.60% per month from age 65 to 62, and then 0.35% per month from age 62-55.

Preretirement Surviving Spouse Benefit

Eligibility	Must have been legal spouse for at least one year before associate death.
Benefit	50% Joint and Survivorship without charges for coverage. Benefit is as if associate terminated at date of death, survived to earliest retirement age, retired with the normal form of payment, and then died. Surviving spouse may defer payment up and until the associate would have reached age 65 and will receive an actuarially increased benefit.

Make-Up Benefits for Local 507 Without 9/30/1999 CBT Benefit

Eligibility	Eligible for Unreduced Retirement as described above and not eligible for unreduced pension before age 65 from CBT.
Make-Up Benefit	The amount of the Make-Up Benefit as of the annuity start date is the CBT accrued benefit on November 27, 2021 times (0.6% times the number of months that the annuity start date precedes the Participant's Normal Retirement Date) multiplied by the appropriate optional form factor from this plan.
Lost CBT Nonvested Benefits	This plan will provide a benefit under the terms of this Plan subject to vesting requirements equal to the CBT accrued benefit as of November 27, 2021 for Participants who are not vested in their CBT benefit as of the withdrawal date of November 27, 2021.
Lost CBT Disability Benefits	This plan will provide an additional Disability Benefit paid under the same terms and conditions as the Disability Benefit under this Plan equal to the CBT accrued benefit as of November 27, 2021 multiplied by a factor that is 110% times (1 minus 0.6% times the number of months between the Disability Benefit start date and Normal Retirement Date) but not less than 30.8% nor more than 100%.

Offset to Benefits Payable to Local 507 Participants with a 9/30/1999 CBT Benefits and Local 19 Participants	The benefits payable from this plan to Local 507 Participants with a 9/30/1999 CBT benefit and to Local 19 Participants are offset by the benefit payable based on the terms of the CBT plan on November 28, 2021 reflecting Heinen's withdrawal from CBT on November 27, 2021. The offset is the CBT benefit that would be payable as a single life annuity on the participant's Annuity Starting Date adjusted for form of payment using the factors from this plan for the 10-Year Certain and Continuous and lump sum payment forms and from the CBT for other optional forms of payment.
Definitions	
Credited Service	A full year of service is credited for more than 1600 hours worked in a calendar year. Partial year of service is credited between 800 and 1600 hours worked in a calendar year based on proration. No years of service are credited for less than 800 hours worked in a calendar year.
Vesting Service	Years of Vesting Service for periods prior to January 1, 2022 is the sum of Heinen's Service for periods of employment for which no credit is provided by CBT and CBT service, including years credited due to a Reciprocal Agreement with another multiemployer plan
Heinen's Service	Heinen's Service prior to January 1, 2022 is based on elapsed time
CBT Service	Service under the CBT plan as of November 27, 2021
Normal Form of Pension	
Married Participants	Actuarially reduced joint and 50% survivor annuity
Other Participants	Life annuity
Optional Forms	Life annuity 50%, 75%, or 100% joint and survivor annuity 10-year certain and continuous annuity Lump Sums up to $10,000

Actuarial Equivalence	For decreasing annuities, the interest rate under Code section 417(e) for the fifth month immediately preceding the plan year the distribution occurs and the mortality table as specified by the Internal Revenue Service pursuant to Code section 417(e)(3)(A)(ii)(I). For all other purposes, all non-decreasing annuities will be adjusted for form of payment based on the same factors defined in the CBT plan as of November 27, 2021. However, if the optional form factors produced by interest rate of 5% per annum and the Pri-2012 Blue Collar Mortality table for Annuitants (unisex) for non-decreasing annuities produces a higher benefit, the benefit will be based on the factor that produces the higher benefit.

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

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

The response reported on Schedule SB line 21b differs from the prior year filing due to correction of a historical reporting error. No change was made to the plan's elected interest rate lookback period. The current year filing reflects the election actually applicable to the valuation.