

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 2016 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>03/01/2016</u> and ending <u>02/28/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>THE RITE AID PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>03/31/1965</u>
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) <u>RITE AID CORPORATION</u> <u>P.O. BOX 3165</u> <u>HARRISBURG, PA 17105</u>	2b	Employer Identification Number (EIN) <u>23-1614034</u>
		2c	Plan Sponsor's telephone number <u>717-761-2633</u>
		2d	Business code (see instructions) <u>446110</u>

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.	<u>12/15/2017</u>	<u>JESSICA KAZMAIER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE P.O. BOX 3165 HARRISBURG, PA 17105	3b Administrator's EIN 23-1614034 3c Administrator's telephone number 717-761-2633
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 8996
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 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 that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4899 6a(2) 4433 6b 2734 6c 1205 6d 8372 6e 218 6f 8590 6g 6h 38
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017	
▶ 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 THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034
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 03 Day 01 Year 2016			
2	Assets:			
a	Market value	2a	110354459	
b	Actuarial value	2b	121389904	
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	2894	55540415	55540415
b	For terminated vested participants	1203	20289367	20289367
c	For active participants	4899	45373957	45647715
d	Total	8996	121203739	121477497
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	6.11 %	
6	Target normal cost	6	3069518	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>RODOLFO E. GARCIA</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>400 ATRIUM DRIVE SOMERSET, NJ 08873</div> <div>Address of the firm</div>	<div>12/05/2017</div> <div>Date</div> <div>17-07300</div> <div>Most recent enrollment number</div> <div>732-302-2636</div> <div>Telephone number (including area code)</div>
--------------------------	--	--

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	2801533
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	2801533
10	Interest on line 9 using prior year's actual return of <u>-7.85%</u>	0	-219920
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1565000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1016613

Part III Funding Percentages			
14	Funding target attainment percentage	14	99.09%
15	Adjusted funding target attainment percentage	15	99.09%
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	104.49%
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
11/15/2017	7800000	0			
Totals ▶			18(b)	7800000	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	7047935
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	63
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	Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	3069518
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1104206	182441
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	3251959
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	3251959
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7047935
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	3795976
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 Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

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
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **03/01/2016** and ending **02/28/2017**

A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034

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 HEWITT FINANCIAL SERVICES LLC

36-3943169

(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

(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

(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

(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

(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

(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)

HEWITT ASSOCIATES LLC

36-2235791

(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?
15 50	RECORD KEEPER	630458	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

(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 28 50	INVESTMENT MANAGER	366510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE AND TOUCHE

13-5133500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTING	37500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BNY MELLON

13-5160382

(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?
21 50	TRUSTEE	31802	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 ☐

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

A Name of plan THE RITE AID PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center; color: blue;">002</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	002		
B Three-digit plan number (PN) ►	002				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2463452-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47693613
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2436452-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32412861
a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2436452-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15347643
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL AND MID CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2436452-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14083441
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2436452-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 638938
a Name of MTIA, CCT, PSA, or 103-12 IE: ACT 20 PLUS YEARS US TREASURY STRPS		
b Name of sponsor of entity listed in (a): HEWITT ENNISKNUPP,INC.		
c EIN-PN 27-2436452-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7563073
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)**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)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017		
A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	7800000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1855	511
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1830553	917744
(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)	136349	0
(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)	108385702	117739569
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	110354459	126457824

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	110354459	126457824
---	-----------	-----------	-----------

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)	7800000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	453	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7800453
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6448	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6448
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2877	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2877
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	142189	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	131245	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10944
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18553865
(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		26374587

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7448868	
(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)		7448868
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	436162	
(2) Contract administrator fees.....	2i(2)	630458	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	1755734	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2822354
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10271222

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16103365
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-5133500**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4030132. (See instructions.)

Part V Trust Information	
6a Name of trust BNY MELLON	6b Trust's EIN 135160382
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2016 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017

A Name of plan <u>THE RITE AID PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RITE AID CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1614034</u>

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	<u>0</u>
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): <u>22-2232264</u>		
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	<u>285</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☒ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>51.0</u> % Investment-Grade Debt: <u>46.0</u> % High-Yield Debt: <u>2.0</u> % Real Estate: <u>0.0</u> % Other: <u>1.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
-----------------	---------------------------------

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Rite Aid Pension Plan

Employer ID No: 23-1614034
Plan No: 002

Financial Statements as of and for the
Years Ended February 28, 2017 and February 29,
2016, Supplemental Schedule as of and for the
Year Ended February 28, 2017, and
Independent Auditors' Report

RITE AID PENSION PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED FEBRUARY 28, 2017 AND FEBRUARY 29, 2016:	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-16
SUPPLEMENTAL SCHEDULE:	17
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of February 28, 2017	18

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
The Rite Aid Pension Plan
Harrisburg, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental schedule of The Rite Aid Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of February 28, 2017 and February 29, 2016, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Bank of New York Mellon, the Trustee of the Plan (the "Trustee"), except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained certifications from the Trustee as of and for the years ended February 28, 2017 and February 29, 2016, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2016 the Plan adopted Financial Accounting Standards Board Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)* and ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965)*. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule listed in the Table of Contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

December 13, 2017

RITE AID PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF FEBRUARY 28, 2017 AND FEBRUARY 29, 2016

	2017	2016
ASSETS:		
Investments—at estimated fair value		
Non participant directed	<u>\$ 118,657,313</u>	<u>\$ 110,352,604</u>
Total investments	<u>118,657,313</u>	<u>110,352,604</u>
Receivables:		
Contributions—employer	7,800,000	-
Interest and dividends	<u>511</u>	<u>1,855</u>
Total receivables	<u>7,800,511</u>	<u>1,855</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 126,457,824</u>	<u>\$ 110,354,459</u>

See notes to financial statements.

RITE AID PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED FEBRUARY 28, 2017 AND FEBRUARY 29, 2016

	2017	2016
ADDITIONS:		
Securities from prior Trustee	\$ 453	\$ 138,688
Contributions—employer	<u>7,800,000</u>	<u>-</u>
Total contributions	<u>7,800,453</u>	<u>138,688</u>
Investment income (loss):		
Net appreciation/(depreciation) in fair value of investments	18,564,809	(9,853,631)
Dividends	2,877	12,949
Interest	<u>6,448</u>	<u>1,632</u>
Total investment income (loss)	<u>18,574,134</u>	<u>(9,839,050)</u>
DISBURSEMENTS:		
Benefit payments	7,448,868	7,408,301
Administrative expenses	<u>2,822,354</u>	<u>2,470,810</u>
Total disbursements	<u>10,271,222</u>	<u>9,879,111</u>
INCREASE/(DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	16,103,365	(19,579,473)
NET ASSETS AVAILABLE FOR BENEFITS—Beginning of year	<u>110,354,459</u>	<u>129,933,932</u>
NET ASSETS AVAILABLE FOR BENEFITS—End of year	<u>\$ 126,457,824</u>	<u>\$ 110,354,459</u>

See notes to financial statements.

RITE AID PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED FEBRUARY 28, 2017 AND FEBRUARY 29, 2016

1. PLAN DESCRIPTION

The following brief description of the Rite Aid Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General—The Plan is a defined benefit pension plan that specifies a determinable pension benefit, usually based on factors such as age, years of service and salary. The Plan covers eligible classes, as defined, of employees of Rite Aid Corporation and its subsidiaries (the "Plan Sponsor" or "Plan Administrator"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation—Effective December 31, 2001, participation in the Plan was frozen for non-union, non-grandfathered employees in the Plans. Prior to December 2001, participation in the Rite Aid Corporation Defined Benefit Plan (the "DBR Plan"), the Rite Aid Corporation Plan (the "RAC Plan"), and the CB Plan was open to all eligible employees, as defined in the Plans.

Effective December 31, 1993, participation in the Thrifty Payless, Inc. Pension Plan (the "TPI Plan") was frozen. Prior to December 1993, participation in the Plan was open to all qualified employees who were not covered by a collective bargaining agreement. Participation began upon completing one year of service of at least 1,000 hours.

Pension Benefits—Retirement benefits are paid either monthly or in a lump-sum to pensioners or beneficiaries under various forms of joint and survivor annuities. The monthly pension benefits are equal to the following:

- Eligible employees of Rite Aid Corporation are entitled to monthly pension benefits equal to \$15 for every year of service, payable for life, with early retirement age of 55 years.
- Eligible employees of Rack Rite Distributors, Inc. and WRAC, Inc. are entitled to monthly pension benefits from \$10.50 to \$15 for every year of service earned before March 1, 1997 and \$20 for every additional year of service earned thereafter, payable for life, with early retirement age of 55 years.
- Pennsylvania—Eligible employees of Rite Aid of Pennsylvania, Inc. (excluding the Reading Division) are entitled to monthly pension benefits from \$7 to \$15 for every year of service, payable for life, with early retirement age of 55 years. The Plan was amended such that employees of Rite Aid of Pennsylvania entering the bargaining unit after July 27, 2011 are no longer eligible to participate in the Plan. Effective December 31, 2014 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of Pennsylvania, Inc. covered by a collective bargaining agreement with the District Local of 1776 of the United Food and Commercial Workers Union.

- Eligible employees of Rite Aid of Pennsylvania, Inc.—Reading Division are entitled to monthly pension benefits equal to \$9.50 to \$15 for every year of service, payable for life, with early retirement age of 55 years. The Plan was amended such that employees of Rite Aid of Pennsylvania entering the bargaining unit after July 27, 2011 are no longer eligible to participate in the Plan. Effective December 31, 2014 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of Pennsylvania, Inc.—Reading Division covered by a collective bargaining agreement with the District Local of 1776 of the United Food and Commercial Workers Union.
- Eligible employees of Rite Aid of Florida, Inc., Rite Aid of Kentucky, Inc., Rite Aid of South Carolina, Inc., Rite Aid of Michigan, and Concord Custom Cleaners are entitled to monthly pension benefits equal to \$7 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 62 years.
- Eligible employees of Rite Aid Services L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America are entitled to a monthly pension benefit equal to \$20.00 to \$27.00 for every year of service, payable for life, with early retirement age of 55. Effective April 18, 2012, the Plan was amended such that employees of Rite Aid Services, L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America entering the bargaining unit after April 18, 2012 are no longer eligible to participate in the Plan. Effective December 31, 2015 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid Services L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America.
- Eligible employees of ADAP, Inc. are entitled to monthly pension benefits equal to \$8 to \$10 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 62 years.
- Eligible employees of the Rite Aid West Virginia Distribution Center are entitled to monthly pension benefits from \$9.25 to \$35 for every year of service, payable for life, with early retirement age of 55 years.
- Eligible employees of Rite Aid of Virginia, Inc. are entitled to monthly pension benefits from \$17.50 to \$20 for every year of service for pharmacists and \$7 per month per year of service for all other employees, payable for life, with early retirement age of 60 years.
- Eligible employees of Rite Aid Rome Distribution Center, Inc. are entitled to monthly pension benefits from \$15 to \$35 for every year of service, payable for life, with early retirement age of 55 years. Former employees of the Rite Aid Rome Distribution Center, Inc. are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits due to the Rome Distribution Center closure as of February 28, 2011.
- Eligible employees of Rite Aid of Ohio, Inc. are entitled to monthly pension benefits equal to \$7 for every year of service, payable for life, with early retirement age of 55 years.

- Eligible employees of Rite Aid of Maine, Inc., Rite Aid of New Hampshire, Inc. and Rite Aid of Vermont, Inc. are entitled to monthly pension benefits equal to \$8 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 55 years.
- Eligible employees of Rite Aid of New York, Inc. are entitled to monthly pension benefits equal to \$10 to \$12 for every year of service, up to a maximum benefit of \$700 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. Effective March 15, 2012, the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #23 of the United Food and Commercial Workers Union due to decertification of the union.
- Eligible employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #1 of the United Food and Commercial Workers Union are entitled to monthly pension benefits equal to \$12 to \$14 for every year of service, up to a maximum benefit of \$800 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. Effective June 30, 2013, the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #1 of the United Food and Commercial Workers Union.
- West Virginia—Eligible employees of Rite Aid of West Virginia, Inc. are entitled to monthly pension benefits equal to \$16 for every year of service, up to a maximum benefit of \$600 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. The Plan was amended such that employees of Rite Aid of West Virginia, Inc. are no longer eligible to accrue any additional benefits after December 31, 2011.
- Eligible employees of Rite Aid of Maryland, Inc. are entitled to monthly pension benefits, payable for life, based on wages earned and Social Security integration levels, with early retirement age of 55 years.
- Eligible employees of Rite Aid of Ohio LLC. that are covered by a collective bargaining agreement with Local 75 (formerly NW Ohio Pension Fund participants) prior to January 1, 2013 are entitled to monthly pension benefits, equal to \$11.00 to \$13.50 for each year of service with early retirement age of 55 years.
- Eligible employees of Rite Aid of Ohio LLC. that are covered by a collective bargaining agreement with Local 75 (formerly Central Ohio Pension Fund participants) prior to March 8, 2014 are entitled to monthly pension benefits, equal to \$13.50 for each year of service with early retirement age of 55 years.
- Eligible employees of Thrifty PayLess, Inc. doing business as Rite Aid in the following states: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming are entitled to monthly benefits based upon annual employer contributions ranging from \$125 to \$1,000, calculated using the employee's age and a multiplier, as defined in the Plan.
- Eligible employees of Rite Aid distribution centers located in Wilsonville, OR, Woodland, CA, Lancaster, CA, Perryman, MD and Winchester, VA are entitled to monthly benefits based upon annual employer contributions ranging from \$250 to \$1,800, calculated using the employee's age and a multiplier, as defined in the Plan.

Former employees of the Rite Aid distribution center located in Ogden, UT are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits due to the closure of the Ogden distribution center.

- Eligible employees of Thrifty Corporation and former participants of the Thrifty Corporation Clerks and Pharmacists Pension Plan are entitled to monthly benefits based upon a formula of years of service and the participant's age, as defined in the Plan.

The early retirement benefit is the actuarial equivalent of the pension accrued to the date of early retirement. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated Plan benefits.

Funding—Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make cash contributions to the Plan in an amount no less than the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA) as determined by the Plan's independent actuary. The Plan Sponsor met the minimum funding requirements of ERISA for the years ended February 28, 2017 and February 29, 2016.

Forfeitures—If a participant terminates employment before his or her accrued benefit derived from employer contributions is fully vested, the non-vested portion is forfeited. Any forfeitures arising in the operation of the Plan are applied toward reduction of the cost to fund and maintain the Plan.

Vesting—Participants in the DBR Plan, the RAC Plan and the CB Plan fully vest in benefits after completing five years of credited service, normal retirement, death or disability. Participants in the TPI Plan were 100% vested effective December 31, 1993. Effective March 1, 2008, the CB Plan was amended, in general, to provide that participants who are credited with at least one hour of service on or after March 1, 2008, be 100% vested at all times after the date on which such participant is credited with three years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investments Valuation and Income Recognition—The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for additional information regarding valuation methodology.

The Plan's investments are held in the Rite Aid Master Retirement Pension Trust. However, only the Rite Aid Pension Plan participates in this Master Trust.

Common collective trust funds are stated at fair value as determined by the issuer of the common collective trust funds based on the fair market value of the underlying investments.

The common collective trust funds may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefit Obligations—Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits are expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries.

The actuarial present value of accumulated Plan benefit obligations is determined by an independent actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Significant assumptions underlying the actuarial computations as of March 1, 2016 and 2015, are as follows:

Actuarial cost method	Unit credit cost method
Asset valuation method	Fair market value
Assumed rate of return on investment	6.50%
Mortality basis	For 2016—RP-2014 mortality study table using 2006 base rates with generational projection from Scale MP-2016 For 2015—RP-2014 mortality study table using 2006 base rates with generational projection from Scale MP-2015
Assumed retirement age	Varying rates from ages 55 to 73+

The actuarial present value of accumulated Plan benefits as of March 1, 2016 and 2015 is as follows:

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Inactive participants receiving benefits	\$ 54,901,266	\$ 55,202,111
Other participants	<u>66,212,828</u>	<u>63,511,092</u>
Total vested benefits	121,114,094	118,713,203
Non-vested benefits	<u>198,818</u>	<u>289,990</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 121,312,912</u></u>	<u><u>\$ 119,003,193</u></u>

The changes in accumulated Plan benefits between the valuation dates are as follows:

Actuarial present value of accumulated plan benefits—March 1, 2015	<u>\$ 119,003,193</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	4,136,792
Interest due to the decrease in the discount period	7,498,228
Plan amendment	-
Benefits paid	(7,408,301)
Assumption changes	<u>(1,917,000)</u>
Net increase	<u>2,309,719</u>
Actuarial present value of accumulated plan benefits—March 1, 2016	<u>\$ 121,312,912</u>

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated Plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

Administrative Expenses—Administrative expenses of the Plan are paid by either the Plan or the Plan Sponsor, as provided in the Plan document. During the years ended February 28, 2017 and February 29, 2016, the Plan's expenses primarily included payments to the Plan's trustee, actuary, and record keeper for services rendered substantially all of which were paid by the Plan. All other expenses were paid by the Plan Sponsor.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes to the Plan's net assets available for benefits during the reporting period. Actual results may differ from those estimates and assumptions.

Risk and Uncertainties—The Plan invests in common collective trusts. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Recently Adopted Accounting Pronouncements—In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*. Topic 820, Fair Value Measurement, permits a reporting entity, as a practical expedient, to measure the fair value of certain investments using the net asset value per share of the investment. This ASU removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The ASU also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. Management adopted this ASU during the 2016 Plan year.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I eliminates the requirements to measure fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent five percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, Plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of Plan asset. Part III permits Plans to elect a practical expedient of using, as an alternative measurement date for Plan investments (and investment-related accounts such as a liability for a pending trade with a broker), the month-end closest to the Plan's fiscal year-end when the fiscal year-end does not coincide with a month-end. Any contributions, distributions, or other

significant events occurring between the employee benefit Plan's fiscal year-end and the alternative measurement date should be disclosed. Management adopted Parts I and II during the 2016 Plan year. Part III is not applicable to the Plan.

Recently Issued Accounting Pronouncements Not Yet Adopted—In February 2017, the FASB issued ASU No. 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting*. For each master trust in which a Plan holds an interest, the amendments in this Update require a Plan's interest in that master trust and any change in that interest to be presented in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. Additionally, the amendments in this Update remove the requirement to disclose the percentage interest in the master trust for Plans with divided interests and require that all Plans disclose the dollar amount of their interest in each of those general types of investments, which supplements the existing requirement to disclose the master trust's balances in each general type of investments. Finally, the amendments in this Update require all Plans to disclose (1) their master trust's other asset and liability balances and (2) the dollar amount of the Plan's interest in each of those balances. The amendments in this Update are effective for fiscal years beginning after December 15, 2018. Management is evaluating the potential impact that adoption of this ASU will have on the Plan financial statements.

3. FAIR VALUE MEASUREMENTS

In accordance with Accounting Standard Codification ("ASC") Topic 820, *Fair Value Measurements* ("ASC Topic 820"), the Plan classifies its investments into level 1, which refers to securities valued using quoted prices from active markets for identical assets; level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following table sets forth by level within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at February 28, 2017 and February 29, 2016.

Fair Value Measurements at February 28, 2017, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock—Prudential	\$ -	\$ -	\$ -	\$ -
Investments measured at NAV				
Equity securities				
International equity	-	-	-	15,347,643
Large cap	-	-	-	32,412,861
Small-mid cap	-	-	-	14,083,441
AGT US Int active credit	-	-	-	638,938
Fixed income—long term credit				
AGT US long fixed active credit	-	-	-	47,693,613
ACT 20+ year U.S. Treasury STRIPS	-	-	-	7,563,073
Other types of investments—short term investments	-	-	-	917,744
Total investments measured at NAV	-	-	-	118,657,313
Total	\$ -	\$ -	\$ -	\$ 118,657,313

Fair Value Measurements at February 29, 2016, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock—Prudential	\$ 130,792	\$ -	\$ -	\$ 130,792
Investments measured at NAV				
Equity securities				
International equity	-	-	-	14,413,877
Large cap	-	-	-	28,187,709
Small-mid cap	-	-	-	11,683,769
AGT US Int active credit	-	-	-	41,750
Fixed income—long term credit				
AGT US long fixed active credit	-	-	-	43,129,759
ACT 20+ year U.S. Treasury STRIPS	-	-	-	10,928,838
Other types of investments—short term investments	-	-	-	1,836,110
Total investments measured at NAV	-	-	-	110,221,812
Total	\$ 130,792	\$ -	\$ -	\$ 110,352,604

For the years ended February 28, 2017 and February 29, 2016, there were no significant transfers in or out of levels 1, 2, or 3.

The following is a description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy.

Common and Collective Trusts—Common collective trust funds are stated at fair value as determined by the issuer of the common collective trust funds based on the net asset value (NAV) of the underlying investments in accordance with ASC 820. There are generally no restrictions on redemptions from these funds and no unfunded commitments to invest. In accordance with ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The underlying investments mainly consist of equity and fixed income securities funds that are valued based on the daily closing price as reported by the fund.

The preceding methods described 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.

4. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as of February 28, 2017 and February 29, 2016, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by The Bank of New York Mellon, the Trustee of the Plan. The Plan Administrator has obtained certifications from the Trustee that such information is complete and accurate for the years ended February 28, 2017 and February 29, 2016:

	2017	2016
Equity securities		
International equity	\$ 15,347,643	\$ 14,413,877
Large cap	32,412,861	28,187,709
Small-mid cap	14,083,441	11,683,769
AGT US Int active credit	638,938	41,750
Fixed income—long term credit		
AGT US long fixed active credit	47,693,613	43,129,759
ACT 20+ year U.S. Treasury STRIPS	7,563,073	10,928,838
Other types of investments—short term investments	917,744	1,836,110
Common stock—Prudential	-	130,792
Total investments—common collective trusts	<u>\$ 118,657,313</u>	<u>\$ 110,352,604</u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in values as follows for the years ended February 28, 2017 and February 29, 2016:

	2017	2016
Total appreciation/(depreciation)	<u>\$ 18,564,809</u>	<u>\$ (9,853,631)</u>

The Plan's interest is as follows for the years ended February 28, 2017 and February 29, 2016:

	2017	2016
Other types of investments—short term investments	<u>\$6,448</u>	<u>\$1,632</u>
Total interest	<u>\$6,448</u>	<u>\$1,632</u>

The Trustee of the Plan also certified the information contained in the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year).

5. TAX STATUS

The Plan obtained its latest determination letter dated October 19, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of February 28, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years 2015, 2016 and 2017 remain open to audit.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by the Trustee. The transactions related to such investments qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and trustee services for the years ended February 28, 2017 and February 29, 2016 were \$398,312 and \$407,520, respectively.

8. SUBSEQUENT EVENTS

For the Plan year ended February 28, 2017, subsequent events were evaluated through December 13, 2017, the date the financial statements were available to be issued. There were no subsequent events requiring recording or disclosure in the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULE

RITE AID PENSION PLAN

EMPLOYER ID NO: 23-1614034

PLAN NO: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS OF FEBRUARY 28, 2017

Identity of Issuer	Description of Investment	Cost	Value
* AonHewitt Group Trust	AGT US long fixed active credit	\$39,081,099	\$ 47,693,613
* AonHewitt Group Trust	AGT US Int active credit	637,937	638,938
* AonHewitt Group Trust	ACT 20+ year U.S. Treasury STRIPS	7,441,743	7,563,073
* AonHewitt Group Trust	Large cap	21,903,605	32,412,861
* AonHewitt Group Trust	International equity	14,655,464	15,347,643
* AonHewitt Group Trust	Small-mid cap	11,562,779	14,083,441
* Prudential Financial Inc	Corporate stock—common contribution	-	-
* BNY Mellon	Short term investments	917,744	917,744
		<u>\$96,200,371</u>	<u>\$118,657,313</u>

* Party-in-interest.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of March 1, 2016

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	29 \$17,894							
25-29		15	170 \$27,517	31 \$26,026						
30-34		12	80 \$27,942	68 \$27,931	18					
35-39		4	44 \$24,400	52 \$29,171	240 \$50,483	26 \$48,877				
40-44		6	40 \$24,606	41 \$24,793	237 \$48,560	156 \$51,499	30 \$40,959			
45-49		5	42 \$23,890	46 \$25,538	215 \$47,203	160 \$59,233	155 \$48,937	24 \$42,396		
50-54		9	49 \$21,827	38 \$25,988	261 \$40,209	152 \$46,583	175 \$49,404	147 \$44,164	31 \$41,267	
55-59		3	42 \$19,786	37 \$24,952	250 \$36,249	163 \$43,958	185 \$49,041	116 \$58,620	116 \$44,952	20 \$34,940
60-64		4	45 \$20,474	34 \$24,656	160 \$37,892	136 \$42,342	119 \$46,191	76 \$43,853	86 \$42,209	46 \$55,339
65-69		4	21 \$19,310	13	71 \$33,476	50 \$31,391	47 \$41,881	28 \$28,251	19	25 \$52,294
70+		1	12	13	36 \$21,256	29 \$38,967	30 \$29,294	15	18	14

N-4,899

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of March 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of March 2016), without regard to interest rate stabilization
1st Segment Rate	1.46%
2nd Segment Rate	3.93%
3rd Segment Rate	4.94%
Cash Balance Interest Crediting Rate	5.00%
Cash Balance Annuity Conversion Rate	Current IRC section 417(e) table for lump sums
Optional Payment Form Election Percentage	See Table 1
Lump Sum Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Lump Sum Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63 (Age 65 for Annex B)
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

For ERISA Requirements

Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	<p>Males: It is assumed that 85% of males have an eligible spouse and that males are four years older than the females</p> <p>Females: It is assumed that 50% of females have an eligible spouse and that males are two years older than the females</p>
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior 24 months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	\$2,200,000 which equal the previous year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	March 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 1

Optional Form Election Assumption
Cash Balance Formula

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	75%	10%	15%	0%
Female Actives	75%	20%	0%	5%
Male Term Vested	75%	10%	15%	0%
Female Term Vested	75%	20%	0%	5%
Deaths	100%	0%	0%	0%

Other

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	0%	40%	60%	0%
Female Actives	0%	85%	0%	15%
Male Term Vested	0%	40%	60%	0%
Female Term Vested	0%	85%	0%	15%
Deaths	0%	100%	0%	0%

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 2

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	10.00%
62	15.00%
63	10.00%
64	15.00%
65	25.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 3

Select Withdrawal Rates

Years of Service	Rate
0	30.0%
1	28.0%
2	26.0%
3	23.0%
4	22.0%
5	20.0%
6	19.0%

Ultimate Withdrawal Rates

Age	Rate	Age	Rate
25	19.0%	45	7.0%
26	17.8%	46	6.8%
27	16.6%	47	6.6%
28	15.4%	48	6.4%
29	14.2%	49	6.2%
30	13.0%	50	6.0%
31	12.0%	51	6.0%
32	11.0%	52	6.0%
33	10.0%	53	6.0%
34	9.0%	54	6.0%
35	8.0%	55	6.0%
36	7.8%	56	5.8%
37	7.6%	57	5.6%
38	7.4%	58	5.4%
39	7.2%	59	5.2%
40	7.0%	60	5.0%
41	7.0%	61	4.0%
42	7.0%	62	3.0%
43	7.0%	63	2.0%
44	7.0%	64	1.0%
		65	0.0%

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 4085 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2016</div> This Form Is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>03/01/2016</u> and ending <u>02/28/2017</u>	
A This return/report is for:	☐ a multiple-employer plan ☒ a single-employer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information											
1a Name of plan THE RITE AID PENSION PLAN 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) RITE AID CORPORATION P.O. Box 3165 Harrisburg PA 17105	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">1b Three-digit plan number (PN)</td> <td>002</td> </tr> <tr> <td style="background-color: #f2f2f2;">1c Effective date of plan</td> <td>03/31/1965</td> </tr> <tr> <td style="background-color: #f2f2f2;">2b Employer Identification Number (EIN)</td> <td>23-1614034</td> </tr> <tr> <td style="background-color: #f2f2f2;">2c Plan Sponsor's telephone number</td> <td>717-761-2633</td> </tr> <tr> <td style="background-color: #f2f2f2;">2d Business code (see instructions)</td> <td>446110</td> </tr> </table>	1b Three-digit plan number (PN)	002	1c Effective date of plan	03/31/1965	2b Employer Identification Number (EIN)	23-1614034	2c Plan Sponsor's telephone number	717-761-2633	2d Business code (see instructions)	446110
1b Three-digit plan number (PN)	002										
1c Effective date of plan	03/31/1965										
2b Employer Identification Number (EIN)	23-1614034										
2c Plan Sponsor's telephone number	717-761-2633										
2d Business code (see instructions)	446110										

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		12-15-17	Jessica Kazmaier
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE P.O. BOX 3165 HARRISBURG PA 17105	3b Administrator's EIN 23-1614034 3c Administrator's telephone number 717-761-2633
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 8,996
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) 4,899
a(2) Total number of active participants at the end of the plan year	6a(2) 4,433
b Retired or separated participants receiving benefits.....	6b 2,734
c Other retired or separated participants entitled to future benefits	6c 1,205
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 8,372
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 218
f Total. Add lines 6d and 6e.....	6f 8,590
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 38
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1C	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

b General Schedules

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2016**This Form is Open to Public
Inspection**For calendar plan year 2016 or fiscal plan year beginning 03/01/2016 and ending 02/28/2017▶ **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 THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034
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>03</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	110,354,459	
b Actuarial value.....	2b	121,389,904	
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.....	2,894	55,540,415	55,540,415
b For terminated vested participants.....	1,203	20,289,367	20,289,367
c For active participants.....	4,899	45,373,957	45,647,715
d Total.....	8,996	121,203,739	121,477,497
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	6.11%	
6 Target normal cost.....	6	3,069,518	

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**

RODOLFO E. GARCIA

Signature of actuary

12/05/2017

Date

1707300

RODOLFO E. GARCIA

Type or print name of actuary

Most recent enrollment number

AON CONSULTING, INC.

Firm name

Telephone number (including area code)

400 ATRIUM DRIVE

SOMERSET NJ 08873

Address of the firm

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

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

Schedule SB (Form 5500) 2016
v. 160205

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	2,801,533
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	2,801,533
10 Interest on line 9 using prior year's actual return of <u>-7.85%</u>	0	-219,920
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	1,565,000
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	1,016,613

Part III Funding Percentages

14 Funding target attainment percentage	14	99.09%
15 Adjusted funding target attainment percentage	15	99.09%
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	104.49%
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
11/15/2017	7,800,000	0			
Totals ▶			18(b)	7,800,000	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	7,047,935

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: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		0
22 Weighted average retirement age	22		63
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 Is the plan required to provide a Schedule of Active Participants? 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 6).....	31a	3,069,518										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>1,104,206</td> <td>182,441</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	1,104,206	182,441	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	1,104,206	182,441										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	3,251,959										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....		0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	3,251,959										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	7,047,935										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	3,795,976										
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 3/1/2016 at 6.11%	Interest Adjusted Contribution
November 15, 2017	<u>\$ 7,800,000</u>	624	<u>\$ 7,047,935</u>
Total Contribution	\$ 7,800,000		\$ 7,047,935

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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 beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	7.00%	0.6957	2.92
61	10.00%	0.6470	3.95
62	15.00%	0.5823	5.42
63	10.00%	0.4949	3.12
64	15.00%	0.4455	4.28
65	25.00%	0.3786	6.15
66	20.00%	0.2840	3.75
67	20.00%	0.2272	3.04
68	20.00%	0.1817	2.47
69	20.00%	0.1454	2.01
70	20.00%	0.1163	1.63
71	20.00%	0.0931	1.32
72	20.00%	0.0744	1.07
73	100.00%	0.0596	4.35
Weighted Average			62.79

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on assets assumption was changed from 7.00% (limited to the 3rd Segment Rate) at March 1, 2015 to 6.50% at March 1, 2016 (limited to the 3rd Segment Rate).

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of March 1, 2016

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		7	29 \$17,894							
25-29		15	170 \$27,517	31 \$26,026						
30-34		12	80 \$27,942	68 \$27,931	18					
35-39		4	44 \$24,400	52 \$29,171	240 \$50,483	26 \$48,877				
40-44		6	40 \$24,606	41 \$24,793	237 \$48,560	156 \$51,499	30 \$40,959			
45-49		5	42 \$23,890	46 \$25,538	215 \$47,203	160 \$59,233	155 \$48,937	24 \$42,396		
50-54		9	49 \$21,827	38 \$25,988	261 \$40,209	152 \$46,583	175 \$49,404	147 \$44,164	31 \$41,267	
55-59		3	42 \$19,786	37 \$24,952	250 \$36,249	163 \$43,958	185 \$49,041	116 \$58,620	116 \$44,952	20 \$34,940
60-64		4	45 \$20,474	34 \$24,656	160 \$37,892	136 \$42,342	119 \$46,191	76 \$43,853	86 \$42,209	46 \$55,339
65-69		4	21 \$19,310	13	71 \$33,476	50 \$31,391	47 \$41,881	28 \$28,251	19	25 \$52,294
70+		1	12	13	36 \$21,256	29 \$38,967	30 \$29,294	15	18	14

N-4,899

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,104,206	March 1, 2016	7	\$ 182,441

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of March 2016), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of March 2016), without regard to interest rate stabilization
1st Segment Rate	1.46%
2nd Segment Rate	3.93%
3rd Segment Rate	4.94%
Cash Balance Interest Crediting Rate	5.00%
Cash Balance Annuity Conversion Rate	Current IRC section 417(e) table for lump sums
Optional Payment Form Election Percentage	See Table 1
Lump Sum Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Lump Sum Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 63 (Age 65 for Annex B)
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

For ERISA Requirements

Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	<p>Males: It is assumed that 85% of males have an eligible spouse and that males are four years older than the females</p> <p>Females: It is assumed that 50% of females have an eligible spouse and that males are two years older than the females</p>
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the IRC section 401(a)(17) compensation limit of \$265,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior 24 months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Trust Expenses Included in Target Normal Cost	\$2,200,000 which equal the previous year's expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	March 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 1

Optional Form Election Assumption
Cash Balance Formula

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	75%	10%	15%	0%
Female Actives	75%	20%	0%	5%
Male Term Vested	75%	10%	15%	0%
Female Term Vested	75%	20%	0%	5%
Deaths	100%	0%	0%	0%

Other

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	0%	40%	60%	0%
Female Actives	0%	85%	0%	15%
Male Term Vested	0%	40%	60%	0%
Female Term Vested	0%	85%	0%	15%
Deaths	0%	100%	0%	0%

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 2

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	7.00%
61	10.00%
62	15.00%
63	10.00%
64	15.00%
65	25.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 3

Select Withdrawal Rates

Years of Service	Rate
0	30.0%
1	28.0%
2	26.0%
3	23.0%
4	22.0%
5	20.0%
6	19.0%

Ultimate Withdrawal Rates

Age	Rate	Age	Rate
25	19.0%	45	7.0%
26	17.8%	46	6.8%
27	16.6%	47	6.6%
28	15.4%	48	6.4%
29	14.2%	49	6.2%
30	13.0%	50	6.0%
31	12.0%	51	6.0%
32	11.0%	52	6.0%
33	10.0%	53	6.0%
34	9.0%	54	6.0%
35	8.0%	55	6.0%
36	7.8%	56	5.8%
37	7.6%	57	5.6%
38	7.4%	58	5.4%
39	7.2%	59	5.2%
40	7.0%	60	5.0%
41	7.0%	61	4.0%
42	7.0%	62	3.0%
43	7.0%	63	2.0%
44	7.0%	64	1.0%
		65	0.0%

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Annex A: Dollar Times Service Locations

Effective Date and Plan Year

March 31, 1965. Effective as of February 28, 2002, the Rite Aid Corporation was merged with, and became a part of, Annex A to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rack Rite Distributors, Inc.;
- Rite Aid Corporation on a non-administrative basis;
- Rite Aid of Pennsylvania, Inc. and are covered by a collective bargaining agreement between the employer and Local #1776 of the Retail Store Employees Union;
- Rite Aid of Pennsylvania, Inc. in the Reading, PA area;
- Rite Aid Rome Distribution Center, Inc. on a non-managerial, non-supervisory basis;
- Rite Aid West Virginia Distribution Center on a non-managerial, non-supervisory basis;
- Rite Aid of Florida, Inc., either as a store employee or as a distribution center employee, on a non-managerial, non-supervisory basis;
- Rite Aid Virginia, Inc. as a pharmacist and are covered by a collective bargaining agreement between the employer and Local #400 of the UFCW;
- Rite Aid of Virginia, Inc. either as a distribution center employee on a non-managerial, non-supervisory basis or as an employee who formerly participated in the predecessor Gray Drug plan;
- Rite Aid of Michigan, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of Kentucky, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of South Carolina, Inc., either as a store employee or as a distribution center employee, on a non-union, non-managerial, non-supervisory basis;

Schedule SB Attachment (Form 5500)—2016 Plan Year

The Rite Aid Pension Plan

EIN: 23-1614034 PN: 002

- Rite Aid of Maine, Inc., Rite Aid of New Hampshire, or Rite Aid of Vermont, Inc., either as an hourly paid employee or as an assistant store manager;
- Rite Aid of Ohio, Inc. on a non-union, non-managerial, non-supervisory basis;
- Pontiac Michigan Distribution Center (Local 614) on or after May 1, 2005
- Rite Aid of Ohio, Inc. Union .

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan. With the exception of Rite Aid of Ohio, Inc hired before January 1, 2013

Effective December 31, 2012, employees of Rite Aid Ohio, L.L.C. hired before January 1, 2013 that were fully vested or partially vested under the NW Ohio Plan as of December 31, 2011, or hired during 2012 but not eligible for the NW Ohio Plan due to the cessation of the employer's obligation to contribute to that plan, shall be eligible to be covered under the Rite Aid Pension Plan.

Effective April 1, 2013, employees of Rite Aid of Ohio, L.L.C. hired before April 1, 2013 that were fully vested or partially vested under the Central Ohio Plan as of March 31, 2013, shall be eligible to be covered under the Rite Aid Pension Plan.

Normal Retirement Eligibility

Age 65 and five years of service.

Benefit

A participant's annual accrued benefit is equal to a dollar amount for each year of benefit service earned from a specified start date (if applicable) and subject to the benefit service cap (if applicable). The table shown below summarizes the dollar amounts and specified dates for each participating group.

Effective January 1, 2002, only grandfathered members shall continue to accrue a benefit. With the exception of Rite Aid of Ohio, Inc union employees hired before January 1, 2013.

Effective December 31, 2014 all benefit accruals were frozen for Local #1776.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Effective December 31, 2015 all benefit accruals were
frozen for Local #614

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Participating Group	Annual Multiplier	Service Start Date	Benefit Service Cap
Rack Rite Distributors	\$240 ¹	3/1/1997	N/A
Rack Aid corporation	192	N/A	N/A
Rite Aid of Pennsylvania (Reading)	180	N/A	N/A
Rite Aid of Pennsylvania (all other)	180	N/A	N/A
Rite Aid Rome Distribution Center	420	N/A	N/A
Rite Aid West Virginia Distribution Center	420	N/A	N/A
Rite Aid of Florida	84	3/1/1987	30 years
Rite Aid Virginia (pharmacists)	240	3/1/1982	N/A
Rite Aid Virginia (all other)	84	6/1/1987	N/A
Rite Aid of Michigan	84	N/A	30 years
Rite Aid of Kentucky	84	4/30/1988	30 years
Rite Aid of South Carolina	84	N/A	N/A ²
Rite Aid of Maine	96	N/A	30 years
Rite Aid of New Hampshire	96	N/A	30 years
Rite Aid of Vermont	96	N/A	30 years
Rite Aid of Ohio	84	6/1/1987 ³	N/A
Pontiac Distribution Center (Local 614) ⁴	240	N/A	N/A
Rite Aid of Ohio (union) ⁵	162	1/1/2012	NA

Early Retirement
Eligibility

ADAP, Rite Aid of Florida, Rite Aid of Michigan, Rite Aid of Kentucky, or Rite Aid of South Carolina—Age 62 and five years of service.

Aid of Virginia—Age 60 and five years of service.

For all other participants—Age 55 and five years of service.

¹ Years of benefit service before March 1, 1997 have a multiplier of \$180.

² Store employees have a 30 year benefit service cap but distribution center employees have no cap.

³ For former participants of the People's Drug, Inc. Retirement Plan, the amount of pension earned under the prior plan is added to the pension accrued under this plan.

⁴ Participants of Local 614 who are in the job category of "semi-driver" who complete one hour of service on or after June 3, 2007 will be eligible for an annual multiplier of \$324.

⁵ Former participants of the NW Ohio Plan or the Central Ohio Plan also have an annual multiplier of \$162. Such participants that were not fully vested in the NW Ohio Plan or the Central Ohio Plan are also entitled to the benefit accrued under that plan as of January 1, 2013 or April 1, 2013 respectively.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Benefit	<p>A participant's accrued benefit as of his or her early retirement date, reduced by 6⅔% for each of the first five years (if applicable) and by 3⅓% for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.</p> <p>A participant of Local 614 is eligible to receive an unreduced benefit upon retirement from active status after attainment of age 60 and five years of vesting service.</p>
Vested Termination Eligibility	Five years of vesting service.
Benefit	<p>A participant's vested accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.</p>
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	Joint and 50% survivor annuity actuarially reduced.
Optional Forms of Annuity	Life annuity Joint and 50% survivor annuity Joint and 75% survivor annuity Joint and 100% survivor annuity 60-months certain and life 120-months certain only 180-months certain and life
Actuarial Equivalence	Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% Interest rate(see table of factors at end of appendix).
Definitions Grandfathered Member	<p>A participant who either:</p> <ul style="list-style-type: none">▪ Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or▪ Is employed under a collective bargaining agreement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Employee Contributions

The plan may accept mandatory contributions made by former Lane Drug Stores participants to the People's Drug Stores, Inc. Retirement Plan.

Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

A special exception applies for employees who first became eligible to participate in the Rite Aid Corporation Pension Plan on September 29, 1998 as a result of the collective bargaining agreement with Local #1776 of the Retail Store Employees Union. These employees shall be credited with two years of service starting 1999 until their benefit service equals their vesting service.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Schedule SB Attachment (Form 5500)—2016 Plan Year

The Rite Aid Pension Plan

EIN: 23-1614034 PN: 002

Annex B: Pay-Related Locations

Effective Date

November 1, 1952. Effective as of February 28, 2002, the Rite Aid Corporation Defined Benefit Retirement Plan was merged with, and became a part of, Annex B to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Defined Benefit Retirement employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rite Aid of New York, Inc. or Rite Aid Corporation and were formerly employed by Daw Drug Company, Inc. on July 31, 1969;
- Rite Aid of New York, Inc. and are covered by a collective bargaining agreement between the employer and either Local #1 or Local #23 of the UFCW;
- Rite of Maryland, Inc. on a non-managerial, non-professional basis;
- Rite Aid of Maryland, Inc. on a managerial or professional basis and were participating in the plan on January 1, 1978;
- Rite Aid of West Virginia, Inc. or Rite Aid Corporation and were formerly employed by Cohen Drug Company, Inc. on June 30, 1971; or
- Rite Aid of West Virginia, Inc. and are covered by a collective bargaining agreement between the employer and retail, Wholesale and Department Store Employees Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility and future benefit accruals were frozen for employees of Rite Aid of West Virginia.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Normal Retirement
Eligibility

Age 65 and five years of vesting service.

Benefit

For Rite Aid of New York, a participant's annual accrued benefit is equal to the greater of (a) or (b), subject to an overall maximum of 8,400 (\$9600 for Local #1):

(a) The sum of the following:

- (1) December 31, 1988 accrued benefit; plus
- (2) 0.50% of calendar-year compensation for each year of benefit service after 1988; plus
- (3) 0.50% of calendar-year compensation in excess of the integration level for each year of benefit service after 1988 (up to 35 years).

(b) \$120 (\$144 for Local #1) for each of the first five years of benefit service and \$144 (\$168 for Local #1) for each of the next five years.

For Rite Aid of Maryland, a participant's annual accrued benefit is equal to the greater of (a) or (b):

(a) The sum of the following:

- (1) December 31, 1988 accrued benefit; plus
- (2) 0.75% of compensation up to SS integration level for each year of benefit service after 1988; plus
- (3) 0.50% of compensation in excess of the Integration Level for each year of benefit service after 1988 (up to 35 years).

(b) The actuarial equivalent of a participant's prior profit sharing account.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

For Rite Aid of West Virginia, a participant's annual accrued benefit is equal to the greatest of (a), (b), or (c), subject to an overall maximum of \$7,200:

- (a) The sum of the following:
 - (1) 0.375% of average annual compensation multiplied by years of benefit service through December 31, 2011; plus
 - (2) 0.375% of average annual compensation in excess of \$6,600 multiplied by years of benefit service through December 31, 2011 (up to 35 years).
- (b) The pension accrued to December 31, 1988.
- (c) Minimum Benefit: \$180 (\$192 for RWDSU Participants) for each year of benefit service through December 31, 2011.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility was frozen for employees of Rite Aid of West Virginia. A participant's accrued benefit payable as of his or her normal retirement date, payable immediately.

Early Retirement
Eligibility

Rite Aid of New York or Rite Aid of West Virginia—Age 60 and five years of service.

For all other participants—Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Late Retirement
Eligibility

Participant who remains employed after normal retirement.

Benefit

The greater of a participant's accrued benefit at his or her late retirement date or the actuarially increased value of the benefit at the end of the prior calendar year, payable immediately.

Vested Termination
Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Surviving Spouse
Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity
Without Spouse

Life annuity. For Rite Aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Preretirement Death
Eligibility

Death of a participant who has been married for at least one year and is vested.

Benefit

50% of the benefits to which a participant would be entitled had he/she terminated employment on his or her date of death (in case of a death from active status), elected payments at his or her earliest retirement date in the form of a joint and survivor annuity, survived to his or her earliest retirement date, and died immediately thereafter.

Alternatively, a surviving spouse can elect to defer commencement of this benefit to the participant's normal retirement date. Also if prior to his or her death the participant had elected a joint and survivor annuity with a different benefit continuation percentage, then that percentage will apply.

For Rite Aid Maryland, former participants in the Read Drug profit sharing plan receive the greater of the lump sum value of the preretirement surviving spouse benefit described above or the prior profit sharing account. The prior profit sharing account is payable to the participant's designated beneficiary, with any excess preretirement surviving spouse benefit being payable to the participant's surviving spouse.

Postretirement Death
Eligibility

Retired former participant in the Read Drug profit sharing plan.

Benefit

The designated beneficiary of a former participant in the Read Drug profit sharing plan is eligible to receive a postretirement death benefit to the extent any unpaid account balance remains at the time of his or her death.

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate (see table of factors at end of section).

Definitions

Average Annual Compensation

The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Pension Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Pension Qualification Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Integration Level

The integration level in effect for each calendar year equals the covered compensation for an individual who attains social security retirement age during such year.

Average Annual Compensation

The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Grandfathered member, a participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex C: Cash Balance Locations

Effective Date

January 1, 1997. Effective as of February 28, 2002, the Rite Aid Corporation Cash Balance Pension Plan was merged with, and became a part of, Annex C to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Cash Balance Pension Plan employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

All non-union, non-managerial, non-supervisory employees who:

- Attained age 21 and completed one year of eligibility service (1,000 hours); and
- Are not classified as “highly compensated employees” as defined in IRC section 414(q) under IRS regulations; and
- Are employed by either West Coast Distribution Centers, the West Coast Stores, the Maryland Distribution Center, or the Virginia Carpenter Shop.

Effective December 31, 2001, no non-grandfathered members shall first participate in the plan.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her early retirement date, payable immediately.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her late retirement date, payable immediately.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Vested Termination
Eligibility

Three years of vesting service.

Benefit

The actuarial equivalent of the participant's accumulated cash balance account at his or her late retirement date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date.

Surviving Spouse
Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.

Form of Annuity
Without Spouse

Life annuity. For Rite aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Definitions

Grandfathered Member

A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Was active on January 1, 1997 with at least 15 years of vesting service.

Employee Contributions

None.

Credited Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Accrued Benefit

A cash balance account shall be maintained for each participant subject to the following:

- A contribution is credited to the cash balance account as of the last day of each plan year in which an eligible participant completes 1,000 hours of service as shown in the table of contribution credits.
- There is a special transition rule for West Coast Distribution Center and West Coast Store participants who had completed 15 years of vesting service as of January 1, 1997. For these participants the contribution credited to the cash balance account each plan year equals the contribution credit times the service multiplier, as shown in the table of service multipliers.
- Interest is credited to the cash balance account at the end of each month, at a fixed rate for each calendar year. The annualized interest credit rate is equal to the lesser of 8% or the applicable interest rate under IRC section 417(e)(3)(A)(ii)(II) for the second month preceding the beginning of the plan year.

Effective January 1, 2012, only grandfathered members shall receive a contribution credit. All Rite Aid Stores which are located in one of the following States: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$125	44	\$359
22	\$125	45	\$377
23	\$129	46	\$396
24	\$135	47	\$416
25	\$142	48	\$436
26	\$149	49	\$458
27	\$157	50	\$481
28	\$164	51	\$505
29	\$173	52	\$530
30	\$181	53	\$557
31	\$190	54	\$585
32	\$200	55	\$614
33	\$210	56	\$645
34	\$220	57	\$677
35	\$231	58	\$711
36	\$243	59	\$746
37	\$255	60	\$784
38	\$268	61	\$823
39	\$281	62	\$864
40	\$295	63	\$907
41	\$310	64	\$952
42	\$326	65 or Over	\$1,000
43	\$342		

All Rite Aid's distribution centers located in one of the following States:

- Rite Aid Distribution Center in Wilsonville, Oregon
- Rite Aid Distribution Center in Ogden, Utah
- Rite Aid Distribution Center in Woodland, California
- Rite Aid Distribution Center in Lancaster, California
- Rite Aid Distribution Center in Perryman, Maryland
- Rite Aid Distribution Center in Winchester, Virginia

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$250	44	\$646
22	\$250	45	\$678
23	\$250	46	\$712
24	\$250	47	\$748
25	\$256	48	\$785
26	\$268	49	\$825
27	\$282	50	\$866
28	\$296	51	\$909
29	\$311	52	\$955
30	\$326	53	\$1,002
31	\$343	54	\$1,052
32	\$360	55	\$1,105
33	\$378	56	\$1,160
34	\$397	57	\$1,218
35	\$417	58	\$1,279
36	\$437	59	\$1,343
37	\$459	60	\$1,410
38	\$482	61	\$1,481
39	\$506	62	\$1,555
40	\$532	63	\$1,633
41	\$558	64	\$1,714
42	\$586	65 or Over	\$1,800
43	\$615		

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex D: Former Thrifty PayLess, Inc. Employees

Effective Date	GRIP—January 1, 1997 and C&P—September 1, 1974. Effective as of February 28, 2002, the Thrifty PayLess, Inc Pension Plan was merged with, and became a part of, Annex D to The Rite Aid Pension Plan. The Pension Plan for Former Thrifty PayLess, Inc. employees of Rite Aid was amended and restated on January 1, 2010.
Eligibility for Participation	Effective December 31, 1993, participation in the plan was frozen for GRIP participants. Effective December 31, 1994, participation was frozen for the C&P Plan. As of December 1, 1995, all participants of the C&P Plan were merged into this plan.
Normal Retirement Eligibility	Age 65.
Benefit	A participant's frozen accrued benefit payable as of his or her normal retirement date, payable immediately.
Early Retirement Eligibility	GRIP—Age 55 and completion of 10 years vesting service. C&P—No early retirement provision.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 5/9% for each month the benefit commences before age 65 up to 60 months, and 5/18% for each month the benefit commences before you reach age 65 in excess of 60 months.
Late Retirement Eligibility	Participant who remains employed after normal retirement.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially increased to reflect the deferred payments of benefits.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
120-months certain and life
120-months certain only
Lump sum

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Benefit Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- Effective December 31, 2015 all benefit accrual were frozen for Local #614.

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.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 3/1/2016 at 6.11%	Interest Adjusted Contribution
November 15, 2017	<u>\$ 7,800,000</u>	624	<u>\$ 7,047,935</u>
Total Contribution	\$ 7,800,000		\$ 7,047,935

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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 beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	7.00%	1.0000	3.85
56	7.00%	0.9300	3.65
57	7.00%	0.8649	3.45
58	7.00%	0.8044	3.27
59	7.00%	0.7481	3.09
60	7.00%	0.6957	2.92
61	10.00%	0.6470	3.95
62	15.00%	0.5823	5.42
63	10.00%	0.4949	3.12
64	15.00%	0.4455	4.28
65	25.00%	0.3786	6.15
66	20.00%	0.2840	3.75
67	20.00%	0.2272	3.04
68	20.00%	0.1817	2.47
69	20.00%	0.1454	2.01
70	20.00%	0.1163	1.63
71	20.00%	0.0931	1.32
72	20.00%	0.0744	1.07
73	100.00%	0.0596	4.35
Weighted Average			62.79

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Annex A: Dollar Times Service Locations

Effective Date and Plan Year

March 31, 1965. Effective as of February 28, 2002, the Rite Aid Corporation was merged with, and became a part of, Annex A to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rack Rite Distributors, Inc.;
- Rite Aid Corporation on a non-administrative basis;
- Rite Aid of Pennsylvania, Inc. and are covered by a collective bargaining agreement between the employer and Local #1776 of the Retail Store Employees Union;
- Rite Aid of Pennsylvania, Inc. in the Reading, PA area;
- Rite Aid Rome Distribution Center, Inc. on a non-managerial, non-supervisory basis;
- Rite Aid West Virginia Distribution Center on a non-managerial, non-supervisory basis;
- Rite Aid of Florida, Inc., either as a store employee or as a distribution center employee, on a non-managerial, non-supervisory basis;
- Rite Aid Virginia, Inc. as a pharmacist and are covered by a collective bargaining agreement between the employer and Local #400 of the UFCW;
- Rite Aid of Virginia, Inc. either as a distribution center employee on a non-managerial, non-supervisory basis or as an employee who formerly participated in the predecessor Gray Drug plan;
- Rite Aid of Michigan, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of Kentucky, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of South Carolina, Inc., either as a store employee or as a distribution center employee, on a non-union, non-managerial, non-supervisory basis;

Schedule SB Attachment (Form 5500)—2016 Plan Year

The Rite Aid Pension Plan

EIN: 23-1614034 PN: 002

- Rite Aid of Maine, Inc., Rite Aid of New Hampshire, or Rite Aid of Vermont, Inc., either as an hourly paid employee or as an assistant store manager;
- Rite Aid of Ohio, Inc. on a non-union, non-managerial, non-supervisory basis;
- Pontiac Michigan Distribution Center (Local 614) on or after May 1, 2005
- Rite Aid of Ohio, Inc. Union .

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan. With the exception of Rite Aid of Ohio, Inc hired before January 1, 2013

Effective December 31, 2012, employees of Rite Aid Ohio, L.L.C. hired before January 1, 2013 that were fully vested or partially vested under the NW Ohio Plan as of December 31, 2011, or hired during 2012 but not eligible for the NW Ohio Plan due to the cessation of the employer's obligation to contribute to that plan, shall be eligible to be covered under the Rite Aid Pension Plan.

Effective April 1, 2013, employees of Rite Aid of Ohio, L.L.C. hired before April 1, 2013 that were fully vested or partially vested under the Central Ohio Plan as of March 31, 2013, shall be eligible to be covered under the Rite Aid Pension Plan.

Normal Retirement Eligibility

Age 65 and five years of service.

Benefit

A participant's annual accrued benefit is equal to a dollar amount for each year of benefit service earned from a specified start date (if applicable) and subject to the benefit service cap (if applicable). The table shown below summarizes the dollar amounts and specified dates for each participating group.

Effective January 1, 2002, only grandfathered members shall continue to accrue a benefit. With the exception of Rite Aid of Ohio, Inc union employees hired before January 1, 2013.

Effective December 31, 2014 all benefit accruals were frozen for Local #1776.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Effective December 31, 2015 all benefit accruals were
frozen for Local #614

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Participating Group	Annual Multiplier	Service Start Date	Benefit Service Cap
Rack Rite Distributors	\$240 ¹	3/1/1997	N/A
Rack Aid corporation	192	N/A	N/A
Rite Aid of Pennsylvania (Reading)	180	N/A	N/A
Rite Aid of Pennsylvania (all other)	180	N/A	N/A
Rite Aid Rome Distribution Center	420	N/A	N/A
Rite Aid West Virginia Distribution Center	420	N/A	N/A
Rite Aid of Florida	84	3/1/1987	30 years
Rite Aid Virginia (pharmacists)	240	3/1/1982	N/A
Rite Aid Virginia (all other)	84	6/1/1987	N/A
Rite Aid of Michigan	84	N/A	30 years
Rite Aid of Kentucky	84	4/30/1988	30 years
Rite Aid of South Carolina	84	N/A	N/A ²
Rite Aid of Maine	96	N/A	30 years
Rite Aid of New Hampshire	96	N/A	30 years
Rite Aid of Vermont	96	N/A	30 years
Rite Aid of Ohio	84	6/1/1987 ³	N/A
Pontiac Distribution Center (Local 614) ⁴	240	N/A	N/A
Rite Aid of Ohio (union) ⁵	162	1/1/2012	NA

Early Retirement
Eligibility

ADAP, Rite Aid of Florida, Rite Aid of Michigan, Rite Aid of Kentucky, or Rite Aid of South Carolina—Age 62 and five years of service.

Aid of Virginia—Age 60 and five years of service.

For all other participants—Age 55 and five years of service.

¹ Years of benefit service before March 1, 1997 have a multiplier of \$180.

² Store employees have a 30 year benefit service cap but distribution center employees have no cap.

³ For former participants of the People's Drug, Inc. Retirement Plan, the amount of pension earned under the prior plan is added to the pension accrued under this plan.

⁴ Participants of Local 614 who are in the job category of "semi-driver" who complete one hour of service on or after June 3, 2007 will be eligible for an annual multiplier of \$324.

⁵ Former participants of the NW Ohio Plan or the Central Ohio Plan also have an annual multiplier of \$162. Such participants that were not fully vested in the NW Ohio Plan or the Central Ohio Plan are also entitled to the benefit accrued under that plan as of January 1, 2013 or April 1, 2013 respectively.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Benefit	<p>A participant's accrued benefit as of his or her early retirement date, reduced by 6⅔% for each of the first five years (if applicable) and by 3⅓% for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.</p> <p>A participant of Local 614 is eligible to receive an unreduced benefit upon retirement from active status after attainment of age 60 and five years of vesting service.</p>
Vested Termination Eligibility	Five years of vesting service.
Benefit	<p>A participant's vested accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.</p>
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	Joint and 50% survivor annuity actuarially reduced.
Optional Forms of Annuity	Life annuity Joint and 50% survivor annuity Joint and 75% survivor annuity Joint and 100% survivor annuity 60-months certain and life 120-months certain only 180-months certain and life
Actuarial Equivalence	Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% Interest rate(see table of factors at end of appendix).
Definitions Grandfathered Member	<p>A participant who either:</p> <ul style="list-style-type: none">▪ Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or▪ Is employed under a collective bargaining agreement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Employee Contributions

The plan may accept mandatory contributions made by former Lane Drug Stores participants to the People's Drug Stores, Inc. Retirement Plan.

Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

A special exception applies for employees who first became eligible to participate in the Rite Aid Corporation Pension Plan on September 29, 1998 as a result of the collective bargaining agreement with Local #1776 of the Retail Store Employees Union. These employees shall be credited with two years of service starting 1999 until their benefit service equals their vesting service.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex B: Pay-Related Locations

Effective Date

November 1, 1952. Effective as of February 28, 2002, the Rite Aid Corporation Defined Benefit Retirement Plan was merged with, and became a part of, Annex B to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Defined Benefit Retirement employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rite Aid of New York, Inc. or Rite Aid Corporation and were formerly employed by Daw Drug Company, Inc. on July 31, 1969;
- Rite Aid of New York, Inc. and are covered by a collective bargaining agreement between the employer and either Local #1 or Local #23 of the UFCW;
- Rite of Maryland, Inc. on a non-managerial, non-professional basis;
- Rite Aid of Maryland, Inc. on a managerial or professional basis and were participating in the plan on January 1, 1978;
- Rite Aid of West Virginia, Inc. or Rite Aid Corporation and were formerly employed by Cohen Drug Company, Inc. on June 30, 1971; or
- Rite Aid of West Virginia, Inc. and are covered by a collective bargaining agreement between the employer and retail, Wholesale and Department Store Employees Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility and future benefit accruals were frozen for employees of Rite Aid of West Virginia.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

For Rite Aid of New York, a participant's annual accrued benefit is equal to the greater of (a) or (b), subject to an overall maximum of 8,400 (\$9600 for Local #1):

(a) The sum of the following:

- (1) December 31, 1988 accrued benefit; plus
- (2) 0.50% of calendar-year compensation for each year of benefit service after 1988; plus
- (3) 0.50% of calendar-year compensation in excess of the integration level for each year of benefit service after 1988 (up to 35 years).

(b) \$120 (\$144 for Local #1) for each of the first five years of benefit service and \$144 (\$168 for Local #1) for each of the next five years.

For Rite Aid of Maryland, a participant's annual accrued benefit is equal to the greater of (a) or (b):

(a) The sum of the following:

- (1) December 31, 1988 accrued benefit; plus
- (2) 0.75% of compensation up to SS integration level for each year of benefit service after 1988; plus
- (3) 0.50% of compensation in excess of the Integration Level for each year of benefit service after 1988 (up to 35 years).

(b) The actuarial equivalent of a participant's prior profit sharing account.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

For Rite Aid of West Virginia, a participant's annual accrued benefit is equal to the greatest of (a), (b), or (c), subject to an overall maximum of \$7,200:

- (a) The sum of the following:
 - (1) 0.375% of average annual compensation multiplied by years of benefit service through December 31, 2011; plus
 - (2) 0.375% of average annual compensation in excess of \$6,600 multiplied by years of benefit service through December 31, 2011 (up to 35 years).
- (b) The pension accrued to December 31, 1988.
- (c) Minimum Benefit: \$180 (\$192 for RWDSU Participants) for each year of benefit service through December 31, 2011.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility was frozen for employees of Rite Aid of West Virginia. A participant's accrued benefit payable as of his or her normal retirement date, payable immediately.

Early Retirement
Eligibility

Rite Aid of New York or Rite Aid of West Virginia—Age 60 and five years of service.

For all other participants—Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Late Retirement
Eligibility

Participant who remains employed after normal retirement.

Benefit

The greater of a participant's accrued benefit at his or her late retirement date or the actuarially increased value of the benefit at the end of the prior calendar year, payable immediately.

Vested Termination
Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Surviving Spouse
Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Normal Form of Annuity
Without Spouse

Life annuity. For Rite Aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Schedule SB Attachment (Form 5500)—2016 Plan Year

The Rite Aid Pension Plan

EIN: 23-1614034 PN: 002

Preretirement Death

Eligibility

Death of a participant who has been married for at least one year and is vested.

Benefit

50% of the benefits to which a participant would be entitled had he/she terminated employment on his or her date of death (in case of a death from active status), elected payments at his or her earliest retirement date in the form of a joint and survivor annuity, survived to his or her earliest retirement date, and died immediately thereafter.

Alternatively, a surviving spouse can elect to defer commencement of this benefit to the participant's normal retirement date. Also if prior to his or her death the participant had elected a joint and survivor annuity with a different benefit continuation percentage, then that percentage will apply.

For Rite Aid Maryland, former participants in the Read Drug profit sharing plan receive the greater of the lump sum value of the preretirement surviving spouse benefit described above or the prior profit sharing account. The prior profit sharing account is payable to the participant's designated beneficiary, with any excess preretirement surviving spouse benefit being payable to the participant's surviving spouse.

Postretirement Death

Eligibility

Retired former participant in the Read Drug profit sharing plan.

Benefit

The designated beneficiary of a former participant in the Read Drug profit sharing plan is eligible to receive a postretirement death benefit to the extent any unpaid account balance remains at the time of his or her death.

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate (see table of factors at end of section).

Definitions

Average Annual Compensation

The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Pension Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Pension Qualification Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Integration Level

The integration level in effect for each calendar year equals the covered compensation for an individual who attains social security retirement age during such year.

Average Annual Compensation

The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Grandfathered member, a participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex C: Cash Balance Locations

Effective Date

January 1, 1997. Effective as of February 28, 2002, the Rite Aid Corporation Cash Balance Pension Plan was merged with, and became a part of, Annex C to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Cash Balance Pension Plan employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

All non-union, non-managerial, non-supervisory employees who:

- Attained age 21 and completed one year of eligibility service (1,000 hours); and
- Are not classified as “highly compensated employees” as defined in IRC section 414(q) under IRS regulations; and
- Are employed by either West Coast Distribution Centers, the West Coast Stores, the Maryland Distribution Center, or the Virginia Carpenter Shop.

Effective December 31, 2001, no non-grandfathered members shall first participate in the plan.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her early retirement date, payable immediately.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her late retirement date, payable immediately.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Vested Termination
Eligibility

Three years of vesting service.

Benefit

The actuarial equivalent of the participant's accumulated cash balance account at his or her late retirement date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date.

Surviving Spouse
Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.

Form of Annuity
Without Spouse

Life annuity. For Rite aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Definitions

Grandfathered Member

A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Was active on January 1, 1997 with at least 15 years of vesting service.

Employee Contributions

None.

Credited Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Accrued Benefit

A cash balance account shall be maintained for each participant subject to the following:

- A contribution is credited to the cash balance account as of the last day of each plan year in which an eligible participant completes 1,000 hours of service as shown in the table of contribution credits.
- There is a special transition rule for West Coast Distribution Center and West Coast Store participants who had completed 15 years of vesting service as of January 1, 1997. For these participants the contribution credited to the cash balance account each plan year equals the contribution credit times the service multiplier, as shown in the table of service multipliers.
- Interest is credited to the cash balance account at the end of each month, at a fixed rate for each calendar year. The annualized interest credit rate is equal to the lesser of 8% or the applicable interest rate under IRC section 417(e)(3)(A)(ii)(II) for the second month preceding the beginning of the plan year.

Effective January 1, 2012, only grandfathered members shall receive a contribution credit. All Rite Aid Stores which are located in one of the following States: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$125	44	\$359
22	\$125	45	\$377
23	\$129	46	\$396
24	\$135	47	\$416
25	\$142	48	\$436
26	\$149	49	\$458
27	\$157	50	\$481
28	\$164	51	\$505
29	\$173	52	\$530
30	\$181	53	\$557
31	\$190	54	\$585
32	\$200	55	\$614
33	\$210	56	\$645
34	\$220	57	\$677
35	\$231	58	\$711
36	\$243	59	\$746
37	\$255	60	\$784
38	\$268	61	\$823
39	\$281	62	\$864
40	\$295	63	\$907
41	\$310	64	\$952
42	\$326	65 or Over	\$1,000
43	\$342		

All Rite Aid's distribution centers located in one of the following States:

- Rite Aid Distribution Center in Wilsonville, Oregon
- Rite Aid Distribution Center in Ogden, Utah
- Rite Aid Distribution Center in Woodland, California
- Rite Aid Distribution Center in Lancaster, California
- Rite Aid Distribution Center in Perryman, Maryland
- Rite Aid Distribution Center in Winchester, Virginia

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$250	44	\$646
22	\$250	45	\$678
23	\$250	46	\$712
24	\$250	47	\$748
25	\$256	48	\$785
26	\$268	49	\$825
27	\$282	50	\$866
28	\$296	51	\$909
29	\$311	52	\$955
30	\$326	53	\$1,002
31	\$343	54	\$1,052
32	\$360	55	\$1,105
33	\$378	56	\$1,160
34	\$397	57	\$1,218
35	\$417	58	\$1,279
36	\$437	59	\$1,343
37	\$459	60	\$1,410
38	\$482	61	\$1,481
39	\$506	62	\$1,555
40	\$532	63	\$1,633
41	\$558	64	\$1,714
42	\$586	65 or Over	\$1,800
43	\$615		

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex D: Former Thrifty PayLess, Inc. Employees

Effective Date	GRIP—January 1, 1997 and C&P—September 1, 1974. Effective as of February 28, 2002, the Thrifty PayLess, Inc Pension Plan was merged with, and became a part of, Annex D to The Rite Aid Pension Plan. The Pension Plan for Former Thrifty PayLess, Inc. employees of Rite Aid was amended and restated on January 1, 2010.
Eligibility for Participation	Effective December 31, 1993, participation in the plan was frozen for GRIP participants. Effective December 31, 1994, participation was frozen for the C&P Plan. As of December 1, 1995, all participants of the C&P Plan were merged into this plan.
Normal Retirement Eligibility	Age 65.
Benefit	A participant's frozen accrued benefit payable as of his or her normal retirement date, payable immediately.
Early Retirement Eligibility	GRIP—Age 55 and completion of 10 years vesting service. C&P—No early retirement provision.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 5/9% for each month the benefit commences before age 65 up to 60 months, and 5/18% for each month the benefit commences before you reach age 65 in excess of 60 months.
Late Retirement Eligibility	Participant who remains employed after normal retirement.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially increased to reflect the deferred payments of benefits.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
120-months certain and life
120-months certain only
Lump sum

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Benefit Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- Effective December 31, 2015 all benefit accrual were frozen for Local #614.

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.

RITE AID PENSION PLAN

EMPLOYER ID NO: 23-1614034

PLAN NO: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

AS OF FEBRUARY 28, 2017

Identity of Issuer	Description of Investment	Cost	Value
* AonHewitt Group Trust	AGT US long fixed active credit	\$39,081,099	\$ 47,693,613
* AonHewitt Group Trust	AGT US Int active credit	637,937	638,938
* AonHewitt Group Trust	ACT 20+ year U.S. Treasury STRIPS	7,441,743	7,563,073
* AonHewitt Group Trust	Large cap	21,903,605	32,412,861
* AonHewitt Group Trust	International equity	14,655,464	15,347,643
* AonHewitt Group Trust	Small-mid cap	11,562,779	14,083,441
* Prudential Financial Inc	Corporate stock—common contribution	-	-
* BNY Mellon	Short term investments	917,744	917,744
		<u>\$96,200,371</u>	<u>\$118,657,313</u>

* Party-in-interest.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,104,206	March 1, 2016	7	\$ 182,441

Schedule SB Attachment (Form 5500)—2016 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The expected return on assets assumption was changed from 7.00% (limited to the 3rd Segment Rate) at March 1, 2015 to 6.50% at March 1, 2016 (limited to the 3rd Segment Rate).