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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PETCO ANIMAL SUPPLIES, INC. 401K PLAN</u>                                                                                                                                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1992</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1992</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                           | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1992</u>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PETCO ANIMAL SUPPLIES, INC.</u><br><br><u>10850 VIA FRONTERA</u><br><u>SAN DIEGO, CA 92127</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>33-0479906</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>858-453-7845</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>453910</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>33-0479906</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>858-453-7845</u> | <b>2d</b> Business code (see instructions)<br><u>453910</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>33-0479906</u>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>858-453-7845</u>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>453910</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | DEL HANSEN                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>PETCO ANIMAL SUPPLIES, INC. RETIREMENT COMMITTEE<br><br>10850 VIA FRONTERA<br>SAN DIEGO, CA 92127                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br>33-0479906                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               | <b>3c</b> Administrator's telephone number<br>858-453-7845                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               | <b>5</b> 20470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               | <b>6a(1)</b> 18412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               | <b>6a(2)</b> 23925                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | <b>6b</b> 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | <b>6c</b> 2203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               | <b>6d</b> 26140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               | <b>6e</b> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               | <b>6f</b> 26148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               | <b>6g</b> 7811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                               | <b>6h</b> 398                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2G 2J 2K 2T 3H 2F 3D                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

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|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                              |                                                             |     |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021   |                                                             |     |
| <b>A</b> Name of plan<br>PETCO ANIMAL SUPPLIES, INC. 401K PLAN                               | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                              |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PETCO ANIMAL SUPPLIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>33-0479906 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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**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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 302151                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 72824                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RESOURCES INVESTMENT ADVISORS LLC

43-1451524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 45000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

ROSNER BROWN TOUCHSTONE & KELLER L

33-0567239

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 41250                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| ABF INTL EQUITY R5 - DST ASSET MAN      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105                               | 0.04%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DODGE & COX STOCK - DST ASSET MANA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105                               | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                                                    | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VICTORY S SM CO OP I - FIS INVESTO      FAITH INVESTOR SERVICES, LLC<br>14785 PRESTON ROAD, SUITE 1000<br>DALLAS, TX 75254 | 0.10%                                                                                                                                                              |                                           |

**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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                         |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b>   | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |                                         |            |  |  |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |                                                                                           |                                         |            |  |  |
| <b>A</b> Name of plan<br><u>PETCO ANIMAL SUPPLIES, INC. 401K PLAN</u>                                                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ► | <u>001</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                     |                                                                                           |                                         |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                         |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PETCO ANIMAL SUPPLIES, INC.</u>                                                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br><u>33-0479906</u>                                                                                                                                                                                                             |                                                                                           |                                         |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                         |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0             | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                         |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b> 305754     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 795454     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b> 0          | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b> 0          | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b> 0          | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b> 0       | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b> 0       | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b> 0       | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b> 0       | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 0          | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b> 0          | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b> 0          | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b> 4500594    | 4884625         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b> 9662617    | 8235013         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 0         | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b> 0         | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b> 0         | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 217297400 | 266559400       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 0         | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b> 0         | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 232561819             | 279679038       |

**Liabilities**

|                                                                           |           |         |         |
|---------------------------------------------------------------------------|-----------|---------|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0       | 0       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0       | 0       |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0       | 0       |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 1117802 | 1860698 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 1117802 | 1860698 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 231444017 | 277818340 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 8719261    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 23945861   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 4182797    |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 36847919  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 244105     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 244105    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 23593467   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 23593467  |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | -154577   |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 14333824  |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 74864738  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 26149029   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 26149029  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 1860698   |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 19463     |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 72824      |           |
| (4) Other.....                                                                                 | 2i(4)  | 388401     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 461225    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 28490415  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 46374323  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **RBTK, LLP**

(2) EIN: **33-0567239**

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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 7000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                              |                                                             |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>PETCO ANIMAL SUPPLIES, INC. 401K PLAN                               | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PETCO ANIMAL SUPPLIES, INC. | <b>D</b> Employer Identification Number (EIN)<br>33-0479906 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                             |          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): 04-6568107 |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**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): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES  
WITH INDEPENDENT AUDITORS' REPORT**

December 31, 2021 and 2020

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
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December 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT (2021)

Petco Animal Supplies, Inc. Retirement Committee  
Petco Animal Supplies, Inc. 401k Plan  
San Diego, California

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed an audit of the accompanying financial statements of Petco Animal Supplies, Inc. 401k Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for our Opinion***

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

***Responsibilities of Management for the Financial Statements***

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

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

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

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

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

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

***Auditors' Responsibilities for the Audits of the Financial Statements, Continued***

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

***Supplemental Schedules Required by ERISA***

The supplemental schedules identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

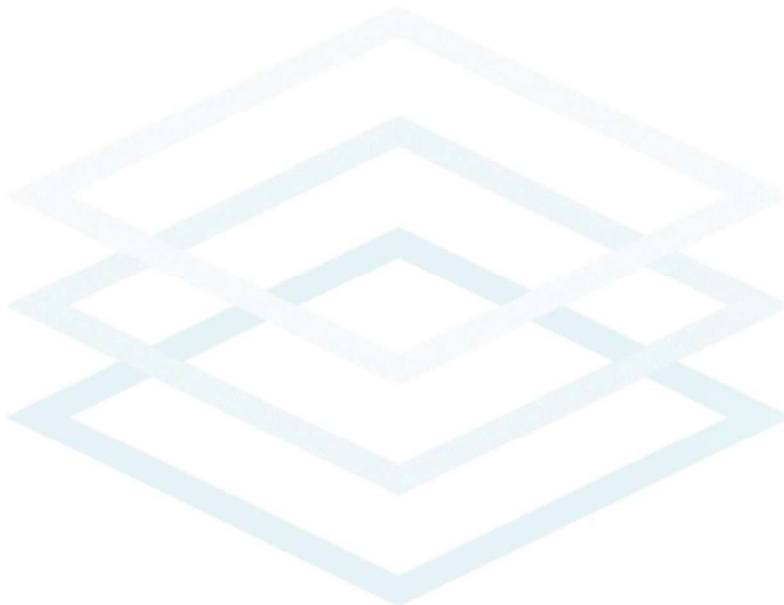
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 14, 2022





## INDEPENDENT AUDITORS' REPORT (2020)

Petco Animal Supplies, Inc. Retirement Committee  
Petco Animal Supplies, Inc. 401k Plan  
San Diego, California

We were engaged to audit the statement of net assets available for benefits of Petco Animal Supplies, Inc. 401k Plan (the Plan), as of December 31, 2020, and the related notes to the financial statement.

### ***Management's Responsibility for the Financial Statement***

Management is responsible for the preparation and fair presentation of this financial statement in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on the December 31, 2020 financial statement based on conducting the audit in accordance with U.S. generally accepted auditing standards. 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, 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 on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

### ***Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement***

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

October 14, 2022

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2021 and 2020

| <b>NET ASSETS</b>                                     |                              |                           |
|-------------------------------------------------------|------------------------------|---------------------------|
|                                                       | <u>2021</u>                  | <u>2020</u>               |
| Assets:                                               |                              |                           |
| Investments, at fair value (Note 4)                   | \$ <u>274,794,413</u>        | <u>226,960,017</u>        |
| Receivables:                                          |                              |                           |
| Participant contributions                             | -                            | 795,454                   |
| Employer contributions                                | -                            | 305,754                   |
| Notes receivable from participants                    | <u>4,884,625</u>             | <u>4,500,594</u>          |
| Total receivables                                     | <u>4,884,625</u>             | <u>5,601,802</u>          |
| Total assets                                          | 279,679,038                  | 232,561,819               |
| Liabilities:                                          |                              |                           |
| Corrective distributions due to participants (Note 5) | <u>1,860,698</u>             | <u>1,117,802</u>          |
| Net assets available for benefits                     | \$ <u><u>277,818,340</u></u> | <u><u>231,444,017</u></u> |

See Accompanying Notes to Financial Statements

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 14,333,824     |
| Dividends and interest                        | <u>23,438,890</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>37,772,714</u> |
|-------------------------|-------------------|

|                                                |                |
|------------------------------------------------|----------------|
| Interest on notes receivable from participants | <u>244,105</u> |
|------------------------------------------------|----------------|

Contributions:

|              |                  |
|--------------|------------------|
| Participants | 23,945,861       |
| Employer     | 8,719,261        |
| Rollovers    | <u>4,182,797</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>36,847,919</u> |
|---------------------|-------------------|

|                 |                   |
|-----------------|-------------------|
| Total additions | <u>74,864,738</u> |
|-----------------|-------------------|

Deductions from net assets attributed to:

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 26,149,029    |
| Corrective distributions      | 1,860,698     |
| Administrative expenses       | 461,225       |
| Deemed distributions          | <u>19,463</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>28,490,415</u> |
|------------------|-------------------|

|              |            |
|--------------|------------|
| Net increase | 46,374,323 |
|--------------|------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>231,444,017</u> |
|------------------------------------------------------|--------------------|

|                                                |                              |
|------------------------------------------------|------------------------------|
| Net assets available for benefits, end of year | <u><u>\$ 277,818,340</u></u> |
|------------------------------------------------|------------------------------|

See Accompanying Notes to Financial Statements

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

**1. Description of Plan**

The following description of Petco Animal Supplies, Inc. 401k Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General*

The Plan, as amended and restated effective January 21, 2016, is a defined contribution plan available to all eligible employees of Petco Animal Supplies, Inc. (the Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Trustee*

Fidelity Management Trust Company (Fidelity), acting as trustee, record keeper and custodian, is responsible for investing and managing Plan assets, subject to the direction of the Plan administrator and participants.

*Eligibility*

Employees who are at least 21 years of age and have completed six months of service, during which they have completed a minimum of 500 hours of service, are generally eligible to participate in the Plan. Participation by eligible employees is voluntary. The Plan entry dates are the first of each month following the month in which employees meet the eligibility requirements. Eligible employees may elect to participate in the Plan at any time after they become eligible.

*Contributions*

Plan participants may elect to defer up to 60% of pretax annual compensation, as defined in the Plan documents, not to exceed the maximum limit allowed by applicable law, through payroll deductions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Catch-up contributions are excluded from matching contributions made by the Company. Participants may also contribute amounts representing rollover distributions from other qualified sources. The Plan also allows for the Company to make discretionary contributions, including matching contributions. Generally, the Company contributes 100% of the first 1% of compensation that a participant contributes to the Plan, and 50% of the next 5% of compensation contributed to the Plan (General Match). Eligible participants who hold positions as directors or above receive a matching contribution of 100% of the first 1% of compensation that a participant contributes to the Plan, and 50% of the next 2% of compensation contributed to the Plan (Director Match). Effective May 3, 2020, the Company suspended the discretionary matching contribution as a measure implemented to mitigate the impacts of the coronavirus pandemic (COVID-19). The suspension was lifted effective July 1, 2020 and the discretionary matching contribution was restored to the levels in effect on May 2, 2020. For the year ended December 31, 2021, the Company made discretionary matching contributions of \$8,719,261. The Plan does not provide for profit sharing contributions from the Company.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**1. Description of Plan, Continued**

*Participant Accounts*

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions, and an allocation of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Investment earnings and changes in the fair value of Plan assets are allocated among and credited to each participant's account monthly based upon their pro rata share of the beginning account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Investment Options*

The Plan provides for participant-directed accounts that allow participants to direct their account balances among various investments that are available under the Plan. The investment mix and elected deferral amounts allocated among the Plan's investment options may be changed at any time.

*Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. With the exception of those participants described below, Company matching contributions vest in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percentage Vested</u> |
|-------------------------|--------------------------|
| 1                       | 33%                      |
| 2                       | 66%                      |
| 3                       | 100%                     |

Active participants transferred in from the PSS Plan on December 31, 2017, are immediately vested in existing employer safe harbor matching contributions. Existing employer profit sharing contributions vest in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percentage Vested</u> |
|-------------------------|--------------------------|
| 1                       | 0%                       |
| 2                       | 20%                      |
| 3                       | 40%                      |
| 4                       | 60%                      |
| 5                       | 80%                      |
| 6                       | 100%                     |

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**1. Description of Plan, Continued**

*Notes Receivable from Participants*

Participants may borrow against their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan transactions are treated as transfers between investment funds and participant loan funds, using the same allocation method as contributions. The loans are secured by the participant's vested interest in their account balance and bear a reasonable rate of interest as determined by the Plan administrator. Loan terms range from one to five years, unless used for the purchase of primary residence, in which case they may mature in up to thirty years. Level payments of principal and interest are deducted from the participant's paycheck each pay period. If a participant's employment is terminated, any outstanding note receivable balance shall be treated as a distribution if not repaid within 60 days.

*Payment of Benefits*

Upon termination of service, retirement, death or disability, participants or their beneficiaries may elect to receive a distribution of the participants' vested account balances in lump-sum distributions or defer distribution if the account balance exceeds \$5,000. Distributions may not be deferred later than the year following the year in which the participant attains the age of 72. While the Plan is designed to be a retirement income supplement, it provides flexibility for participants attaining 59 ½ years of age in cases where funds are needed prior to retirement. Accordingly, participants may withdraw funds before retirement up to their vested account balances. The plan also provides for hardship withdrawals in accordance with the Internal Revenue Code (IRC).

**2. Summary of Accounting Policies**

*Forfeitures*

Forfeitures may be used to reduce future employer contributions or to pay for Plan expenses. During the year ended December 31, 2021, forfeitures were used to pay Plan fees totaling \$283,440. During the year ended December 31, 2021, participants forfeited \$1,710 in unvested employer contributions with related investment earnings of \$3,862. At December 31, 2021 and 2020, forfeited unvested amounts of \$74,347 and \$352,215, respectively, were invested in the Fidelity Managed Income Portfolio, a common/collective trust.

*General*

The Plan maintains its accounts on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles. The significant accounting policies followed are discussed below.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**2. Summary of Accounting Policies, Continued**

*Estimates*

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. Plan management periodically evaluates estimates used in the preparation of the financial statements for continued reasonableness. Appropriate adjustments, if any, to the estimates used are made prospectively based upon such periodic evaluation. It is reasonably possible that changes may occur in the near term that would affect Plan management's estimates with respect to the fair value of investments.

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

*Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. When determining fair value, Plan management considers the principal or most advantageous market in which the Plan would conduct a transaction, in addition to the assumptions that market participants would use when pricing the related assets or liabilities, including non-performance risk.

The Fidelity Managed Income Portfolio (Fidelity MIP) is valued at the sum of the fair value of the investment “wrapper” and the underlying assets of commingled funds as reported by Fidelity.

Fidelity MIP is a common collective trust that is invested in guaranteed investment contracts deemed to be fully benefit-responsive within the meaning of FASB Accounting Standards Codification 962-325, *Defined contribution Pension Plans – Investments (Other)* and are recorded at fair value using the NAV practical expedient.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**2. Summary of Accounting Policies, Continued**

*Investment Valuation and Income Recognition, Continued*

A three-level hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 ..... Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

Level 2 ..... Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 ..... Unobservable inputs for the asset or liability.

See Note 4 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Payment of Benefits*

Benefits are recorded when paid.

*Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and investment related expenses are charged directly to the participant's account and are included in administrative expenses.

*Subsequent Events*

Management has evaluated subsequent events through October 14, 2022, the date on which the financial statements were available to be issued. There have been no material subsequent events which would require recognition in the financial statements or disclosure in the notes to the financial statements, other than as described in Note 5.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**3. Information Certified By The Trustee**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the Plan's trustee, has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

**4. Fair Value Measurements**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end using quoted prices for identical assets in active markets.

Common/Collective Trust: Units held in collective trusts (CT) are valued using the NAV practical expedient of the CT as reported by the CT Managers. The beneficial interest of each participant in Fidelity MIP is represented by units. Units are issued and redeemed daily at Fidelity MIP's constant NAV of \$1 per unit. Distribution to Fidelity MIP's unit-holders is declared daily from the net investment income and automatically reinvested in the Fidelity MIP on a monthly basis, when paid. It is the policy of Fidelity MIP to use its best efforts to maintain a stable net asset value of \$1 per unit; although, there is no guarantee that Fidelity MIP will be able to maintain this value. Participant directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in Fidelity MIP. There are no restrictions within Fidelity MIP related to frequency or notice periods for redemptions out of Fidelity MIP; however, Fidelity MIP may take up to 12 months to fulfill a payout in the event that withdrawals are directed by the Plan Sponsor. Any transfers out of Fidelity MIP must be held in a noncompeting investment option for 90 days before subsequent transfers to a competing fund can occur. There were no unfunded commitments as of December 31, 2021 and 2020.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**4. Fair Value Measurements, Continued**

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

*Assets at Fair Value as of December 31, 2021*

|                                                      | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|------------------------------------------------------|-----------------------|----------------|----------------|--------------------|
| Investments in the fair value hierarchy:             |                       |                |                |                    |
| Mutual funds                                         | \$ 266,559,401        | -              | -              | 266,559,401        |
| Investments measured at the NAV practical expedient: |                       |                |                |                    |
| Common/collective trust                              | -                     | -              | -              | 8,235,012          |
| Total investments at fair value                      | \$ <u>266,559,401</u> | <u>-</u>       | <u>-</u>       | <u>274,794,413</u> |

*Assets at Fair Value as of December 31, 2020*

|                                                      | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|------------------------------------------------------|-----------------------|----------------|----------------|--------------------|
| Investments in the fair value hierarchy:             |                       |                |                |                    |
| Mutual funds                                         | \$ 217,297,399        | -              | -              | 217,297,399        |
| Investments measured at the NAV practical expedient: |                       |                |                |                    |
| Common/collective trust                              | -                     | -              | -              | 9,662,618          |
| Total investments at fair value                      | \$ <u>217,297,399</u> | <u>-</u>       | <u>-</u>       | <u>226,960,017</u> |

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**5. Corrective Distributions Due to Participants**

The Plan initially failed to meet certain nondiscrimination tests for the years ended December 31, 2021 and 2020, and \$1,860,698 and \$1,117,802, respectively, was required to be returned to certain participants subsequent to each Plan year end so that the Plan would meet the nondiscrimination requirements of the IRC. These amounts have been recorded in the statements of net assets available for benefits as liabilities of the Plan as of December 31, 2021 and 2020, respectively. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants in 2022 and 2021, respectively.

**6. Tax Status**

The Plan is a volume submitter plan for which the Plan administrator has received a determination letter, dated March 31, 2014, for amendments through April 2, 2012, regarding tax exempt status under the provisions of the IRC. The Plan was amended on March 1, 2019; however, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC. Therefore, Plan management believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

The Plan is required to file an “Annual Return/Report of Employee Benefit Plan” (Form 5500) with the Internal Revenue Service (IRS). These financial statements agree in all material respects with Form 5500.

U.S. generally accepted accounting principles 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 tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan’s returns are subject to examination by taxing authorities, generally for three years after they are filed.

**7. Plan Continuity**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**8. Party-in-Interest Transactions**

The Plan's investments are administered by a trustee under a trust agreement. Accordingly, all purchases and sales of investments were transacted by the trustee.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain investment and administrative expenses of the Plan are paid directly by the Company.

All of these transactions qualify as party-in-interest transactions.

**9. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

COVID-19 has caused economic uncertainties which have resulted in significant volatility in the financial markets and has affected, and may continue to affect, the market price of common stock and other Plan assets. Impacts of COVID-19 may include business disruptions, volatility in the equity and debt markets, and reduced contributions and cash flows. While the disruption is currently expected to be temporary, the extent to which COVID-19 may further impact the Plan's financial condition is uncertain and cannot be predicted.

**10. Operational Failures**

As more fully described below, various operational failures were discovered during 2019, 2020, and 2022 related to the Plan years ended December 31, 2018, 2019, and 2021, respectively. Plan management and the Company believe these operational failures will not cause the Plan to be disqualified by the IRS and that the corrective actions taken allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**10. Operational Failures, Continued**

*Failure to Remit Proper Employee Deferrals*

During 2019, the Company identified an operational failure related to the erroneous withholding and remittance of employee catch up contributions for seven participants. The error occurred when catch up contributions were erroneously taken out of employee paychecks on January 4, 2019 and remitted to the Plan. The Company discovered the error on January 18, 2019, and immediately processed refund checks to participants totaling \$11,344. During 2020, an additional error was identified in which one of the participants mentioned above received a refund and had deductions from their account of two times the erroneous catch-up contribution, resulting in missed deferrals for this participant totaling \$848. Plan management made the applicable corrections and funded the \$848 in October 2021.

*Failure to Refund Participants' Excess Deferrals*

During 2019, the Company identified an operational failure related to the failure to refund participants' excess deferrals. On January 2, 2019, it was discovered that excess 2018 employee deferrals and employer matching contributions had been withheld and remitted to the trustee. During 2019, these excess deferrals and matching contributions were removed from the participant accounts and placed in the forfeiture account. During the 2022 plan year, these excess deferrals totaling \$10,782 have been refunded to the participants.

*Employer Matching Contribution Correction Error*

During 2022, it was discovered that certain employer matching contributions errors which were subsequently discovered by Plan management and corrected in December 2021 had already been automatically corrected by the payroll software, resulting in erroneous corrections. It was determined that participants are owed an additional \$6,134 in matching contributions, and participants received a total of \$6,614 in erroneous matching contributions. Plan management and the Company are currently working on the applicable corrections for this issue.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**SUPPLEMENTAL SCHEDULE**  
**SCHEDULE H, PART IV, LINE 4i OF FORM 5500 -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN 33-0479906, PLAN NO. 001**  
December 31, 2021

| (a)                             | (b) Issuer                | (c) Description                           | (d) Cost <sup>(1)</sup> | (e) Value   |
|---------------------------------|---------------------------|-------------------------------------------|-------------------------|-------------|
| <b>Mutual Funds:</b>            |                           |                                           |                         |             |
| *                               | Fidelity Management Trust | Fidelity Growth Co K                      | \$ -                    | 51,506,703  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2050 K                   | -                       | 20,998,297  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2040 K                   | -                       | 19,248,812  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2045 K                   | -                       | 18,760,306  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2055 K                   | -                       | 17,536,756  |
| *                               | Fidelity Management Trust | Fidelity 500 Index Premium                | -                       | 16,180,809  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2035 K                   | -                       | 15,537,546  |
| *                               | Fidelity Management Trust | Fidelity Low Priced Stock K               | -                       | 15,032,320  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2030 K                   | -                       | 15,028,462  |
|                                 | Dodge & Cox               | Dodge & Cox Stock Fund                    | -                       | 14,612,539  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2025 K                   | -                       | 9,018,202   |
|                                 | JP Morgan                 | JPM Core Plus Bond R6                     | -                       | 8,184,233   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2060 K                   | -                       | 8,166,057   |
|                                 | Vanguard                  | Vanguard Explorer Fund Admiral Shares     | -                       | 7,164,360   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2015 K                   | -                       | 4,963,209   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2020 K                   | -                       | 4,048,732   |
| *                               | Fidelity Management Trust | Fidelity Extended Market Index Premium    | -                       | 3,052,464   |
|                                 | American Beacon           | American Beacon International Equity Fund | -                       | 2,825,509   |
| *                               | Fidelity Management Trust | Fidelity Strategic Income Fund            | -                       | 2,633,484   |
| *                               | Fidelity Management Trust | Fidelity Global ex U.S. Index Fund        | -                       | 2,610,699   |
|                                 | American Funds            | American Funds New World R6               | -                       | 2,254,345   |
|                                 | American Funds            | American Funds EuroPacific Growth R6      | -                       | 2,025,236   |
| *                               | Fidelity Management Trust | Fidelity U.S. Bond Index Fund             | -                       | 1,511,988   |
|                                 | Victory Sycamore          | Victory Sycamore Small Company Opp I      | -                       | 1,213,797   |
| *                               | Fidelity Management Trust | Fidelity Freedom Income K                 | -                       | 1,032,003   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2010 K                   | -                       | 602,714     |
| *                               | Fidelity Management Trust | Fidelity Freedom 2065 K                   | -                       | 588,493     |
| *                               | Fidelity Management Trust | Fidelity Freedom 2005 K                   | -                       | 221,326     |
| <b>Common Collective Trust:</b> |                           |                                           |                         |             |
| *                               | Fidelity Management Trust | Fidelity Managed Income Portfolio         | -                       | 8,235,012   |
| *                               | <b>The Company</b>        | Loans to Participants - 4.25% - 6.50%     | -                       | 4,884,625   |
| Total investments               |                           |                                           | \$ -                    | 279,679,038 |

<sup>(1)</sup> Cost omitted for participant-directed investments

\* Party-in-interest

See Accompanying Independent Auditors' Report

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN  
SUPPLEMENTAL SCHEDULE  
REPORTABLE TRANSACTIONS  
PART IV, LINE 4j OF FORM 5500  
EIN 33-0479906, PLAN NO. 001  
For the Year Ended December 31, 2021**

There were no reportable transactions for the year ended December 31, 2021.

See Accompanying Independent Auditors' Report

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES  
WITH INDEPENDENT AUDITORS' REPORT**

December 31, 2021 and 2020

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
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December 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT (2021)

Petco Animal Supplies, Inc. Retirement Committee  
Petco Animal Supplies, Inc. 401k Plan  
San Diego, California

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed an audit of the accompanying financial statements of Petco Animal Supplies, Inc. 401k Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for our Opinion***

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

***Responsibilities of Management for the Financial Statements***

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

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

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

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

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

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

***Auditors' Responsibilities for the Audits of the Financial Statements, Continued***

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

***Supplemental Schedules Required by ERISA***

The supplemental schedules identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

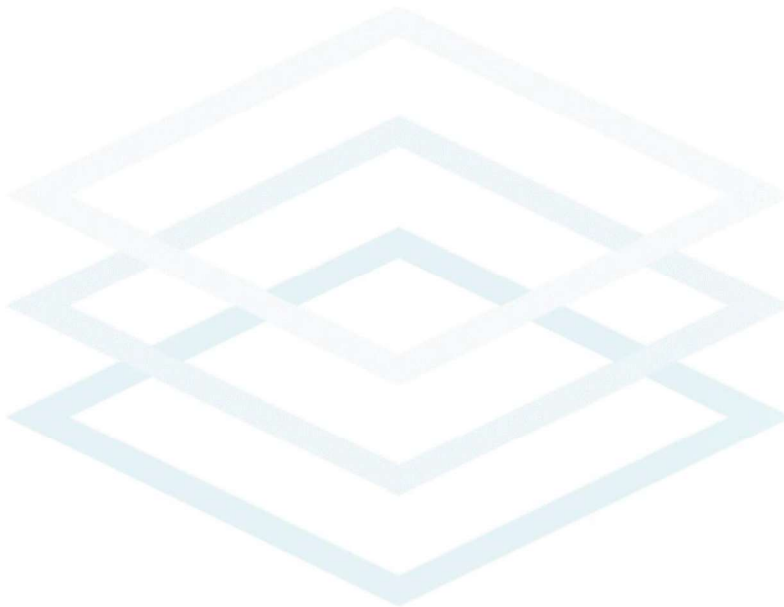
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

In our opinion -

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 14, 2022





## INDEPENDENT AUDITORS' REPORT (2020)

Petco Animal Supplies, Inc. Retirement Committee  
Petco Animal Supplies, Inc. 401k Plan  
San Diego, California

We were engaged to audit the statement of net assets available for benefits of Petco Animal Supplies, Inc. 401k Plan (the Plan), as of December 31, 2020, and the related notes to the financial statement.

### ***Management's Responsibility for the Financial Statement***

Management is responsible for the preparation and fair presentation of this financial statement in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on the December 31, 2020 financial statement based on conducting the audit in accordance with U.S. generally accepted auditing standards. 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, 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 on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

### ***Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement***

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

October 14, 2022

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2021 and 2020

| <b>NET ASSETS</b>                                     |                              |                           |
|-------------------------------------------------------|------------------------------|---------------------------|
|                                                       | <u>2021</u>                  | <u>2020</u>               |
| Assets:                                               |                              |                           |
| Investments, at fair value (Note 4)                   | \$ <u>274,794,413</u>        | <u>226,960,017</u>        |
| Receivables:                                          |                              |                           |
| Participant contributions                             | -                            | 795,454                   |
| Employer contributions                                | -                            | 305,754                   |
| Notes receivable from participants                    | <u>4,884,625</u>             | <u>4,500,594</u>          |
| Total receivables                                     | <u>4,884,625</u>             | <u>5,601,802</u>          |
| Total assets                                          | 279,679,038                  | 232,561,819               |
| Liabilities:                                          |                              |                           |
| Corrective distributions due to participants (Note 5) | <u>1,860,698</u>             | <u>1,117,802</u>          |
| Net assets available for benefits                     | \$ <u><u>277,818,340</u></u> | <u><u>231,444,017</u></u> |

See Accompanying Notes to Financial Statements

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
For the Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

|                                               |                   |
|-----------------------------------------------|-------------------|
| Net appreciation in fair value of investments | \$ 14,333,824     |
| Dividends and interest                        | <u>23,438,890</u> |

|                         |                   |
|-------------------------|-------------------|
| Total investment income | <u>37,772,714</u> |
|-------------------------|-------------------|

|                                                |                |
|------------------------------------------------|----------------|
| Interest on notes receivable from participants | <u>244,105</u> |
|------------------------------------------------|----------------|

Contributions:

|              |                  |
|--------------|------------------|
| Participants | 23,945,861       |
| Employer     | 8,719,261        |
| Rollovers    | <u>4,182,797</u> |

|                     |                   |
|---------------------|-------------------|
| Total contributions | <u>36,847,919</u> |
|---------------------|-------------------|

|                 |                   |
|-----------------|-------------------|
| Total additions | <u>74,864,738</u> |
|-----------------|-------------------|

Deductions from net assets attributed to:

|                               |               |
|-------------------------------|---------------|
| Benefits paid to participants | 26,149,029    |
| Corrective distributions      | 1,860,698     |
| Administrative expenses       | 461,225       |
| Deemed distributions          | <u>19,463</u> |

|                  |                   |
|------------------|-------------------|
| Total deductions | <u>28,490,415</u> |
|------------------|-------------------|

|              |            |
|--------------|------------|
| Net increase | 46,374,323 |
|--------------|------------|

|                                                      |                    |
|------------------------------------------------------|--------------------|
| Net assets available for benefits, beginning of year | <u>231,444,017</u> |
|------------------------------------------------------|--------------------|

|                                                |                              |
|------------------------------------------------|------------------------------|
| Net assets available for benefits, end of year | <u><u>\$ 277,818,340</u></u> |
|------------------------------------------------|------------------------------|

See Accompanying Notes to Financial Statements

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2021 and 2020

**1. Description of Plan**

The following description of Petco Animal Supplies, Inc. 401k Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

*General*

The Plan, as amended and restated effective January 21, 2016, is a defined contribution plan available to all eligible employees of Petco Animal Supplies, Inc. (the Company). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Trustee*

Fidelity Management Trust Company (Fidelity), acting as trustee, record keeper and custodian, is responsible for investing and managing Plan assets, subject to the direction of the Plan administrator and participants.

*Eligibility*

Employees who are at least 21 years of age and have completed six months of service, during which they have completed a minimum of 500 hours of service, are generally eligible to participate in the Plan. Participation by eligible employees is voluntary. The Plan entry dates are the first of each month following the month in which employees meet the eligibility requirements. Eligible employees may elect to participate in the Plan at any time after they become eligible.

*Contributions*

Plan participants may elect to defer up to 60% of pretax annual compensation, as defined in the Plan documents, not to exceed the maximum limit allowed by applicable law, through payroll deductions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Catch-up contributions are excluded from matching contributions made by the Company. Participants may also contribute amounts representing rollover distributions from other qualified sources. The Plan also allows for the Company to make discretionary contributions, including matching contributions. Generally, the Company contributes 100% of the first 1% of compensation that a participant contributes to the Plan, and 50% of the next 5% of compensation contributed to the Plan (General Match). Eligible participants who hold positions as directors or above receive a matching contribution of 100% of the first 1% of compensation that a participant contributes to the Plan, and 50% of the next 2% of compensation contributed to the Plan (Director Match). Effective May 3, 2020, the Company suspended the discretionary matching contribution as a measure implemented to mitigate the impacts of the coronavirus pandemic (COVID-19). The suspension was lifted effective July 1, 2020 and the discretionary matching contribution was restored to the levels in effect on May 2, 2020. For the year ended December 31, 2021, the Company made discretionary matching contributions of \$8,719,261. The Plan does not provide for profit sharing contributions from the Company.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**1. Description of Plan, Continued**

*Participant Accounts*

Individual accounts are maintained for each participant. Each participant's account is credited with the participant's contributions, and an allocation of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Investment earnings and changes in the fair value of Plan assets are allocated among and credited to each participant's account monthly based upon their pro rata share of the beginning account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

*Investment Options*

The Plan provides for participant-directed accounts that allow participants to direct their account balances among various investments that are available under the Plan. The investment mix and elected deferral amounts allocated among the Plan's investment options may be changed at any time.

*Vesting*

Participants are immediately vested in their contributions plus actual earnings thereon. With the exception of those participants described below, Company matching contributions vest in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percentage Vested</u> |
|-------------------------|--------------------------|
| 1                       | 33%                      |
| 2                       | 66%                      |
| 3                       | 100%                     |

Active participants transferred in from the PSS Plan on December 31, 2017, are immediately vested in existing employer safe harbor matching contributions. Existing employer profit sharing contributions vest in accordance with the following schedule:

| <u>Years of Service</u> | <u>Percentage Vested</u> |
|-------------------------|--------------------------|
| 1                       | 0%                       |
| 2                       | 20%                      |
| 3                       | 40%                      |
| 4                       | 60%                      |
| 5                       | 80%                      |
| 6                       | 100%                     |

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**1. Description of Plan, Continued**

*Notes Receivable from Participants*

Participants may borrow against their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan transactions are treated as transfers between investment funds and participant loan funds, using the same allocation method as contributions. The loans are secured by the participant's vested interest in their account balance and bear a reasonable rate of interest as determined by the Plan administrator. Loan terms range from one to five years, unless used for the purchase of primary residence, in which case they may mature in up to thirty years. Level payments of principal and interest are deducted from the participant's paycheck each pay period. If a participant's employment is terminated, any outstanding note receivable balance shall be treated as a distribution if not repaid within 60 days.

*Payment of Benefits*

Upon termination of service, retirement, death or disability, participants or their beneficiaries may elect to receive a distribution of the participants' vested account balances in lump-sum distributions or defer distribution if the account balance exceeds \$5,000. Distributions may not be deferred later than the year following the year in which the participant attains the age of 72. While the Plan is designed to be a retirement income supplement, it provides flexibility for participants attaining 59 ½ years of age in cases where funds are needed prior to retirement. Accordingly, participants may withdraw funds before retirement up to their vested account balances. The plan also provides for hardship withdrawals in accordance with the Internal Revenue Code (IRC).

**2. Summary of Accounting Policies**

*Forfeitures*

Forfeitures may be used to reduce future employer contributions or to pay for Plan expenses. During the year ended December 31, 2021, forfeitures were used to pay Plan fees totaling \$283,440. During the year ended December 31, 2021, participants forfeited \$1,710 in unvested employer contributions with related investment earnings of \$3,862. At December 31, 2021 and 2020, forfeited unvested amounts of \$74,347 and \$352,215, respectively, were invested in the Fidelity Managed Income Portfolio, a common/collective trust.

*General*

The Plan maintains its accounts on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles. The significant accounting policies followed are discussed below.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**2. Summary of Accounting Policies, Continued**

*Estimates*

The preparation of the financial statements in conformity with U.S. generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates. Plan management periodically evaluates estimates used in the preparation of the financial statements for continued reasonableness. Appropriate adjustments, if any, to the estimates used are made prospectively based upon such periodic evaluation. It is reasonably possible that changes may occur in the near term that would affect Plan management's estimates with respect to the fair value of investments.

*Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

*Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. When determining fair value, Plan management considers the principal or most advantageous market in which the Plan would conduct a transaction, in addition to the assumptions that market participants would use when pricing the related assets or liabilities, including non-performance risk.

The Fidelity Managed Income Portfolio (Fidelity MIP) is valued at the sum of the fair value of the investment “wrapper” and the underlying assets of commingled funds as reported by Fidelity.

Fidelity MIP is a common collective trust that is invested in guaranteed investment contracts deemed to be fully benefit-responsive within the meaning of FASB Accounting Standards Codification 962-325, *Defined contribution Pension Plans – Investments (Other)* and are recorded at fair value using the NAV practical expedient.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**2. Summary of Accounting Policies, Continued**

*Investment Valuation and Income Recognition, Continued*

A three-level hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 ..... Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.

Level 2 ..... Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 ..... Unobservable inputs for the asset or liability.

See Note 4 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Payment of Benefits*

Benefits are recorded when paid.

*Expenses*

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and investment related expenses are charged directly to the participant's account and are included in administrative expenses.

*Subsequent Events*

Management has evaluated subsequent events through October 14, 2022, the date on which the financial statements were available to be issued. There have been no material subsequent events which would require recognition in the financial statements or disclosure in the notes to the financial statements, other than as described in Note 5.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**3. Information Certified By The Trustee**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity, the Plan's trustee, has certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

**4. Fair Value Measurements**

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds: Valued at the net asset value of shares held by the Plan at year end using quoted prices for identical assets in active markets.

Common/Collective Trust: Units held in collective trusts (CT) are valued using the NAV practical expedient of the CT as reported by the CT Managers. The beneficial interest of each participant in Fidelity MIP is represented by units. Units are issued and redeemed daily at Fidelity MIP's constant NAV of \$1 per unit. Distribution to Fidelity MIP's unit-holders is declared daily from the net investment income and automatically reinvested in the Fidelity MIP on a monthly basis, when paid. It is the policy of Fidelity MIP to use its best efforts to maintain a stable net asset value of \$1 per unit; although, there is no guarantee that Fidelity MIP will be able to maintain this value. Participant directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in Fidelity MIP. There are no restrictions within Fidelity MIP related to frequency or notice periods for redemptions out of Fidelity MIP; however, Fidelity MIP may take up to 12 months to fulfill a payout in the event that withdrawals are directed by the Plan Sponsor. Any transfers out of Fidelity MIP must be held in a noncompeting investment option for 90 days before subsequent transfers to a competing fund can occur. There were no unfunded commitments as of December 31, 2021 and 2020.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**4. Fair Value Measurements, Continued**

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

*Assets at Fair Value as of December 31, 2021*

|                                                      | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|------------------------------------------------------|-----------------------|----------------|----------------|--------------------|
| Investments in the fair value hierarchy:             |                       |                |                |                    |
| Mutual funds                                         | \$ 266,559,401        | -              | -              | 266,559,401        |
| Investments measured at the NAV practical expedient: |                       |                |                |                    |
| Common/collective trust                              | -                     | -              | -              | 8,235,012          |
| Total investments at fair value                      | \$ <u>266,559,401</u> | <u>-</u>       | <u>-</u>       | <u>274,794,413</u> |

*Assets at Fair Value as of December 31, 2020*

|                                                      | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>       |
|------------------------------------------------------|-----------------------|----------------|----------------|--------------------|
| Investments in the fair value hierarchy:             |                       |                |                |                    |
| Mutual funds                                         | \$ 217,297,399        | -              | -              | 217,297,399        |
| Investments measured at the NAV practical expedient: |                       |                |                |                    |
| Common/collective trust                              | -                     | -              | -              | 9,662,618          |
| Total investments at fair value                      | \$ <u>217,297,399</u> | <u>-</u>       | <u>-</u>       | <u>226,960,017</u> |

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**5. Corrective Distributions Due to Participants**

The Plan initially failed to meet certain nondiscrimination tests for the years ended December 31, 2021 and 2020, and \$1,860,698 and \$1,117,802, respectively, was required to be returned to certain participants subsequent to each Plan year end so that the Plan would meet the nondiscrimination requirements of the IRC. These amounts have been recorded in the statements of net assets available for benefits as liabilities of the Plan as of December 31, 2021 and 2020, respectively. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants in 2022 and 2021, respectively.

**6. Tax Status**

The Plan is a volume submitter plan for which the Plan administrator has received a determination letter, dated March 31, 2014, for amendments through April 2, 2012, regarding tax exempt status under the provisions of the IRC. The Plan was amended on March 1, 2019; however, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC. Therefore, Plan management believes that the Plan was qualified, and the related trust was tax exempt as of the financial statement date.

The Plan is required to file an “Annual Return/Report of Employee Benefit Plan” (Form 5500) with the Internal Revenue Service (IRS). These financial statements agree in all material respects with Form 5500.

U.S. generally accepted accounting principles 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 tax position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan’s returns are subject to examination by taxing authorities, generally for three years after they are filed.

**7. Plan Continuity**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**8. Party-in-Interest Transactions**

The Plan's investments are administered by a trustee under a trust agreement. Accordingly, all purchases and sales of investments were transacted by the trustee.

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Certain investment and administrative expenses of the Plan are paid directly by the Company.

All of these transactions qualify as party-in-interest transactions.

**9. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

COVID-19 has caused economic uncertainties which have resulted in significant volatility in the financial markets and has affected, and may continue to affect, the market price of common stock and other Plan assets. Impacts of COVID-19 may include business disruptions, volatility in the equity and debt markets, and reduced contributions and cash flows. While the disruption is currently expected to be temporary, the extent to which COVID-19 may further impact the Plan's financial condition is uncertain and cannot be predicted.

**10. Operational Failures**

As more fully described below, various operational failures were discovered during 2019, 2020, and 2022 related to the Plan years ended December 31, 2018, 2019, and 2021, respectively. Plan management and the Company believe these operational failures will not cause the Plan to be disqualified by the IRS and that the corrective actions taken allow the Plan to be in compliance with the Plan documents and ERISA. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**NOTES TO FINANCIAL STATEMENTS, CONTINUED**  
December 31, 2021 and 2020

**10. Operational Failures, Continued**

*Failure to Remit Proper Employee Deferrals*

During 2019, the Company identified an operational failure related to the erroneous withholding and remittance of employee catch up contributions for seven participants. The error occurred when catch up contributions were erroneously taken out of employee paychecks on January 4, 2019 and remitted to the Plan. The Company discovered the error on January 18, 2019, and immediately processed refund checks to participants totaling \$11,344. During 2020, an additional error was identified in which one of the participants mentioned above received a refund and had deductions from their account of two times the erroneous catch-up contribution, resulting in missed deferrals for this participant totaling \$848. Plan management made the applicable corrections and funded the \$848 in October 2021.

*Failure to Refund Participants' Excess Deferrals*

During 2019, the Company identified an operational failure related to the failure to refund participants' excess deferrals. On January 2, 2019, it was discovered that excess 2018 employee deferrals and employer matching contributions had been withheld and remitted to the trustee. During 2019, these excess deferrals and matching contributions were removed from the participant accounts and placed in the forfeiture account. During the 2022 plan year, these excess deferrals totaling \$10,782 have been refunded to the participants.

*Employer Matching Contribution Correction Error*

During 2022, it was discovered that certain employer matching contributions errors which were subsequently discovered by Plan management and corrected in December 2021 had already been automatically corrected by the payroll software, resulting in erroneous corrections. It was determined that participants are owed an additional \$6,134 in matching contributions, and participants received a total of \$6,614 in erroneous matching contributions. Plan management and the Company are currently working on the applicable corrections for this issue.

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN**  
**SUPPLEMENTAL SCHEDULE**  
**SCHEDULE H, PART IV, LINE 4i OF FORM 5500 -**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EIN 33-0479906, PLAN NO. 001**  
December 31, 2021

| (a)                             | (b) Issuer                | (c) Description                           | (d) Cost <sup>(1)</sup> | (e) Value   |
|---------------------------------|---------------------------|-------------------------------------------|-------------------------|-------------|
| <b>Mutual Funds:</b>            |                           |                                           |                         |             |
| *                               | Fidelity Management Trust | Fidelity Growth Co K                      | \$ -                    | 51,506,703  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2050 K                   | -                       | 20,998,297  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2040 K                   | -                       | 19,248,812  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2045 K                   | -                       | 18,760,306  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2055 K                   | -                       | 17,536,756  |
| *                               | Fidelity Management Trust | Fidelity 500 Index Premium                | -                       | 16,180,809  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2035 K                   | -                       | 15,537,546  |
| *                               | Fidelity Management Trust | Fidelity Low Priced Stock K               | -                       | 15,032,320  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2030 K                   | -                       | 15,028,462  |
|                                 | Dodge & Cox               | Dodge & Cox Stock Fund                    | -                       | 14,612,539  |
| *                               | Fidelity Management Trust | Fidelity Freedom 2025 K                   | -                       | 9,018,202   |
|                                 | JP Morgan                 | JPM Core Plus Bond R6                     | -                       | 8,184,233   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2060 K                   | -                       | 8,166,057   |
|                                 | Vanguard                  | Vanguard Explorer Fund Admiral Shares     | -                       | 7,164,360   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2015 K                   | -                       | 4,963,209   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2020 K                   | -                       | 4,048,732   |
| *                               | Fidelity Management Trust | Fidelity Extended Market Index Premium    | -                       | 3,052,464   |
|                                 | American Beacon           | American Beacon International Equity Fund | -                       | 2,825,509   |
| *                               | Fidelity Management Trust | Fidelity Strategic Income Fund            | -                       | 2,633,484   |
| *                               | Fidelity Management Trust | Fidelity Global ex U.S. Index Fund        | -                       | 2,610,699   |
|                                 | American Funds            | American Funds New World R6               | -                       | 2,254,345   |
|                                 | American Funds            | American Funds EuroPacific Growth R6      | -                       | 2,025,236   |
| *                               | Fidelity Management Trust | Fidelity U.S. Bond Index Fund             | -                       | 1,511,988   |
|                                 | Victory Sycamore          | Victory Sycamore Small Company Opp I      | -                       | 1,213,797   |
| *                               | Fidelity Management Trust | Fidelity Freedom Income K                 | -                       | 1,032,003   |
| *                               | Fidelity Management Trust | Fidelity Freedom 2010 K                   | -                       | 602,714     |
| *                               | Fidelity Management Trust | Fidelity Freedom 2065 K                   | -                       | 588,493     |
| *                               | Fidelity Management Trust | Fidelity Freedom 2005 K                   | -                       | 221,326     |
| <b>Common Collective Trust:</b> |                           |                                           |                         |             |
| *                               | Fidelity Management Trust | Fidelity Managed Income Portfolio         | -                       | 8,235,012   |
| *                               | <b>The Company</b>        | Loans to Participants - 4.25% - 6.50%     | -                       | 4,884,625   |
| Total investments               |                           |                                           | \$ -                    | 279,679,038 |

<sup>(1)</sup> Cost omitted for participant-directed investments

\* Party-in-interest

See Accompanying Independent Auditors' Report

**PETCO ANIMAL SUPPLIES, INC. 401K PLAN  
SUPPLEMENTAL SCHEDULE  
REPORTABLE TRANSACTIONS  
PART IV, LINE 4j OF FORM 5500  
EIN 33-0479906, PLAN NO. 001  
For the Year Ended December 31, 2021**

There were no reportable transactions for the year ended December 31, 2021.

See Accompanying Independent Auditors' Report