

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE TJX COMPANIES, INC. 401(K) SAVINGS PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 02/12/1992
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... THE TJX COMPANIES, INC. C/O CORP TAX DEPT/RT 550 T5W 770 COCHITUATE ROAD FRAMINGHAM, MA 01701
2b Employer Identification Number (EIN) 04-2207613
2c Plan Sponsor's telephone number 508-390-2306
2d Business code (see instructions) 448140

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|--------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 303498 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 285277 |
| | 6a(2) | 294348 |
| | 6b | 1135 |
| | 6c | 15248 |
| | 6d | 310731 |
| | 6e | 892 |
| | 6f | 311623 |
| | 6g(1) | 125614 |
| | 6g(2) | 131988 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 2S

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input checked="" type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

| | | |
|--|---|-----|
| A Name of plan THE TJX COMPANIES, INC. 401(K) SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE TJX COMPANIES, INC. | D Employer Identification Number (EIN) 04-2207613 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FID INV INST OPS

04-2647786

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

GALLIARD CAPITAL MANAGEMENT, INC.

41-1813702

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

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

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

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

FID INV INST OPS

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 64 65 | RECORDKEEPER | 2762799 | 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)

STRATEGIC ADVISORS, INC.

04-2654524

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | ADVISOR | 1001379 | 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) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <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 (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
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|--|---|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>THE TJX COMPANIES, INC. 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ <u>004</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE TJX COMPANIES, INC.</u> | D Employer Identification Number (EIN) <u>04-2207613</u> |

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

| | | |
|--|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PMCB US ACTIVE CORE EQ FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>JPMORGAN ASSET MANAGEMENT</u> | | |
| c EIN-PN <u>13-4043928-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>270428597</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM LARGE CAP VALUE TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>PUTNAM INVESTMENT MANAGEMENT, LLC</u> | | |
| c EIN-PN <u>82-3639536-275</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>249179703</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INST 500 INDEX TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>81-6327546-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>183921098</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INST TOT BOND MRKT INDEX TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>81-6321044-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39610512</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INST TOT INTER ST MRKT IDX TRU</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>81-6317280-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>107243199</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INST TOT STK MRKT INDEX TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>81-6316167-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65526214</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC TARGET RETIRE 2020 TRUST PLUS</u> | | |
| b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> | | |
| c EIN-PN <u>90-0735899-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96737687</u> |

| | | |
|--|------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2025 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735963-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222140859 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2030 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735964-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267947597 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2035 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735965-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266959064 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2040 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735971-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208057000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2045 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735972-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209485072 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2050 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735976-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190810861 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2055 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 90-0735978-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158832299 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2060 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 45-3799736-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98266752 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2065 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 82-6204383-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39081868 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE 2070 TRUST PLUS | | |
| b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY | | |
| c EIN-PN 88-6095930-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1863623 |

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIRE INCOME TRU PLUS

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 90-0735883-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64238985 |
|--------------------------------|------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TAR RETIRE INC AND GROW TR PLU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 87-6426815-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1482236 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD INTERMEDIATE CORE FUND L

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 27-6635237-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135361486 |
|--------------------------------|------------------------|---|

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD SHORT CORE FUND F

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 52-2252204-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96059876 |
|--------------------------------|------------------------|--|

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND II

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|--------------------------------|------------------------|---|
| c EIN-PN 41-6292499-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3461683 |
|--------------------------------|------------------------|---|

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) |
|-----------------|----------------------|---|

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan THE TJX COMPANIES, INC. 401(K) SAVINGS PLAN | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 THE TJX COMPANIES, INC. | D Employer Identification Number (EIN) 04-2207613 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 21804682 | 23520096 |
| (2) Participant contributions | 1b(2) | 4326445 | 2005794 |
| (3) Other | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | 58398688 | 66689244 |
| (9) Value of interest in common/collective trusts | 1c(9) | 2578636986 | 2976696273 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 504635066 | 585723556 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (15) Other..... | 1c(15) | 12743813 | 11512628 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 3180545680 | 3666147591 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 7412213 | 5566044 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 7412213 | 5566044 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 3173133467 | 3660581547 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 110532156 | |
| (B) Participants..... | 2a(1)(B) | 237538841 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 26469010 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 374540007 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 4155985 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 4155985 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 23509080 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 23509080 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 336659641 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 60690021 |
| c Other income | 2c | | 7927775 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 807482509 |

Expenses

| | | | |
|--|---------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 316653709 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 316653709 |
| f Corrective distributions (see instructions) | 2f | | -582107 |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 198650 |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 2762798 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 1001379 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 3764177 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 320034429 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 487448080 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|----------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| 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.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 10000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

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

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

| | | |
|---|--|------------|
| A Name of plan <u>THE TJX COMPANIES, INC. 401(K) SAVINGS PLAN</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE TJX COMPANIES, INC.</u> | D Employer Identification Number (EIN) <u>04-2207613</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

| | | |
|--|---|--|
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year | 3 | |
|--|---|--|

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

| | | |
|---|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

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

| | | |
|---|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | |

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

The TJX Companies, Inc.
401(k) Savings Plan

Financial Statements and Supplemental Schedule
December 31, 2024 and 2023

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
INDEX OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2024 AND 2023

| | <u>Page</u> |
|--|-------------|
| Report of Independent Auditors | <u>2</u> |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits at December 31, 2024 and 2023 | <u>5</u> |
| Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024 | <u>6</u> |
| Notes to Financial Statements | <u>7</u> |
| Supplemental Schedule*: | |
| Schedule H, Line 41 - Schedule of Assets (Held at End of Year) as of December 31, 2024 | <u>13</u> |

*Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.



Report of Independent Auditors

To the Administrator of The TJX Companies, Inc. 401(k) Savings Plan

Opinion

We have audited the accompanying financial statements of The TJX Companies, Inc. 401(k) Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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

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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 (“supplemental schedule”) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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 US GAAS.



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

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

PricewaterhouseCoopers, LLP

Boston, Massachusetts
September 23, 2025

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
IN THOUSANDS

| | December 31, | |
|--|---------------------|---------------------|
| | 2024 | 2023 |
| ASSETS | | |
| Investments at fair value (See Note 3) | \$ 3,330,998 | \$ 2,850,713 |
| Investments at contract value (See Note 4) | 242,934 | 245,303 |
| Total investments | 3,573,932 | 3,096,016 |
| RECEIVABLES | | |
| Employer contributions | 23,520 | 21,804 |
| Participant contributions | 2,007 | 4,326 |
| Notes receivable from participants | 66,689 | 58,399 |
| Total receivables | 92,216 | 84,529 |
| TOTAL ASSETS | \$ 3,666,148 | \$ 3,180,545 |
| LIABILITIES | | |
| Excess contributions payable | \$ 5,566 | \$ 7,412 |
| TOTAL LIABILITIES | \$ 5,566 | \$ 7,412 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 3,660,582 | \$ 3,173,133 |

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

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
IN THOUSANDS

**Year Ended
December 31, 2024**

| ADDITIONS | |
|---|---------------------|
| Additions to net assets attributed to: | |
| Investment income: | |
| Interest | \$ 4,156 |
| Dividends | 23,509 |
| Net appreciation in fair value of investments | 405,278 |
| Total investment income | 432,943 |
| Contributions: | |
| Participant | 237,539 |
| Employer | 110,532 |
| Rollovers | 26,469 |
| Total contributions | 374,540 |
| TOTAL ADDITIONS | \$ 807,483 |
| DEDUCTIONS | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | \$ 316,270 |
| Administrative expenses | 3,764 |
| Other disbursements | — |
| TOTAL DEDUCTIONS | \$ 320,034 |
| CHANGE IN NET ASSETS DURING YEAR | \$ 487,449 |
| NET ASSETS AVAILABLE FOR BENEFITS | |
| Beginning of year | \$ 3,173,133 |
| End of year | \$ 3,660,582 |

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

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of The TJX Companies, Inc. 401(k) Savings Plan (the “Plan”) is provided for general information purposes only. The Plan is governed by the provisions of the plan document. Participants should refer to the Summary Plan Description for more complete information.

The Plan is a profit sharing plan with a tax-deferred employee savings feature as defined by section 401(k) of the Internal Revenue Code (“IRC”) covering all eligible employees of The TJX Companies, Inc. and participating subsidiaries (the “Company”) in the U.S. who elect to participate or who are automatically enrolled in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan commenced on February 12, 1992. Effective January 1, 2023, the Plan's name was changed from The TJX Companies, Inc. General Savings/ Profit Sharing Plan to The TJX Companies, Inc. 401(k) Savings Plan.

Fidelity Management Trust Company serves as the Plan’s trustee and custodian (replacing Vanguard Fiduciary Trust Company effective April 1, 2023), and Fidelity Investments provides recordkeeping and other services to the Plan (replacing The Vanguard Group, Inc. effective April 1, 2023).

Effective April 1, 2023, TJX amended the Plan to provide that all employees of the Company who have attained age 21 are eligible to make elective contributions to the Plan and that participants who have completed 1,000 hours of service during the first year of employment (or in a given calendar year) are eligible for Company matching contributions. Employees are entitled to save and deposit in the Plan up to 50% of eligible pay (as defined) subject to certain limitations. Elective contributions may be made on a pre-tax basis or Roth after-tax basis. The Plan permits traditional after-tax contributions on a limited basis. A participant who is eligible to make elective contributions and is at least age 50 may make catch-up contributions in accordance with the Plan and IRC rules. Participants may also contribute amounts representing eligible rollover distributions from other qualified plans.

The Plan includes an automatic enrollment feature under which eligible employees who have completed the 1,000 hours of service requirement under the Plan are automatically enrolled to make pre-tax contributions under the Plan at a 2% contribution rate, and their accounts under the Plan are automatically invested in the Plan’s default investment option, unless the employee elects otherwise. The automatic enrollment feature generally applies to all employees who have met the 1,000 hours of service requirement. Special rules apply to employees covered by a collective bargaining agreement. As of December 31, 2024, the default investment option for each participant is a target date investment option based on the participant’s birth date and assuming retirement at age 65.

For participants hired on or after February 1, 2006, the Company matches 75% of participant contributions to the Plan, up to the first 5% of eligible pay (as defined), subject to limitations. For participants hired before February 1, 2006, who are eligible to earn additional benefits under the Company’s Retirement Plan, the Company matches 25% of participant contributions to the Plan, up to the first 5% of eligible pay (as defined), subject to limitations. Special rules apply to participants covered by a collective bargaining agreement.

Elective contributions and Company contributions are allocated to the investment funds available under the Plan, as directed by the participant, subject to limitations. The Plan offers mutual funds, collective investment trusts and a stable value investment option.

The Company may elect to make additional discretionary profit-sharing contributions for a plan year. This may include matching contributions which match a percentage (generally up to 25%) of participant contributions to the Plan, up to the first 5% of eligible pay (as defined), non-matching contributions, or a combination of matching and non-matching contributions, in each case subject to limitations. The Company made a 5% discretionary matching contribution, plus a discretionary non-matching contribution of \$100 per eligible participant for the plan years ended December 31, 2024 and December 31, 2023. The Company may also make additional non-matching contributions on a discretionary basis. Participants are vested immediately in their own contributions, while employer contributions vest 25% per year of employment so that all employer contributions are fully vested after four years of service.

Forfeitures of non-vested Company contributions are applied against future Company contributions. Unallocated forfeitures were \$4,845 thousand and \$5,198 thousand at December 31, 2024 and 2023, respectively. There were \$4,957 thousand and \$2,531 thousand of forfeitures applied against Company contributions for the plan years ended December 31, 2024 and December 31, 2023, respectively.

Employees are permitted to withdraw funds from their accounts upon attaining the age of 59 1/2, retirement, termination, or for financial hardship or other specified circumstances permitted under the terms of the Plan.

Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and Plan earnings, and is charged with an allocation of Plan losses and administrative expenses, if applicable. Allocations are based on participant earnings or losses, or account balances, as defined. Administrative expenses of the Plan may be deducted from participant accounts on a per capita or pro rata basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Upon termination of service, a participant may choose to take the vested account balance in a lump-sum distribution, in installments, in non-periodic partial withdrawals, or may choose to defer distributions to a later date, subject to limitations.

Under the terms of the Plan, participants may obtain loans from the Plan utilizing funds accumulated in their accounts. The minimum amount which may be borrowed is \$500. Participants may borrow up to a maximum of 50% of their vested account balance, not to exceed \$50,000 (less their highest outstanding loan balance during the previous twelve months) and may have only one loan outstanding at any time. Interest is calculated at the prime rate on the last day of the quarter prior to the date that the loan is taken and remains fixed for the term of the loan. The interest rate on outstanding loans (including loans transferred to the Plan), ranged from 3.25% to 8.50% during the year ended December 31, 2024 and ranged from 3.25% to 8.50% during the year ended December 31, 2023. The loan interest rate was 7.50% at December 31, 2024 and 8.50% at December 31, 2023.

Loans are repaid to the Plan through after-tax payroll deductions. The term of the loan is selected at the discretion of the participant; however, it generally may not exceed five years.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The TJX Companies, Inc. 401(k) Savings Plan financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investments

The Plan's investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. The Plan's investments in registered investment company mutual funds are valued at the last reported net asset value ("NAV") on the last business day of the year. Investments in bank collective trusts are valued at fair value based on the NAV as reported by their fund manager.

Income from investments is recognized as earned on an accrual basis. In accordance with the policy of stating investments at fair value, the Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the changes in unrealized appreciation (depreciation) on these investments.

Purchases and sales of securities are reflected on a trade-date basis. Gains or losses on sales of securities are based on average cost. Dividend income is recorded on the ex-dividend date and interest income is recorded as earned on the accrual basis.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. Plan participants paid loan-related expenses of \$494 thousand and \$235 thousand for the plan years ended December 31, 2024 and December 31, 2023, respectively.

Expenses

The Plan generally provides that all reasonable expenses of administering the Plan are payable by the Plan unless the Company affirmatively elects to pay any such expenses directly. Administrative expenses may include recordkeeping, auditing, legal, trustee/custodial expenses, and other administrative fees and expenses (such as communication expenses) associated with maintaining the Plan. The Company also provides support services for the administration of the Plan, including services related to certain participant communications, reporting and statutory filings; however, the Company does not currently charge the Plan for these services. A quarterly per participant administrative fee is charged by the Plan's recordkeeper. Certain expenses, such as account management fees, loan origination and maintenance fees and distribution/withdrawal fees, may be charged directly to participants who elect a particular Plan service. Expenses of the Plan may be paid by the Company, may be charged to participant accounts, or may be satisfied from shareholder servicing fees paid to the Plan's recordkeeper or from other available Plan assets.

The following table presents administrative expenses paid for by the Plan:

| In thousands | December 31, 2024 |
|--------------------------------------|------------------------------|
| Recordkeeping fees | \$ 1,902 |
| Investment advisory fees | 1,001 |
| Loan-related fees | 494 |
| Distribution/withdrawal fees | 232 |
| Overnight mail fees | 135 |
| Total administrative expenses | \$ 3,764 |

Contributions

Participant and employer contributions to the Plan are allocated based on the participants' investment elections. Participant contributions are received by the Plan each pay period, as are the employer matching contributions. The employer discretionary contributions, if any, are made after approval by the Board of Directors of the Company.

Payments of Benefits

Benefits are recorded when paid. On termination of employment, a participant will receive a lump-sum distribution unless the participant's account balance exceeds \$7,000 (or \$5,000 prior to January 1, 2024) and the participant elects to defer distribution. In general, a terminated participant may defer the distribution until after the participant reaches age 72, consistent with the Setting Every Community Up for Retirement Enhancement (SECURE) Act.

Use of Estimates

The preparation of the Plan's financial statements in conformity with GAAP requires the Company to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through September 23, 2025, the date the financial statements were available to be issued. There were no subsequent events that required disclosure.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to the risks and uncertainties of the financial markets, such as interest rate, credit, and overall market volatility 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 financial statements, including the amounts reported in the Statements of Net Assets Available for Benefits.

3. FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date or "exit price." The inputs used to measure fair value are generally classified into the following hierarchy:

- Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2: Unadjusted quoted prices in active markets for similar assets or liabilities, or unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability
- Level 3: Unobservable inputs for the asset or liability

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and December 31, 2023:

| | Investment Assets at Fair Value as of | | | |
|--|--|---------------------|-------------------|---------------------|
| | December 31, 2024 | | December 31, 2023 | |
| In thousands | Level 1 | Total | Level 1 | Total |
| Registered investment companies | \$ 585,724 | \$ 585,724 | \$ 504,635 | \$ 504,635 |
| Investments measured at net asset value ^{(a),(b)} | | 2,745,274 | | 2,346,078 |
| Total investments at fair value | \$ 585,724 | \$ 3,330,998 | \$ 504,635 | \$ 2,850,713 |

^(a) In accordance with ASU 2015-07, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

^(b) This category represents investments in Common/Collective Trusts and the Stable Value Fund. The investments are valued at NAV. All of the Common/Collective Trusts have daily liquidity and are not subject to any redemption restrictions.

For the years ended December 31, 2024 and December 31, 2023, there were no transfers between levels within the Plan.

Market value events are events or conditions, the occurrence of which are outside of the normal operation of the Plan and lead to any disbursements which have or will have a material adverse effect on the operations of the related fund and a financial effect on the investment contract or wrap issuer’s interest hereunder. At December 31, 2024, the Company does not believe that the occurrence of any such market value event limiting the fund’s ability to transact at contract value with participants is probable.

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

One of the participant directed investment options within the Plan is a stable value investment option (Stable Value Fund). The Stable Value Fund is a separate account, managed by Galliard Capital Management, LLC, that invests in fully benefit responsive security-backed contracts (“Wrap Contracts”) issued by banks, insurance companies and other financial institutions (“Wrap Issuers”). The portfolio underlying the Wrap Contract is maintained separately from the Wrap Issuers’ general assets, usually held by a third party custodian. The portfolio is owned directly by the Plan. The portfolios underlying the Wrap Contracts are invested in a series of broadly diversified bond portfolios with short- to intermediate-term bonds that include U.S. dollar denominated corporate bonds, U.S. dollar denominated government/agency securities, mortgage-backed and other asset-backed securities, collective trust funds and other fixed income securities. Wrap Contracts are valued at contract value which is principal plus accrued interest plus deposits and less withdrawals. Assets not covered by the Wrap Contracts are generally invested in a short term investment fund to provide necessary liquidity for participant withdrawals and exchanges. The minimum crediting rate of the Wrap Contracts is zero. Crediting rates are typically reset quarterly. The primary variables impacting future crediting rates include: the current yield of the assets underlying the Wrap Contracts, the duration of the assets underlying the Wrap Contracts, and the existing difference between the fair value and contract value of the assets within the Wrap Contracts. In calculating the crediting rate, the ratio between the fair value and the contract value is generally amortized over the effective duration of the underlying investment. If the fair value of the assets underlying the Wrap Contracts is higher than their contract value, the crediting rate will ordinarily be higher than the yield of the assets underlying the Wrap Contracts. Conversely, if the fair value of the assets underlying the Wrap Contracts is lower than their contract value, the crediting rate would ordinarily be lower than the yield of the assets underlying the Wrap Contracts. Generally, the fair values of the assets underlying the Wrap Contracts move in the opposite direction of interest rates.

The Stable Value Fund and the Wrap Contracts are designed to honor participant-initiated transactions allowed by the Plan (typically this would include withdrawals for benefits, loans, or transfers to non-competing investment options within the Plan) at contract value, which is the participant’s original investment minus redemptions plus accumulated interest and deposits based on the above mentioned crediting rates. However, the Wrap Issuers might limit the ability to transact at contract value upon the occurrence of certain events. These events include:

- Merger, consolidation, sale of assets or other events (e.g. spin-offs or restructurings) within the control of the Plan or the Company which results in redemptions in excess of the threshold established by the Wrap Contracts.
- A mass layoff or early retirement incentive program or the filing of a petition in bankruptcy, which results in redemptions in excess of the threshold established by the Wrap Contracts.

Under certain conditions, the Wrap Issuer retains the right to terminate the contract at fair value. Reasons for termination could include:

- Disqualification of the Plan by the Internal Revenue Service.
- Termination of the Plan and distribution of its assets to the participants.
- The Stable Value Fund ceased to meet its material obligations under the contract (such as a failure to comply with the investment guidelines or the addition of a competing investment option by the Plan, etc.) and such breach was not cured within 30 days after notice.
- The Stable Value Fund assigned its interest in the contract without permission.
- Upon investment manager termination, a new manager acceptable to the Wrap Issuers was not appointed within 30 days.
- The Stable Value Fund changed the underlying investment guidelines without the Wrap Issuer’s consent.
- Investment discretion was granted to anyone except the manager or a sub-advisor appointed by the manager and this continued for 30 days after notice.
- The Stable Value Fund engaged in fraud or deceit relating to the Wrap Contract.
- The Stable Value Fund made any misrepresentation of material facts relating to the Wrap Contract.
- The Plan made a participant communication designed to induce participants to make transfers into or out of the Wrap Contract that the Wrap Issuers determined would materially and adversely impact their obligations under the Wrap Contract.
- The Plan made certain Plan amendments or alterations in Plan administration that the Wrap Issuers reasonably determined would materially and adversely impact their obligations under the Wrap Contract.

The Company does not believe that the occurrence of any such event which would limit the Plan’s ability to transact at contract value with participants is probable.

Risks arise when entering into any Wrap Contract due to the potential inability of the Wrap Issuer to meet the terms of the Wrap Contract. In addition, Wrap Contracts have the risk of default or the lack of liquidity of the assets underlying the Wrap Contracts. The credit risk of each Wrap Issuer is evaluated and monitored through the portfolio manager’s credit analysis. The credit analysis includes, but is not limited to, asset quality and liquidity, management quality, surplus adequacy, and profitability. The Plan requires that the Wrap Issuers of each Wrap Contract have a minimum quality rating as of the Wrap Contract effective date and that all assets underlying the Wrap Contract be rated investment grade at the time of purchase.

5. TAX STATUS

On September 8, 2015, the Internal Revenue Service (“IRS”) issued a determination letter informing the Company that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since the most recent IRS determination letter submission and a new determination letter has not been requested. The Company believes the Plan is in material compliance with the applicable IRC requirements. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audits by taxing jurisdictions; however, there are currently no such audits in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2021.

6. PLAN TERMINATION

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

7. RELATED PARTY AND PARTY-IN INTEREST TRANSACTIONS

Notes receivable from participants qualify as party-in-interest transactions. Transactions during the year in the Galliard Short Core Fund F, Galliard Intermediate Core Fund L, and Short-Term Investment Fund II and expenses paid to Galliard may also be considered party-in-interest transactions as Galliard Capital Management, LLC is an investment manager and fiduciary with respect to the Stable Value Fund. Vanguard Fiduciary Trust Company previously served as the Plan's trustee and custodian, and the Vanguard Group, Inc. previously served as the Plan's recordkeeper, in each case until April 1, 2023. As of December 31, 2024, Fidelity Investments served as recordkeeper for the Plan and Fidelity Management Trust Company served as the trustee for the Plan.

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
IN THOUSANDS

| Identity of issuer, borrower, lessor or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Current value |
|--|---|---------------------|
| Registered Investment Companies: | | |
| American Funds Distributors, Inc. | American Funds EuroPacific Growth Fund - R6 | \$ 70,494 |
| Pacific Investment Management Co, LLC | PIMCO Total Return Institutional Fund | 148,715 |
| The Vanguard Group, Inc. | Vanguard Small-Cap Index Fund Institutional Shares | 68,619 |
| The Vanguard Group, Inc. | Vanguard Mid-Cap Index Fund Institutional Shares | 83,445 |
| The Vanguard Group, Inc. | Vanguard U.S. Growth Fund Admiral Shares | 214,451 |
| Total Registered Investment Companies | | \$ 585,724 |
| Common/Collective Trusts: | | |
| JPMorgan Investment Management, Inc. | JPMCB U.S. Active Core Equity Fund | \$ 270,428 |
| Putnam Investment Management, LLC | Putnam Large Cap Value Trust | 249,180 |
| The Vanguard Group, Inc. | Vanguard Institutional 500 Index Trust | 183,921 |
| The Vanguard Group, Inc. | Vanguard Institutional Total Bond Market Index Trust | 39,610 |
| The Vanguard Group, Inc. | Vanguard Institutional Total International Stock Market Index Trust | 107,243 |
| The Vanguard Group, Inc. | Vanguard Institutional Total Stock Market Index Trust | 65,526 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2020 Trust Plus | 96,738 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2025 Trust Plus | 222,141 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2030 Trust Plus | 267,948 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2035 Trust Plus | 266,959 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2040 Trust Plus | 208,057 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2045 Trust Plus | 209,485 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2050 Trust Plus | 190,811 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2055 Trust Plus | 158,832 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2060 Trust Plus | 98,267 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2065 Trust Plus | 39,082 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2070 Trust Plus | 1,864 |
| The Vanguard Group, Inc. | Vanguard Target Retirement Income Trust Plus | 64,239 |
| The Vanguard Group, Inc. | Vanguard Target Retirement Income and Growth Trust Plus | 1,482 |
| Total Common/Collective Trusts | | \$ 2,741,813 |
| Security Backed GIC's and Underlying Investments: | | |
| *Galliard Capital Management, LLC | Galliard Short Core Fund F | \$ 96,060 |
| *Galliard Capital Management, LLC | Galliard Intermediate Core Fund L | 135,361 |
| Metropolitan Life Ins. Co. | Contract Wrapper - No. 38193 - 3.66% | 2,983 |
| Prudential Ins. Co. of America | Contract Wrapper - No. GA-63066 - 3.65% | 3,479 |
| Transamerica Life Ins. Co. | Contract Wrapper - No. MDA01174TR - 3.69% | 2,536 |
| Voya Ret. Ins. And Annuity Co. | Contract Wrapper - No. 60371 - 3.69% | 2,515 |
| Total Security Backed GIC's and Underlying Investments | | \$ 242,934 |
| Stable Value Fund: | | |
| *Galliard Capital Management, LLC | Short-Term Investment Fund II | \$ 3,462 |
| Other: | | |
| *Various | Participant Loans (Interest 3.25% - 8.50%, with various maturities through 2030) | \$ 66,689 |
| Total | | \$ 3,640,622 |

* Party-in-interest to the Plan.

Note: Cost not required to be disclosed for participant directed accounts.

THE TJX COMPANIES, INC.
401(K) SAVINGS PLAN
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024
IN THOUSANDS

| Identity of issuer, borrower, lessor or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Current value |
|--|---|---------------------|
| Registered Investment Companies: | | |
| American Funds Distributors, Inc. | American Funds EuroPacific Growth Fund - R6 | \$ 70,494 |
| Pacific Investment Management Co, LLC | PIMCO Total Return Institutional Fund | 148,715 |
| The Vanguard Group, Inc. | Vanguard Small-Cap Index Fund Institutional Shares | 68,619 |
| The Vanguard Group, Inc. | Vanguard Mid-Cap Index Fund Institutional Shares | 83,445 |
| The Vanguard Group, Inc. | Vanguard U.S. Growth Fund Admiral Shares | 214,451 |
| Total Registered Investment Companies | | \$ 585,724 |
| Common/Collective Trusts: | | |
| JPMorgan Investment Management, Inc. | JPMCB U.S. Active Core Equity Fund | \$ 270,428 |
| Putnam Investment Management, LLC | Putnam Large Cap Value Trust | 249,180 |
| The Vanguard Group, Inc. | Vanguard Institutional 500 Index Trust | 183,921 |
| The Vanguard Group, Inc. | Vanguard Institutional Total Bond Market Index Trust | 39,610 |
| The Vanguard Group, Inc. | Vanguard Institutional Total International Stock Market Index Trust | 107,243 |
| The Vanguard Group, Inc. | Vanguard Institutional Total Stock Market Index Trust | 65,526 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2020 Trust Plus | 96,738 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2025 Trust Plus | 222,141 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2030 Trust Plus | 267,948 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2035 Trust Plus | 266,959 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2040 Trust Plus | 208,057 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2045 Trust Plus | 209,485 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2050 Trust Plus | 190,811 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2055 Trust Plus | 158,832 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2060 Trust Plus | 98,267 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2065 Trust Plus | 39,082 |
| The Vanguard Group, Inc. | Vanguard Target Retirement 2070 Trust Plus | 1,864 |
| The Vanguard Group, Inc. | Vanguard Target Retirement Income Trust Plus | 64,239 |
| The Vanguard Group, Inc. | Vanguard Target Retirement Income and Growth Trust Plus | 1,482 |
| Total Common/Collective Trusts | | \$ 2,741,813 |
| Security Backed GIC's and Underlying Investments: | | |
| *Galliard Capital Management, LLC | Galliard Short Core Fund F | \$ 96,060 |
| *Galliard Capital Management, LLC | Galliard Intermediate Core Fund L | 135,361 |
| Metropolitan Life Ins. Co. | Contract Wrapper - No. 38193 - 3.66% | 2,983 |
| Prudential Ins. Co. of America | Contract Wrapper - No. GA-63066 - 3.65% | 3,479 |
| Transamerica Life Ins. Co. | Contract Wrapper - No. MDA01174TR - 3.69% | 2,536 |
| Voya Ret. Ins. And Annuity Co. | Contract Wrapper - No. 60371 - 3.69% | 2,515 |
| Total Security Backed GIC's and Underlying Investments | | \$ 242,934 |
| Stable Value Fund: | | |
| *Galliard Capital Management, LLC | Short-Term Investment Fund II | \$ 3,462 |
| Other: | | |
| *Various | Participant Loans (Interest 3.25% - 8.50%, with various maturities through 2030) | \$ 66,689 |
| Total | | \$ 3,640,622 |

* Party-in-interest to the Plan.

Note: Cost not required to be disclosed for participant directed accounts.