Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**2024** **This Form is Open to Public Inspection**

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEIJER HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan
01/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MEIJER, INC.

PO BOX 2281
GRAND RAPIDS, MI 49501-2281

2b Employer Identification Number (EIN)
38-1274536

2c Plan Sponsor's telephone number
616-453-6711

2d Business code (see instructions)
445110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	BRADLEY J. FREIBURGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	JAMIE L. LARSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	20540
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	6378
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 3F 3H

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

9a Plan funding arrangement (check all that apply)

(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information – Small Plan)
(3) [ ] **A** (Insurance Information) – Number Attached ______
(4) [X] **C** (Service Provider Information)
(5) [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MEIJER HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
38-1274536

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

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	1019072976
b Actuarial value	**2b**	1073493985

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	11411	564830292	564830292
b For terminated vested participants	2751	87661599	87661599
c For active participants	6378	261543625	261543625
d Total	20540	914035516	914035516

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.14 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	998265
c Target normal cost	**6c**	998265

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/17/2025

MICHAEL H. FRANTZ
Type or print name of actuary

23-05485
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC 17755 PO BOX 551343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	189902370
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	189902370
10	Interest on line 9 using prior year's actual return of 6.53 %	0	12400625
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	202302995

Part III Funding Percentages

14	Funding target attainment percentage	14	95.31 %
15	Adjusted funding target attainment percentage	15	117.44 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.16 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	65

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	998265
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	42844526	1971323
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2969588

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2969588	2969588

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 MEIJER HOURLY PENSION PLAN	**B** Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 MEIJER, INC.	**D** Employer Identification Number (EIN) 38-1274536

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).. . . . . [X] 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
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233

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

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

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

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

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

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

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

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

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

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

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

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

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 11 16 50	RECORDKEEPER	1879796	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	502999	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FUND EVALUATION GROUP

01-0694771

(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?
16	NONE	110211	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MILLER JOHNSON

45 OTTAWA AVE SW
GRAND RAPIDS, MI 49503

38-1603110

(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?
29	RECORDKEEPER	42708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 MEIJER HOURLY PENSION PLAN	**B** Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEIJER, INC.	**D** Employer Identification Number (EIN) 38-1274536

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: MEIJER PENSION MASTER TRUST

b Name of sponsor of entity listed in (a): MEIJER, INC.

c EIN-PN 38-1274536-213	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75611610

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information	OMB No. 1210-0110 2024
	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.**	**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
MEIJER HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MEIJER, INC.

D Employer Identification Number (EIN)
38-1274536

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35136	328438
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8261082	21065354
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1010776758	75611610
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	1019072976	97005402
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1019072976	97005402

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a **Contributions:**			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b **Earnings on investments:**			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	595494	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		595494
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		97919598
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		16784
d Total income. Add all **income** amounts in column (b) and enter total	2d		98531876

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	181156830	
(2) To insurance carriers for the provision of benefits	2e(2)	834832367	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1015989197
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1879795	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	110211	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	502999	
(8) Legal fees	2i(8)	42708	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2074540	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4610253
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1020599450

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-922067574
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) [X] 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) [X] 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: HUNGERFORD **(2)** EIN: 38-2184825

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.)	**4a**		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.)	**4b**		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.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555576.

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

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MEIJER, INC.

D Employer Identification Number (EIN)
38-1274536

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 20-2387942 ____________

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** 4081

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year.....	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) 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: 4.6 % Real Assets: _______% Cash or Cash Equivalents: 76.3 % Other: 19.1 %

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__________.

MEIJER HOURLY PENSION PLAN

FINANCIAL STATEMENTS

For the years ended
December 31, 2024 and 2023

HUNGERFORD
CPAs • ADVISORS • TECHNOLOGY • WEALTH

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT

October 6, 2025

To the Plan Administrator of the
Meijer Hourly Pension Plan
Grand Rapids, Michigan

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

We have performed audits of the financial statements of Meijer Hourly Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As described in Note I to the financial statements, the Employer approved the termination of the Plan, effective June 30, 2024, and management determined that liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis used in the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Meijer Hourly Pension 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 Meijer Hourly Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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.

Other Matter

Supplemental Schedules Required by ERISA

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

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Hungerford

Certified Public Accountants
Grand Rapids, Michigan

FINANCIAL STATEMENTS

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

MEIJER HOURLY PENSION PLAN
December 31, 2024 and 2023

	2024 (In Liquidation)	2023 (Ongoing)
Assets		
Investments at fair value:		
Money market funds	$ 21,065,354	$ 8,261,082
Interest in Master Trust	75,611,610	327,259,588
Total investments	96,676,964	335,520,670
Interest in Master Trust at contract value	-	683,517,170
Receivables:		
Accrued income	328,438	35,136
Assets Available for Benefits	**$ 97,005,402**	**$ 1,019,072,976**

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

MEIJER HOURLY PENSION PLAN

For the years ended December 31, 2024 and 2023

	2024 (In Liquidation)	2023 (Ongoing)
Additions to Assets Attributed to:		
Investment income:		
Interest and dividends	$ 595,494	$ 157,336
Net investment gain from Master Trust	97,919,598	63,985,481
Other income	16,784	11,583
Total Additions	98,531,876	64,154,400
Deductions from Assets Attributed to:		
Benefits paid directly to participants or beneficiaries	181,156,830	56,363,485
Benefits paid to insurance carriers for the provision of benefits	834,832,367	-
Administrative expenses	4,610,253	3,501,115
Total Deductions	1,020,599,450	59,864,600
Net Increase (Decrease)	(922,067,574)	4,289,800
Assets Available for Benefits:		
Beginning of year	1,019,072,976	1,014,783,176
End of year	**$ 97,005,402**	**$ 1,019,072,976**

Note A – Description of the Plan

The following brief description of the Meijer Hourly Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering certain union employees of Meijer, Inc. (the Company), the plan sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During the 2024 plan year, the Employer approved the termination of the Plan, effective June 30, 2024. The following is a description of the Plan prior to termination.

Eligibility

Employees who are not participants as of January 1, 2012, and employees hired after December 31, 2011, are not eligible to participate in the Plan. Employees hired prior to December 31, 2011, became eligible on February 1 or August 1 following the completion of one year of employment with 1,000 hours of service and attainment of age 21.

Benefits

There are no employee contributions allowed under the Plan. Employer contributions are actuarially determined on the basis of retirement benefits of all its participating employees. Plan terms applying to various employee groups of the Company are set forth in the plan document and are not described individually and in detail herein.

The normal monthly retirement benefit is an amount equal to a participant's years of benefit service multiplied by the applicable rate, as stated in the plan document. The normal benefit is adjusted for early or late retirement, disability, or upon the participant's death, as stated in the plan document. Benefits for certain non-grandfathered participants were frozen effective December 31, 2011. Benefits for grandfathered participants were frozen effective March 1, 2020.

The normal retirement benefit is payable as a monthly annuity payable for life for single participants and a joint participant and 50 percent survivor annuity for married participants. Optional forms of benefit are available upon completion of the proper waiver. If the actuarial equivalent of a participant's vested accrued benefit is less than $15,000, the participant may request a single lump sum payment. If a participant's total pension is valued at $5,000 or less, the amount will be paid to the participant in a single lump sum. Effective June 1, 2022, participants or beneficiaries with an annuity beginning on or after June 1, 2022 can request a lump sum distribution if the actuarial equivalent of the participant's vested accrued benefit is less than $50,000.

Note A – Description of the Plan (Continued)

Plan Operations

The Company has appointed Principal Bank (Trustee) to serve as Trustee and the Company to act as plan administrator. The Trustee is responsible for holding the investment assets of the Plan and executing investment transactions. Alight, the Plan's recordkeeper, is responsible for making distributions to participants. The plan administrator interprets and communicates the provisions of the Plan and ensures that all government and participant reporting requirements are fulfilled. The Plan's fiduciary committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment strategy, and monitors investment performance.

Vesting

Benefits accrued within the Plan become fully vested upon the participant's completion of five years of service with the Company, as defined.

Administrative Expenses

Certain administrative expenses, investment management fees, and Pension Benefit Guaranty Corporation (PBGC) premiums are paid by the Plan and are based on reasonable and customary rates. Certain other costs and expenses incurred with the operation of the Plan are borne by the Company.

Note B – Summary of Accounting Policies

Basis of Accounting

As discussed in Note I to the financial statements, the plan sponsor terminated the Plan effective June 30, 2024. As a result, the Plan changed its basis of accounting for the year ended December 31, 2024 from the going concern basis to the liquidation basis.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred in the liquidation process.

Use of Estimates

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

Note B – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Meijer Master Pension Trust (Master Trust) has been established for the Plan and the Meijer OMP Pension Plan. Use of the Master Trust permits the commingling of the assets of both plans for investment and administrative purposes.

Investments of the Plan and the Master Trust are reported in the Plan's financial statements at fair value (except for the buy-in group annuity contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Notes D and E for discussion of fair value measurements.

Net realized and unrealized appreciation or depreciation in the aggregate current value of investments included in the statements of changes in assets available for benefits is composed of realized gains and losses on sales of investments and unrealized gains and losses resulting from changes in the aggregate current value of investments. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded as it is earned. Dividends are recorded on the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments in the commingled and money market funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return on such assets.

Annuity Contract with Insurance Company

Plan assets as of December 31, 2023 included a buy-in group annuity contract (GAC) purchased from insurers in August 2023. The initial value of the GAC was equal to the premium paid to secure the contract and is adjusted each reporting period to reflect the value of the premium that would be paid for such a contract at that time. The change in the contract value from purchase is attributable to changes in interest rates less benefit payments to plan participants. As of December 31, 2024, the buy-in GAC was terminated, and the insurance company will begin payment of benefits effective January 1, 2025.

Actuarial Present Values of Accumulated Plan Benefits

Accumulated plan benefits (see Note C) are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on a set amount multiplied by years of service during the applicable period ending on the date as of which the benefit information is presented (January 1, 2024). Benefits payable under all circumstances (retirement, death, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Note B – Summary of Accounting Policies (Continued)

Actuarial Present Values of Accumulated Plan Benefits (Continued)

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

The significant actuarial assumptions used in the valuation as of January 1, 2024 were:

- Life expectancy of participants (the amounts-weighted aggregate rates from the Pri-2012 mortality study with blue collar adjustments projected generationally from 2012 using Standard Scale MP-2021).
- Retirement age assumptions ranging from ages 55-80.
- Certain assumptions as to annual rates of withdrawal based on length of service and ages of participants.
- Rates of disability.
- Marital status (55% of males and 55% of females are assumed to be married).
- Interest rate of 4.65%.

The following changes were made to actuarial assumptions since the prior year:

- A change in the interest rate assumption for lump sum payments from the August 2022 417(e) rates of 3.79%, 4.62%, and 4.69% to the December 2023 417(e) rates of 5.01%, 5.13%, and 5.15%.
- A change in the lump sum conversion mortality table from the published 2023 IRC section 417(e) table, projected based on the standard version of MP-2021 for future payments to the published 2024 IRC section 417(e) table, projected based on the IRS adjusted version of MP-2021 for future payments.
- The interest rate decreased from 6.05% to 4.65%.

The foregoing actuarial assumptions were used in determining the present value of accumulated plan benefits as of January 1, 2024, before the settlement of the Plan’s obligations related to termination.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 6, 2025, which is the date the financial statements were available to be issued.

Note C – Accumulated Plan Benefits and Funding Policy

An actuarial valuation of the Plan was made as of January 1, 2024 and 2023. Accumulated plan benefits at these dates are set forth in the following table.

	January 1, 2024	January 1, 2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 573,153,965	$ 514,607,706
Other vested benefits	367,188,475	264,457,910
Total actuarial present value of accumulated plan benefits at end of year	$ 940,342,440	$ 779,065,616

Changes in accumulated plan benefits are as follows:

	Year Ended January 1, 2024	Year Ended January 1, 2023
Actuarial present value of accumulated plan benefits at beginning of period	$ 779,065,616	$ 916,965,274
Increase (decrease) during the year due to:		
Plan amendments	-	4,879,604
Benefits accumulated and plan experience	(2,065,211)	(999,380)
Decrease in the discount period	45,453,511	41,041,363
Actual benefits paid	(56,363,485)	(50,086,560)
Changes in assumptions	174,252,009	(132,734,685)
Actuarial present value of accumulated plan benefits at end of year	$ 940,342,440	$ 779,065,616

It is the sponsor's policy to fund the Plan in an amount equal to or in excess of the minimum required contribution, and minimum funding standards have been met as required by ERISA.

Note D – Fair Value Measurements

The investments of the Plan and the master trust, except for the buy-in group annuity contract, are reported at fair value in the accompanying statements of assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 – inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets,
- quoted prices for identical or similar assets and liabilities in markets that are not active,
- other inputs that are observable or can be corroborated by observable market data,
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – inputs are generally unobservable and significant to the fair value measurement. Such inputs typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability, including certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market funds: Valued based on quoted net asset values of the shares held by the Plan on the last business day of the plan year.

Note D – Fair Value Measurements (Continued)

U.S. Treasury and government agency securities: Valued by a pricing agency based on quoted prices for similar assets in active markets.

Common/collective trust funds and limited partnerships: Valued based on net asset value (NAV) or unit value of underlying investment funds as reported by the underlying fund managers, which is determined by quoted market prices, sales of similar assets on active markets, and other inputs such as expected discounted cash flows, credit risk, volatility statistics, liquidity statistics, and redemption restrictions. The funds provide for redemptions with notice, as set forth in individual subscription agreements. Management evaluates the valuation of each of the funds and accepts the issuers' valuations without adjustment.

The investment strategies and redemption restrictions, if known, of the funds that do not file with the Department of Labor as Direct Filing Entities (DFEs) are as follows:

- Audax Direct Lending Solutions Fund-C, L.P. – the fund invests in unitranche loans, stretch senior secured loans, or other debt-like securities that have conversion features or that may be combined with other equity participation rights or enhancements such as common equity warrants or common stock.

- Blackrock Peach Road Fund, LTD – the fund seeks to achieve net annualized real return and volatility of between 4% and 6% and a Sharpe ratio of 1.0, along with a low beta of less than 0.3 to the MSCI World Index. The Fund seeks to achieve its objective primarily through an allocation of the Fund's capital to private investment funds pursuing various hedge fund strategies. The notification period required for full or partial liquidation of the fund is 30 days' notice prior to the effective date and redemptions are monthly.

- Falcon Private Credit Opportunities Fund VI, LP – investment objective is to achieve a high current return, with the potential for longer-term capital appreciation for its Partners, principally through privately placed mezzanine investments consisting primarily of subordinated debt together with equity features such as warrants or other equity participant rights, convertible debt, preferred stock or common stock of companies with operating histories.

- Falcon Strategic Partners IV and V – seeks to achieve a high current return, with the potential for longer-term capital appreciation for its Partners, principally through privately placed mezzanine investments consisting primarily of subordinated debt together with equity features such as warrants or other equity participation rights, convertible debt, preferred stock or common stock of companies with operating histories.

- Siguler Guff Distressed Opportunities Fund V, LP – a distressed debt hedge fund of funds organized for the purpose of investing in pooled investment vehicles, involving both direct or indirect securities of companies undergoing financial distress, operating difficulties, and significant restructuring.

- Strategic Value Dislocation Feeder Fund, LP – Partnership seeks to generate capital appreciation through global investments in a range of distressed financial and other assets.

Note D – Fair Value Measurements (Continued)

- Waterfall Eden Fund, LTD – the fund invests substantially all of its assets in Waterfall Eden Master Fund, Ltd. (the Master Fund). The Master fund's principal strategy is to invest in high-yield structured finance securities, including asset-backed securities, collateralized debt obligations, residential and commercial mortgage-backed securities, and investments in pools of loans. The notification period required for full or partial liquidation of the fund is 90 days' notice prior to the effective date and redemptions are quarterly.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments, other than investments in the Master Trust, at fair value as of December 31, 2024 and 2023. See Note E for fair value measurements of the Master Trust investments.

	Level 1	Level 2	Level 3	Total
December 31, 2024				
Money market funds	$ 21,065,354	$ -	$ -	$ 21,065,354
December 31, 2023				
Money market funds	$ 8,261,082	$ -	$ -	$ 8,261,082

Note E – Investment in Meijer Master Pension Trust

Certain Plan investment assets are held in a trust account at Principal Bank and consist of an interest in the Master Pension Trust. The Master Trust also includes certain investment assets of the Meijer OMP Pension Plan. The assets of the Master Trust in which this Plan participates at December 31, 2024 are as follows:

	2024	
	Master Trust Balance	Plan's Interest in Master Trust
Assets		
Investments at fair value:		
Money market funds	$ 35,273,748	$ 12,464,559
Common collective trusts	46,162,117	16,312,143
Limited partnerships	132,271,643	46,740,361
Total investments at fair value	213,707,508	75,517,063
Accrued income	267,560	94,547
Assets Available for Benefits	$ 213,975,068	$ 75,611,610

Note E – Investment in Meijer Master Pension Trust (Continued)

The assets of the Master Trust in which this Plan participates at December 31, 2023 are as follows:

	2023	
	Master Trust Balance	**Plan's Interest in Master Trust**
Assets		
Investments at fair value:		
Money market funds	$ 36,344,647	$ 14,200,817
US Treasury and government agency securities	496,774,686	194,103,043
Common collective trusts	145,865,305	56,993,443
Limited partnerships	154,685,275	60,439,639
Total investments at fair value	833,669,913	325,736,942
Investments at contract value:		
Buy-in group annuity contract	1,749,349,327	683,517,170
Accrued income	3,896,962	1,522,646
Assets Available for Benefits	$ 2,586,916,202	$ 1,010,776,758

Note E – Investment in Meijer Master Pension Trust (Continued)

The changes in net assets available for benefits held by the Master Trust is as follows for the years ended December 31, 2024 and 2023:

	2024	2023
Investment income		
Net appreciation in fair value of investments	$ 221,595,735	$ 105,552,608
Interest and dividends	31,372,508	60,970,295
Revenue sharing	127,566	171,482
Total investment income	253,095,809	166,694,385
Less investment and administrative fees	(1,910,748)	(3,117,457)
Net transfers	(2,624,126,195)	(160,347,888)
Increase (decrease)	(2,372,941,134)	3,229,040
Assets Available for Benefits:		
Beginning of year	2,586,916,202	2,583,687,162
End of year	$ 213,975,068	$ 2,586,916,202
Plan interest in the investment income of the Master Trust	$ 97,919,598	$ 63,985,481

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Meijer Master Pension Trust was approximately 35% and 39%, respectively. The Trustee maintains separate accounting records for each plan in the Master Trust. Each participating plan shares the assets and earnings (loss) of the Master Trust investment accounts based on its respective interest in each master trust investment account.

Note E – Investment in Meijer Master Pension Trust (Continued)

Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy described in Note D, the Master Trust's investments at fair value as of December 31, 2024 and 2023.

	Level 1	Level 2	Level 3	Total
December 31, 2024				
Investments at fair value:				
Money market funds	$ 35,273,748	$ -	$ -	$ 35,273,748
Common collective trusts	-	24,546,257	-	24,546,257
Total	$ 35,273,748	$ 24,546,257	$ -	59,820,005
Investments measured at net asset value (a)				153,887,503
				$ 213,707,508

	Level 1	Level 2	Level 3	Total
December 31, 2023				
Investments at fair value:				
US Treasury and government agency securities	$ 496,774,686	$ -	$ -	$ 496,774,686
Money market funds	36,344,647	-	-	36,344,647
Common collective trusts	-	95,728,096	-	95,728,096
Total	$ 533,119,333	$ 95,728,096	$ -	628,847,429
Investments measured at net asset value (a)				204,822,484
				$ 833,669,913

(a.) In accordance with Financial Accounting Standards Board (FASB) Codification Subtopic 820-10, 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 statements of assets available for benefits.

Note F – Information Certified by Trustee

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, interest and dividends, and other income for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

Note G – Party-In-Interest Transactions

Certain investments held by the Plan and the Meijer Master Pension Trust are short-term investment funds managed by Principal Bank. Principal Bank is the Trustee, as defined by the Plan, and therefore these transactions qualify as party-in-interest transactions.

Fees paid by the Plan to parties-in-interest for services rendered to the Plan were $2,529,305 and $1,437,723 for the years ended December 31, 2024 and 2023, respectively. Investment management, trustee, and administrative fees of $695,906 and $1,167,354 during the years ended December 31, 2024 and 2023, respectively, were paid to parties-in-interest by the Master Trust, on behalf of the Plan. Such fees were based on reasonable and customary rates.

Note H – Risks and Uncertainties

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

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

Note I– Plan Termination

The Company elected to terminate the Plan effective June 30, 2024, in accordance with the PBGC provisions and reporting requirements. The net assets of the Plan were allocated subsequent to year end, as prescribed by ERISA and its related regulations. As of the effective date of the termination, participants are 100% vested in plan benefits.

Note J – Tax Status

The Plan obtained its latest determination letter dated October 26, 2017, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service (IRS). The plan administrator 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 audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021. The Plan is currently undergoing an audit for the years ended December 31, 2019, 2020, and 2021 conducted by the Department of Labor.

SUPPLEMENTAL SCHEDULES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

MEIJER HOURLY PENSION PLAN
December 31, 2024
EIN 38-1274536
PN 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Money Market Funds		
*	Allspring Funds Management, LLC	Allspring Government Money Market Fund	$ 21,065,354	$ 21,065,354

* Indicates party-in-interest

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

MEIJER HOURLY PENSION PLAN
For the year ended December 31, 2024
EIN 38-1274536
PN 003

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
A single transaction (Category (i)) that amounts to more than 5% of the beginning value of plan assets (net of Interest in Master Trust):						
Allspring Funds Management, LLC	Allspring Government Money Market Fund 4,273,918 shares	$ 4,273,918	$ -	$ 4,273,918	$ 4,273,918	$ -
	Allspring Government Money Market Fund 4,335,934 shares	4,335,934	-	4,335,934	4,335,934	-
	Allspring Government Money Market Fund 4,322,005 shares	4,322,005	-	4,322,005	4,322,005	-
	Allspring Government Money Market Fund 4,325,360 shares	4,325,360	-	4,325,360	4,325,360	-
	Allspring Government Money Market Fund 4,341,779 shares	4,341,779	-	4,341,779	4,341,779	-
	Allspring Government Money Market Fund 4,314,573 shares	4,314,573	-	4,314,573	4,314,573	-
	Allspring Government Money Market Fund 4,141,928 shares	4,141,928	-	4,141,928	4,141,928	-
	Allspring Government Money Market Fund 4,369,328 shares	4,369,328	-	4,369,328	4,369,328	-

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Allspring Funds Management, LLC	Allspring Government Money Market Fund 7,240,649 shares	$ 7,240,649	$ -	$ 7,240,649	$ 7,240,649	$ -
	Allspring Government Money Market Fund 4,285,956 shares	4,285,956	-	4,285,956	4,285,956	-
	Allspring Government Money Market Fund 126,207,645 shares	126,207,645	-	126,207,645	126,207,645	-
	Allspring Government Money Market Fund 102,969,522 shares	102,969,522	-	102,969,522	102,969,522	-
	Allspring Government Money Market Fund 25,000,000 shares	25,000,000	-	25,000,000	25,000,000	-
	Allspring Government Money Market Fund 46,581 shares	-	4,422,439	4,422,439	4,422,439	-
	Allspring Government Money Market Fund 76,498 shares	-	4,585,673	4,585,673	4,585,673	-
	Allspring Government Money Market Fund 72,000 shares	-	4,544,645	4,544,645	4,544,645	-
	Allspring Government Money Market Fund 150,423 shares	-	4,487,495	4,487,495	4,487,495	-

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

MEIJER HOURLY PENSION PLAN
For the year ended December 31, 2024
EIN 38-1274536
PN 003

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Allspring Funds Management, LLC	Allspring Government Money Market Fund 197,430 shares	$ -	$ 4,495,701	$ 4,495,701	$ 4,495,701	$ -
	Allspring Government Money Market Fund 70,201 shares	-	4,538,305	4,538,305	4,538,305	-
	Allspring Government Money Market Fund 78,277 shares	-	4,453,686	4,453,686	4,453,686	-
	Allspring Government Money Market Fund 82,864 shares	-	518,049	518,049	518,049	-
	Allspring Government Money Market Fund 33,040 shares	-	4,975,235	4,975,235	4,975,235	-
	Allspring Government Money Market Fund 128,773 shares	-	653,127	653,127	653,127	-
	Allspring Government Money Market Fund 4,388,195 shares	-	28,324,394	28,324,394	28,324,394	-
	Allspring Government Money Market Fund 86,716 shares	-	91,219,438	91,219,438	91,219,438	-
	Allspring Government Money Market Fund 74,071 shares	-	123,837,071	123,837,071	123,837,071	-

MEIJER HOURLY PENSION PLAN
For the year ended December 31, 2024
EIN 38-1274536
PN 003

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
A Series of transactions (Category (iii)) that amount to more than 5% of the beginning value of plan assets (net of Interest in Master Trust):						
Allspring Funds Management, LLC	Allspring Government Money Market Fund					
	39 Purchases	$ 300,472,238	$ -	$ 300,472,238	$ 300,472,238	$ -
	104 Sales	-	287,667,966	287,667,966	287,667,966	-

There were no reportable transactions under categories (ii) and (iv).

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

The original plan became effective January 1, 1973. This plan was restated effective January 1, 2017. The plan has a June 30, 2024 termination date.

Plan Year

January 1 to December 31

Eligibility

Eligible employees include union associates in Michigan, Ohio, and Kentucky who work under a collective bargaining agreement that provides for participation in this plan.

Effective December 31, 2011 the benefit accruals were frozen for nongrandfathered participants. Effective February 29, 2020, the benefit accruals were frozen for grandfathered participants. In addition, the plan was closed to new participants effective January 1, 2012.

Participation

Prior to January 1, 2012, each eligible employee became a participant on the first entry date (February 1 or August 1) after the employee had completed one year of participation service and attained age 21.

Normal Retirement

Eligibility

The attainment of age 65 and either has attained the fifth anniversary of the date of participation (in this plan or another qualified plan sponsored by the employer) or has completed five years of continuous employment with the employer.

Benefits

Applicable benefit rates multiplied by years of benefit service according to the following table:

For Michigan Food team members hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1988	1/1/1988 – 12/31/1991	After 12/31/1991
First 10 Years	$ 29.00	$ 30.00	$ 26.50
Next 10 Years	$ 30.00	$ 31.00	$ 27.50
Last 25 Years	$ 32.00	$ 37.00	$ 35.00

For Michigan Food team members hired on or after November 29, 1987:

Benefit Service	Rates of Service
First 5 Years	$ 24.00
Next 5 Years	$ 25.50
Next 10 Years	$ 26.50
Last 25 Years	$ 31.00

For Michigan Distribution Center team members and Michigan Property Services team members hired before November 29, 1987:

Benefit Service	Rates of Service			
	Before 1/1/1988	1/1/1988 – 12/31/1991	1/1/1992 – 12/31/1995	After 12/31/1995
First 10 Years	$ 29.00	$ 30.00	$ 27.50	$ 28.00
Next 10 Years	$ 30.00	$ 31.00	$ 28.50	$ 29.50
Last 25 Years	$ 32.00	$ 37.00	$ 36.00	$ 37.00

For Michigan Distribution Center team members and Michigan Property Services team members hired on or after November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1992	1/1/1992 – 12/31/1995	After 12/31/1995
First 5 Years	$ 24.00	$ 25.00	$ 25.50
Next 5 Years	$ 25.00	$ 27.00	$ 28.00
Next 10 Years	$ 26.00	$ 28.00	$ 29.00
Last 25 Years	$ 30.00	$ 32.00	$ 33.00

For Michigan General Merchandise team members hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1988	1/1/1988 – 12/31/1991	After 12/31/1991
First 5 Years	$ 18.00	$ 20.00	$ 20.00
Next 5 Years	$ 18.00	$ 21.00	$ 21.00
Next 10 Years	$ 19.00	$ 22.00	$ 22.00
Last 25 Years	$ 21.50	$ 24.00	$ 26.00

For Michigan General Merchandise team members hired on or after November 29, 1987:

Benefit Service	Rates of Service
First 5 Years	$ 20.00
Next 5 Years	$ 21.00
Next 10 Years	$ 22.00
Last 25 Years	$ 25.50

For truck drivers hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1992	1/1/1992 – 12/31/1996	After 12/31/1996
First 10 Years	$ 31.00	$ 27.50	$ 28.60
Next 10 Years	$ 32.00	$ 28.50	$ 30.00
Last 25 Years	$ 41.00	$ 36.00	$ 38.00

For truck drivers hired on or after November 29, 1987:

Benefit Service	Rates of Service			
	Before 1/1/1992	1/1/1992 – 12/31/1994	1/1/1995 – 12/31/1996	After 12/31/1996
First 5 Years	$ 24.00	$ 25.00	$ 28.50	$ 29.60
Next 5 Years	$ 25.00	$ 27.00	$ 28.50	$ 29.60
Next 10 Years	$ 26.00	$ 28.00	$ 29.50	$ 31.00
Last 25 Years	$ 37.00	$ 37.00	$ 37.00	$ 39.00

For Ohio Food team members hired before June 4, 1995 in Store 111 (Marion):

Benefit Service	Rates of Service		
	Before 1/1/1989	1/1/1989– 12/31/1999	After 12/31/1999
First 5 Years	$ 12.00	$ 16.00	$ 17.00
Next 5 Years	$ 12.00	$ 17.00	$ 18.00
Next 10 Years	$ 13.00	$ 19.00	$ 20.00
Last 15 Years	$ 15.00	$ 21.00	$ 22.00

For Ohio General Merchandise team members hired before June 4, 1995 in store 111 (Marion):

Benefit Service	**Rates of Service**		
	Before 1/1/1989	**1/1/1989– 12/31/1999**	**After 12/31/1999**
First 5 Years	$ 12.00	$ 13.00	$ 14.00
Next 5 Years	$ 12.00	$ 14.00	$ 15.00
Next 10 Years	$ 13.00	$ 16.00	$ 17.00
Last 15 Years	$ 15.00	$ 17.00	$ 18.00

For Ohio Food and General Merchandise team members hired on or after June 4, 1995 in store 111 (Marion):

Benefit Service[1]	**Rates of Service**
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2004.

For Ohio Food team members in stores 58, 59, 60, 62, 104, 114, 143, 181, and 212 (Columbus):

Benefit Service	**Rates of Service**				
	Before 1/1/89	**1/1/89 – 12/31/93**	**1/1/94 – 12/31/96**	**1/1/97 – 12/31/01**	**After 12/31/01**
First 5 Years	$ 12.00	$ 16.00	$ 16.75	$ 17.75	$ 18.75
Next 5 Years	$ 12.00	$ 17.00	$ 17.75	$ 18.75	$ 19.75
Next 10 Years	$ 13.00	$ 19.00	$ 19.75	$ 20.75	$ 21.75
Last 15 Years	$ 15.00	$ 21.00	$ 21.75	$ 22.75	$ 23.75

For Ohio General Merchandise team members in stores 58, 59, 60, 62, 104, 114, 143, 181, and 212 (Columbus):

Benefit Service	**Rates of Service**				
	Before 1/1/89	**1/1/89 – 12/31/93**	**1/1/94 – 12/31/96**	**1/1/1997 – 12/31/01**	**After 12/31/01**
First 5 Years	$ 12.00	$ 13.00	$ 13.75	$ 14.75	$ 15.75
Next 5 Years	$ 12.00	$ 14.00	$ 14.75	$ 15.75	$ 16.75
Next 10 Years	$ 13.00	$ 16.00	$ 16.75	$ 17.75	$ 18.75
Last 15 Years	$ 15.00	$ 17.00	$ 17.75	$ 18.75	$ 19.75

For Ohio Food team members in stores 147, 148, 150, 157, 159, 223, and 224 (West Chester and Cincinnati) and Kentucky Food team members in store 151 (Florence):

Benefit Service	**Rates of Service**	
	1/1/1996 – 12/31/2000	**After 12/31/2000**
First 5 Years	$ 16.00	$ 17.00
Next 5 Years	$ 17.00	$ 18.00
Next 10 Years	$ 19.00	$ 20.00
Last 15 Years	$ 21.00	$ 22.00

For Ohio General Merchandise team members in stores 147, 148, 150, 157, 159, 223, and 224 (West Chester and Cincinnati) and Kentucky General Merchandise team members in store 151 (Florence):

Benefit Service	**Rates of Service**	
	1/1/1996 – 12/31/2000	**After 12/31/2000**
First 5 Years	$ 13.00	$ 14.00
Next 5 Years	$ 14.00	$ 15.00
Next 10 Years	$ 16.00	$ 17.00
Last 15 Years	$ 17.00	$ 18.00

For Ohio Food team members in stores 66, 101, 102, 103, 106, 107, 112 and Ohio Distribution Center team members in stores 801, 802, 803, 804, and 805 (Springfield, Dayton, Troy and Tipp City):

Benefit Service	**Rates of Service**		
	Before 1/1/1989	**1/1/1989 – 12/31/2000**	**After 12/31/2000**
First 5 Years	$ 12.00	$ 16.00	$ 17.00
Next 5 Years	$ 12.00	$ 17.00	$ 18.00
Next 10 Years	$ 13.00	$ 19.00	$ 20.00
Last 15 Years	$ 15.00	$ 21.00	$ 22.00

For Ohio General Merchandise team members in stores 66, 101, 102 103, 106, 107, 112 and Ohio Distribution Center team members in stores 801, 802, 803, 804, and 805 (Springfield, Dayton, Troy and Tipp City):

Benefit Service	Rates of Service		
	Before 1/1/1989	1/1/1989 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 13.00	$ 14.00
Next 5 Years	$ 12.00	$ 14.00	$ 15.00
Next 10 Years	$ 13.00	$ 16.00	$ 17.00
Last 15 Years	$ 15.00	$ 17.00	$ 18.00

For Ohio Food team members hired before November 2, 1995 in store 49 (Newark):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1993	1/1/1994 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 16.00	$ 16.50	$ 17.50
Next 5 Years	$ 12.00	$ 17.00	$ 17.50	$ 18.50
Next 10 Years	$ 13.00	$ 19.00	$ 19.50	$ 20.50
Last 15 Years	$ 15.00	$ 21.00	$ 21.50	$ 22.50

For Ohio General Merchandise team members hired before November 2, 1995 in store 49 (Newark):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1993	1/1/1994 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 13.00	$13.50	$14.50
Next 5 Years	$ 12.00	$ 14.00	$14.50	$15.50
Next 10 Years	$ 13.00	$ 16.00	$16.50	$17.50
Last 15 Years	$ 15.00	$ 17.00	$17.50	$18.50

For Ohio Food and General Merchandise team members hired on or after November 2, 1995 in store 49 (Newark):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2004.

For Ohio Food team members in store 61 (Middletown):

Benefit Service	Rates of Service			
	Before 1/1/1989	**1/1/1989 – 12/31/1994**	**1/1/1995 – 12/31/1998**	**After 12/31/1998**
First 5 Years	$ 12.00	$ 16.00	$ 16.75	$ 17.25
Next 5 Years	$ 12.00	$ 17.00	$ 17.75	$ 18.25
Next 10 Years	$ 13.00	$ 19.00	$ 19.75	$ 20.25
Last 15 Years	$ 15.00	$ 21.00	$ 21.75	$ 22.75

For Ohio General Merchandise team members in store 61 (Middletown):

Benefit Service	Rates of Service			
	Before 1/1/1989	**1/1/1989 – 12/31/1994**	**1/1/1995 – 12/31/1998**	**After 12/31/1998**
First 5 Years	$ 12.00	$ 13.00	$ 13.75	$ 14.25
Next 5 Years	$ 12.00	$ 14.00	$ 14.75	$ 15.25
Next 10 Years	$ 13.00	$ 16.00	$ 16.75	$ 17.25
Last 15 Years	$ 15.00	$ 17.00	$ 18.00	$ 19.00

For Ohio Food team members in store 51 (Findlay):

Benefit Service	Rates of Service	
	Before 12/31/1988	**After 1/1/1989**
First 5 Years	$ 12.00	$ 17.00
Next 5 Years	$ 12.00	$ 18.00
Next 10 Years	$ 13.00	$ 20.00
Last 15 Years	$ 15.00	$ 22.00

For Ohio General Merchandise team members in store 51 (Findlay):

Benefit Service	Rates of Service	
	Before 12/31/1988	**After 1/1/1989**
First 5 Years	$ 12.00	$ 14.00
Next 5 Years	$ 12.00	$ 15.00
Next 10 Years	$ 13.00	$ 17.00
Last 15 Years	$ 15.00	$ 18.00

For Ohio Food team members in stores 115, 116, 117, and 118 (Job No. T07, T14, T16, and T17 in Toledo):

Benefit Service	Rates of Service	
	1/1/1995 - 12/31/1988	After 12/31/1988
First 5 Years	$ 16.00	$ 17.00
Next 5 Years	$ 17.00	$ 18.00
Next 10 Years	$ 19.00	$ 20.00
Last 15 Years	$ 21.00	$ 22.00

For Ohio General Merchandise team members in stores 115, 116, 117, and 118 (Toledo):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2003.

For Ohio Food and General Merchandise team members in stores 126, 135, 144, 156, and 189:

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2004.

For Kentucky Food and General Merchandise team members in stores 160, 162, 164, and 166 (Louisville) and Indiana Food and General Merchandise in store 167 and 220 (Jeffersonville):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2003.

For Kentucky Food and General Merchandise team members in stores 161, and 184 (Lexington):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2003.

For Ohio Food and General Merchandise team members in store 110 (Lima) and store 142 (Sandusky):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2006.

For Kentucky Food team members in store 168:

Benefit Service[1]	Rates of Service	
	Before 1/1/2009	After 1/1/2009
First 5 Years	$ 13.00	$ 17.00
Next 5 Years	$ 14.00	$ 18.00
Next 10 Years	$ 16.00	$ 20.00
Next 15 Years	$ 17.00	$ 22.00

[1] No benefit service earned before January 1, 2004.

For Kentucky General Merchandise team members in store 168:

Benefit Service[1]	Rates of Service	
	Before 1/1/2009	After 1/1/2009
First 5 Years	$ 13.00	$ 14.00
Next 5 Years	$ 14.00	$ 15.00
Next 10 Years	$ 16.00	$ 17.00
Next 15 Years	$ 17.00	$ 18.00

[1] No benefit service earned before January 1, 2004.

For Clamation Center team members hired before November 29, 1987:

Benefit Service	**Rates of Service**		
	Before 1/1/1988	**1/1/1988– 12/31/1991**	**After 12/31/1991**
First 10 Years	$ 18.00	$ 18.00	$ 20.00
Next 5 Years	$ 18.00	$ 18.00	$ 21.00
Next 5 Years	$ 20.00	$ 20.00	$ 21.00
Next 5 Years	$ 20.00	$ 20.00	$ 26.00
Next 20 Years	$ 22.00	$ 24.00	$ 26.00

For Clamation Center team members hired after November 29, 1987:

Benefit Service[1]	**Rates of Service**
First 5 Years	$ 18.00
Next 5 Years	$ 19.00
Next 10 Years	$ 20.00
Next 25 Years	$ 23.50

[1] No benefit service earned before January 1, 2004.

For Meijer Square team members:

Benefit Service	**Rates of Service**		
	Before 1/1/1987	**1/1/1987– 12/31/1989**	**After 12/31/1989**
First 5 Years	$ 12.00	$ 14.00	$ 17.00
Next 5 Years	$ 12.00	$ 14.00	$ 18.00
Next 10 Years	$ 13.00	$ 15.00	$ 19.00
Next 15 Years	$ 50.00	$ 17.00	$ 22.50

For Kentucky Union team members in store 258:

Benefit Service[1]	Rates of Service
First 5 Years	$13.00
Next 5 Years	$14.00
Next 10 Years	$16.00
Next 15 Years	$17.00

[1] No benefit service earned before January 1, 2011.

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefits

Accrued benefit payable at normal retirement date reduced as of early retirement date as described below:

For Michigan Food team members, Michigan Distribution Center team members, Michigan Property Services team members or truck drivers hired before November 5, 1991, the accrued benefit is reduced by 0.5% for each month payments begin prior to age 60.

For Michigan General Merchandise team members hired before November 5, 1991, the accrued benefit is reduced by 0.5% for each month payments begin prior to age 62.

For all other team members the accrued benefit is reduced by 0.5% for each month payments begin prior to age 65.

Disability Retirement

Eligibility

Michigan team members who become totally disabled before normal retirement age and while participating in the plan will be eligible for a disability benefit. Participants must be at least 40 years old and have at least 10 years of vesting service. Totally disabled means a physical or mental condition of the participant which qualifies the participant for total and permanent disability benefit under Section 223 of the Social Security Act, as amended.

Benefits

After five months of total disability, the participant is entitled to a monthly benefit equal to the participant's accrued benefit as of the date of termination from employment. This benefit is payable until death or recovery from disability. No benefits shall be paid with respect to a period during which the participant receives temporary disability benefits under a program to which the employer has contributed.

Deferred With Vesting

Eligibility	Five years of vesting service.
Benefits	A vested participant who terminates shall be entitled to receive his accrued benefit as of the date he terminates from employment. If the participant wishes to commence his benefit prior to his normal retirement date, his benefit shall be reduced in the same manner as an early retirement benefit.

Preretirement Death

Eligibility	Five years of vesting service.
Benefits	The surviving spouse is entitled to a benefit equal to the amount the spouse would be eligible to receive had the participant survived to his earliest retirement age, elected a 50% joint and survivor annuity, and terminated from employment on the date prior to his death. In the case that a married participant attains his earliest retirement age before his time of death, the surviving spouse is entitled to a benefit equal to the amount the spouse would be eligible to receive under a 100% joint and survivor annuity. For a participant who is not married at the time of death, his beneficiary is entitled to a benefit equal to 100% of a 120 month certain form of payment, as if the participant elected a life annuity with a guarantee of 120 monthly payments.
Normal Form of Payments	An unmarried participant shall receive a single life annuity. Married participants will receive an actuarially reduced 50% joint and survivor annuity.
Optional Forms of Payments	Single life annuity, 50% joint and survivor annuity, 66⅔% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year certain and life annuity, 15-year certain and life annuity, and lump sums up to $15,000.

Definitions

Year of Participation Service	A 12-month period beginning with the employee’s date of hire in which the employee has at least 1,000 hours of service.
Team Member	Any person who is treated by the employer for tax purposes as a common law employee of the employer.
Benefit Service	A year of benefit service in granted for each calendar year is which the participant has at least 2,000 hours of service. If the participant has less than 2,000 hours of service in a calendar year, the participant shall receive credit for ½ of a year of benefit service for the first 1,000 hours of service and an additional 1/10 of a year of benefit service for every additional 200 hours of service (up to a maximum of one year of total benefit service).

	Effective December 31, 2011, no benefit service shall be credited to nongrandfathered participants. Effective February 29, 2020, no benefit service shall be credited to grandfathered participants.
Vesting Service	A year of vesting service is granted for each calendar year in which the participant has at least 1,000 hours of service. If a participant has less than 1,000 hours of service in a calendar year, the participant shall not be credited with any vested service during that calendar year.
Grandfathered Participant	Employed on December 31, 2011 and satisfies at least one of the following requirements as of December 31, 2011: (1) Team member was age 40 or older and had 10 or more years of vested service under the plan. (2) Team member had 20 or more years of vested service under the plan.
Nongrandfathered Participant	Participant who is not a grandfathered participant.

Changes in Plan Provisions Since the January 1, 2023 Valuation

The January 1, 2024 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $265,000 to $275,000.
- Plan termination effective June 30, 2024

Changes in Plan Provisions Since the January 1, 2022 Valuation

The January 1, 2023 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $245,000 to $265,000.
- An increase in the optional lump sum limit from $15,000 to $50,000.

Changes in Plan Provisions Since the January 1, 2021 Valuation

The January 1, 2022 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $230,000 to $245,000.

Changes in Plan Provisions Since the January 1, 2020 Valuation

The January 1, 2021 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions Since the January 1, 2019 Valuation

The January 1, 2020 valuation reflects the following changes:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $225,000 to $230,000.

Effective February 29, 2020, the benefit accruals were frozen for grandfathered participants.

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

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

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS HELD AT END OF YEAR

See complete related attachment under the audited financial statements attachment package.

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	11	90 $563								
35-39	16	334 $820	193 $1,613	1						
40-44	10	196 $775	470 $1,931	195 $2,877						
45-49	3	127 $792	259 $1,876	278 $3,098	85 $4,229		8			
50-54	8	145 $756	148 $1,748	114 $2,951	168 $4,482	126 $6,152	149 $7,691	55 $9,268		
55-59	8	153 $759	122 $1,745	48 $3,127	233 $4,522	193 $6,049	181 $7,796	222 $10,094	29 $12,580	
60-64	11	183 $727	118 $1,791	48 $3,056	231 $4,442	186 $5,874	185 $7,694	148 $9,958	87 $12,463	24 $14,482
65-69	5	101 $699	84 $1,725	18	110 $4,373	70 $5,694	54 $7,387	27 $9,799	11	17
70+	6	88 $731	47 $1,578	13	56 $4,239	39 $5,728	10	14	3	6

N-6,378

The plan is “hard frozen” and the average accrued benefits are shown in lieu of compensation.

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

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.55% Duration 25.5–5.18% Duration 30.5–5.17%
Optional Payment Form Election Percentage	60% of males and 80% of females elect a lump sum if it is less than $50,000; Otherwise assumed election percentages are as follows for males (females): 40% (65%) single life annuity, 15% (10%) 50% Joint & Survivor, 30% (10%) 100% Joint & Survivor, 5% (5%) 75% Joint & Survivor, and 10% (10%) 10 Year Certain and Life
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums 6.00% for 75% Joint & Survivor
Optional Payment Form Conversion Mortality	Current IRC Section 417(e) table for lump sums RP-2000 Combined Healthy Table weighted 40% male/60% female for 75% Joint & Survivor
Other Optional Form Conversion Factors	Factors described in the plan document: 0.9300 for 50% Joint & Survivor 0.8690 for 100% Joint & Survivor 0.9522 for 10 Year Certain and Life
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Age 61

Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Tables 4–5
Disability Rates	See Table 6
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%, not limited
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	4.93%, not limited
Trust Expenses Included in Target Normal Cost	Two year smoothing of average expenses (excluding PBGC premiums) plus the current PBGC premium
Actuarial Method	Standard unit credit cost method

Valuation Date	January 1, 2024
Interest Rate	6.05%
	Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.22% Duration 25.5–5.18% Duration 30.5–5.17%
Optional Payment Form Election Percentage	60% of males and 80% of females elect a lump sum if it is less than $50,000; Otherwise assumed election percentages are as follows for males (females): 40% (65%) single life annuity, 15% (10%) 50% Joint & Survivor, 30% (10%) 100% Joint & Survivor, 5% (5%) 75% Joint & Survivor, and 10% (10%) 10 Year Certain and Life
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums 6.00% for 75% Joint & Survivor
Optional Payment Form Conversion Mortality	Current IRC Section 417(e) table for lump sums RP-2000 Combined Healthy Table weighted 40% male/60% female for 75% Joint & Survivor
Other Optional Form Conversion Factors	Factors described in the plan document: 0.9300 for 50% Joint & Survivor 0.8690 for 100% Joint & Survivor 0.9522 for 10 Year Certain and Life
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Tables 4–5
Disability Rates	See Table 6

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%, not limited
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	4.93%, not limited
Trust Expenses Included in Target Normal Cost	Actual expenses paid during the short plan year from January 1, 2024 to June 30, 2024 termination date
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Table 1

Retirement Rates — Group A&B: Unreduced at 60 and 62

Age	Rate
55	2.00%
56	2.00%
57	1.50%
58	2.00%
59	2.00%
60	2.00%
61	8.00%
62	7.00%
63	6.50%
64	11.00%
65	11.50%
66	18.00%
67	11.50%
68	13.50%
69	11.00%
70+	100.00%

Table 2

Retirement Rates — Group C: Unreduced at 65 and Hired Prior to Age 60

Age	Rate
55	3.50%
56	3.50%
57	3.00%
58	5.00%
59	4.50%
60	4.00%
61	8.50%
62	10.50%
63	6.50%
64	12.00%
65	18.50%
66	16.50%
67	11.00%
68	13.00%
69	9.50%
70+	100.00%

Table 3

Retirement Rates — Group C: Unreduced at 65 and Hired After Age 60

Age	Rate
55	3.50%
56	3.50%
57	3.00%
58	5.00%
59	4.50%
60	4.00%
61	8.50%
62	10.50%
63	6.50%
64	12.00%
65	18.50%
66	16.50%
67	11.00%
68	13.00%
69	9.50%
70	14.00%
71	12.00%
72	11.00%
73	11.00%
74	13.00%
75	13.00%
76	15.00%
77	12.00%
78	10.00%
79	15.00%
80+	100.00%

Table 4

Withdrawal Rates — Full-Time

Age	Rate	Age	Rate
15	9.50%	45	3.00%
16	9.50%	46	3.00%
17	9.50%	47	3.50%
18	9.50%	48	2.50%
19	9.50%	49	2.50%
20	9.50%	50	2.00%
21	9.50%	51	3.00%
22	9.50%	52	2.00%
23	9.50%	53	2.50%
24	9.50%	54	2.50%
25	9.50%	55	3.50%
26	9.50%	56	3.50%
27	13.00%	57	8.00%
28	10.00%	58	4.00%
29	8.00%	59	3.50%
30	11.00%	60	3.00%
31	7.00%	61	9.00%
32	7.00%	62	15.50%
33	5.00%	63	6.00%
34	5.50%	64	12.00%
35	5.50%	65+	12.00%
36	4.50%		
37	3.50%		
38	4.00%		
39	4.50%		
40	3.50%		
41	2.50%		
42	3.50%		
43	2.50%		
44	3.00%		

Table 5

Withdrawal Rates — Part-Time

Age	Rate	Age	Rate
15	20.00%	45	5.50%
16	20.00%	46	7.00%
17	20.00%	47	5.50%
18	20.00%	48	5.50%
19	20.00%	49	5.00%
20	20.00%	50	5.00%
21	20.00%	51	5.00%
22	20.00%	52	4.00%
23	20.00%	53	6.00%
24	20.00%	54	3.50%
25	20.00%	55	11.00%
26	16.00%	56	14.00%
27	21.00%	57	19.00%
28	14.50%	58	10.50%
29	22.00%	59	8.00%
30	18.50%	60	7.00%
31	10.00%	61	15.00%
32	9.00%	62	14.00%
33	11.50%	63	11.00%
34	9.50%	64	22.00%
35	8.00%	65+	22.00%
36	5.50%		
37	9.50%		
38	6.50%		
39	8.00%		
40	8.50%		
41	5.00%		
42	10.00%		
43	6.00%		
44	5.50%		

Table 6

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.054%	0.054%	45	0.288%	0.432%
16	0.054%	0.054%	46	0.324%	0.486%
17	0.054%	0.054%	47	0.378%	0.540%
18	0.054%	0.054%	48	0.450%	0.594%
19	0.054%	0.054%	49	0.504%	0.648%
20	0.054%	0.054%	50	0.594%	0.720%
21	0.054%	0.054%	51	0.702%	0.792%
22	0.054%	0.054%	52	0.828%	0.882%
23	0.054%	0.054%	53	0.954%	0.972%
24	0.054%	0.054%	54	1.098%	1.062%
25	0.054%	0.054%	55	1.242%	1.152%
26	0.054%	0.054%	56	1.386%	1.242%
27	0.054%	0.054%	57	1.548%	1.332%
28	0.054%	0.072%	58	1.710%	1.440%
29	0.054%	0.072%	59	1.890%	1.530%
30	0.054%	0.072%	60	2.070%	1.620%
31	0.054%	0.090%	61	2.268%	1.728%
32	0.054%	0.090%	62	2.484%	1.818%
33	0.054%	0.108%	63	2.718%	1.890%
34	0.054%	0.108%	64	2.952%	1.962%
35	0.072%	0.126%	65+	0.000%	0.000%
36	0.072%	0.144%			
37	0.090%	0.162%			
38	0.108%	0.180%			
39	0.126%	0.216%			
40	0.144%	0.234%			
41	0.162%	0.270%			
42	0.180%	0.306%			
43	0.216%	0.342%			
44	0.252%	0.396%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
Meijer Hourly Pension Plan
EIN: 38-1274536 PN: 003

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 42,844,526	January 1, 2024	15	$ 3,942,646

The plan has a June 30, 2024 termination date. Therefore, the amortization installment included in the minimum required contribution is pro-rated for the short plan year.

Final 2024 shortfall amortization charge = $1,971,323 (6/12 x 3,942,646).

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the expected long-term rate of return on plan assets from 6.25 percent to 4.93 percent.
- A change in the expenses included in target normal cost from two year smoothing of average expenses (excluding PBGC premiums) plus the current PBGC premium to actual expenses paid during the short 2024 plan year.

These changes were made to better reflect the anticipated plan experience. These changes did not increase the funding shortfall. Therefore, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Meijer Hourly Pension Plan
EIN: 38-1274536 PN: 003

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	6,193,040	3,263,207	53,524,693	62,980,940
2025	5,648,482	3,561,871	52,336,237	61,546,590
2026	6,983,419	3,836,409	51,077,705	61,897,533
2027	8,614,983	4,249,270	49,749,796	62,614,049
2028	10,234,279	4,647,533	48,331,923	63,213,735
2029	11,910,733	4,975,401	46,825,259	63,711,393
2030	13,417,036	5,337,334	45,237,875	63,992,245
2031	15,210,306	5,654,848	43,596,410	64,461,564
2032	16,832,315	5,971,143	41,881,364	64,684,822
2033	18,251,450	6,190,989	40,107,069	64,549,508
2034	19,478,443	6,314,337	38,284,643	64,077,423
2035	20,472,765	6,364,679	36,450,288	63,287,732
2036	21,290,955	6,398,892	34,570,384	62,260,231
2037	21,875,255	6,382,150	32,639,402	60,896,807
2038	22,310,449	6,348,033	30,681,019	59,339,501
2039	22,635,238	6,338,892	28,713,373	57,687,503
2040	22,806,158	6,273,913	26,750,672	55,830,743
2041	22,733,237	6,236,620	24,785,207	53,755,064
2042	22,580,111	6,182,274	22,829,645	51,592,030
2043	22,278,990	6,100,246	20,897,431	49,276,667
2044	21,839,316	5,986,535	19,002,564	46,828,415
2045	21,289,672	5,835,529	17,159,243	44,284,444
2046	20,713,545	5,680,094	15,381,467	41,775,106
2047	19,978,164	5,488,516	13,682,633	39,149,313
2048	19,218,087	5,275,421	12,075,015	36,568,523
2049	18,405,144	5,050,739	10,569,260	34,025,143
2050	17,491,572	4,817,848	9,173,896	31,483,316
2051	16,550,739	4,583,860	7,894,960	29,029,559
2052	15,577,268	4,333,479	6,735,836	26,646,583
2053	14,525,993	4,087,905	5,697,200	24,311,098
2054	13,482,894	3,852,145	4,777,134	22,112,173
2055	12,357,720	3,596,225	3,971,373	19,925,318
2056	11,261,335	3,341,524	3,273,683	17,876,542
2057	10,231,522	3,088,456	2,676,302	15,996,280
2058	9,209,375	2,840,582	2,170,442	14,220,399

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	8,270,164	2,596,195	1,746,728	12,613,087
2060	7,366,720	2,363,050	1,395,572	11,125,342
2061	6,517,476	2,146,150	1,107,527	9,771,153
2062	5,752,194	1,929,739	873,569	8,555,502
2063	5,049,385	1,725,905	685,316	7,460,606
2064	4,408,918	1,535,652	535,176	6,479,746
2065	3,830,681	1,359,615	416,414	5,606,710
2066	3,313,083	1,198,058	323,156	4,834,297
2067	2,853,369	1,050,898	250,397	4,154,664
2068	2,447,863	917,739	193,945	3,559,547
2069	2,092,223	797,936	150,344	3,040,503
2070	1,781,785	690,674	116,781	2,589,240
2071	1,511,807	595,050	90,991	2,197,848
2072	1,277,683	510,147	71,177	1,859,007
2073	1,075,133	435,056	55,926	1,566,115

Schedule SB Attachment (Form 5500) —2024 Plan Year
Meijer Hourly Pension Plan
EIN: 38-1274536 PN: 003

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

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

Group A&B: Unreduced at 60 and 62

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	1.50%	0.9604	0.83
58.5	2.00%	0.9460	1.11
59.5	2.00%	0.9271	1.10
60.5	2.00%	0.9085	1.10
61.5	8.00%	0.8904	4.38
62.5	7.00%	0.8191	3.58
63.5	6.50%	0.7618	3.14
64.5	11.00%	0.7123	5.05
65.5	11.50%	0.6339	4.78
66.5	18.00%	0.5610	6.72
67.5	11.50%	0.4600	3.57
68.5	13.50%	0.4071	3.76
69.5	11.00%	0.3522	2.69
70	100.00%	0.3134	21.94
		Weighted Average	65.97

Group C: Unreduced at 65 and Hired Prior to Age 60

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.00%	0.9312	1.61
58.5	5.00%	0.9033	2.64
59.5	4.50%	0.8581	2.30
60.5	4.00%	0.8195	1.98
61.5	8.50%	0.7867	4.11
62.5	10.50%	0.7199	4.72
63.5	6.50%	0.6443	2.66
64.5	12.00%	0.6024	4.66
65.5	18.50%	0.5301	6.42
66.5	16.50%	0.4320	4.74
67.5	11.00%	0.3608	2.68
68.5	13.00%	0.3211	2.86
69.5	9.50%	0.2793	1.84
70	100.00%	0.2528	17.70
		Weighted Average	64.77

Group C: Unreduced at 65 and Hired After Age 60

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.00%	0.9312	1.61
58.5	5.00%	0.9033	2.64
59.5	4.50%	0.8581	2.30
60.5	4.00%	0.8195	1.98
61.5	8.50%	0.7867	4.11
62.5	10.50%	0.7199	4.72
63.5	6.50%	0.6443	2.66
64.5	12.00%	0.6024	4.66
65.5	18.50%	0.5301	6.42
66.5	16.50%	0.4320	4.74
67.5	11.00%	0.3608	2.68
68.5	13.00%	0.3211	2.86
69.5	9.50%	0.2793	1.84
70.5	14.00%	0.2528	2.50
71.5	12.00%	0.2174	1.87
72.5	11.00%	0.1913	1.53
73.5	11.00%	0.1703	1.38
74.5	13.00%	0.1515	1.47
75.5	13.00%	0.1318	1.29
76.5	15.00%	0.1147	1.32
77.5	12.00%	0.0975	0.91
78.5	10.00%	0.0858	0.67
79.5	15.00%	0.0772	0.92
80	100.00%	0.0656	5.25
		Weighted Average	66.18

Retirement Rates - Weighted Average for All Groups

	Group		
	A&B	**C**	**D**
Average Age	65.97	64.77	66.18
Count	1,124	5,185	69

Weighted Average Expected Retirement Age 65.00

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Annual Return/Report of Employee Benefit Plan** This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	OMB Nos. 1210 - 0110 1210 - 0089 **2024** **This Form is Open to Public Inspection**

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ________

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II — Basic Plan Information - enter all requested information

1a Name of plan
MEIJER HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan
01/01/1973

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

MEIJER, INC.

PO BOX 2281

GRAND RAPIDS MI 49501-2281

2b Employer Identification Number (EIN)
38-1274536

2c Plan Sponsor's telephone number
616-453-6711

2d Business code (see instructions)
445110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Bradley J Freiburger Signature of plan administrator	10/6/2025 Date	BRADLEY J. FREIBURGER Enter name of individual signing as plan administrator
SIGN HERE	Jamie L Larson Signature of employer/plan sponsor	10/6/2025 Date	JAMIE L. LARSON Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2024)** v. 240311

418401 11-25-24

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	20,540
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	6,378
a (2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 3F 3H

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) [ ] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules	**b General Schedules**
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
	(3) [ ] **A** (Insurance Information) - Number Attached ____
	(4) [X] **C** (Service Provider Information)
(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Schedules)
(4) [ ] **DCG** (Individual Plan Information) - Number Attached ____	
(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)	

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 H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

See complete related attachment under the audited financial statement attachment package.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MEIJER HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
38-1274536

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

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	1,019,072,976
b Actuarial value	2b	1,073,493,985

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	11,411	564,830,292	564,830,292
b For terminated vested participants	2,751	87,661,599	87,661,599
c For active participants	6,378	261,543,625	261,543,625
d Total	20,540	914,035,516	914,035,516

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.14 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	998,265
c Target normal cost	6c	998,265

Statement by Enrolled Actuary

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

SIGN HERE MICHAEL H. FRANTZ MHF — 09/17/2025

Signature of actuary — Date

MICHAEL H. FRANTZ — 2305485

Type or print name of actuary — Most recent enrollment number

AON CONSULTING, INC. — 847-295-5000

Firm name — Telephone number (including area code)

MSC# 17755
PO Box 551343
ATLANTA GA 30355

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	189,902,370
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	189,902,370
10 Interest on line 9 using prior year's actual return of 6.53 %	0	12,400,625
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.06 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	202,302,995

Part III Funding Percentages

14 Funding target attainment percentage	14	95.31 %
15 Adjusted funding target attainment percentage	15	117.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b) 0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	%	%	%	[X] N/A, full yield curve used

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

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	998,265
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	42,844,526	1,971,323
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,969,588

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,969,588	2,969,588

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

Group A&B: Unreduced at 60 and 62

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	1.50%	0.9604	0.83
58.5	2.00%	0.9460	1.11
59.5	2.00%	0.9271	1.10
60.5	2.00%	0.9085	1.10
61.5	8.00%	0.8904	4.38
62.5	7.00%	0.8191	3.58
63.5	6.50%	0.7618	3.14
64.5	11.00%	0.7123	5.05
65.5	11.50%	0.6339	4.78
66.5	18.00%	0.5610	6.72
67.5	11.50%	0.4600	3.57
68.5	13.50%	0.4071	3.76
69.5	11.00%	0.3522	2.69
70	100.00%	0.3134	21.94
		Weighted Average	65.97

Group C: Unreduced at 65 and Hired Prior to Age 60

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.00%	0.9312	1.61
58.5	5.00%	0.9033	2.64
59.5	4.50%	0.8581	2.30
60.5	4.00%	0.8195	1.98
61.5	8.50%	0.7867	4.11
62.5	10.50%	0.7199	4.72
63.5	6.50%	0.6443	2.66
64.5	12.00%	0.6024	4.66
65.5	18.50%	0.5301	6.42
66.5	16.50%	0.4320	4.74
67.5	11.00%	0.3608	2.68
68.5	13.00%	0.3211	2.86
69.5	9.50%	0.2793	1.84
70	100.00%	0.2528	17.70
		Weighted Average	64.77

Group C: Unreduced at 65 and

Hired After Age 60

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	3.00%	0.9312	1.61
58.5	5.00%	0.9033	2.64
59.5	4.50%	0.8581	2.30
60.5	4.00%	0.8195	1.98
61.5	8.50%	0.7867	4.11
62.5	10.50%	0.7199	4.72
63.5	6.50%	0.6443	2.66
64.5	12.00%	0.6024	4.66
65.5	18.50%	0.5301	6.42
66.5	16.50%	0.4320	4.74
67.5	11.00%	0.3608	2.68
68.5	13.00%	0.3211	2.86
69.5	9.50%	0.2793	1.84
70.5	14.00%	0.2528	2.50
71.5	12.00%	0.2174	1.87
72.5	11.00%	0.1913	1.53
73.5	11.00%	0.1703	1.38
74.5	13.00%	0.1515	1.47
75.5	13.00%	0.1318	1.29
76.5	15.00%	0.1147	1.32
77.5	12.00%	0.0975	0.91
78.5	10.00%	0.0858	0.67
79.5	15.00%	0.0772	0.92
80	100.00%	0.0656	5.25
		Weighted Average	66.18

Retirement Rates - Weighted Average for All Groups

	Group		
	A&B	**C**	**D**
Average Age	65.97	64.77	66.18
Count	1,124	5,185	69

Weighted Average Expected Retirement Age	65.00

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

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.55% Duration 25.5–5.18% Duration 30.5–5.17%
Optional Payment Form Election Percentage	60% of males and 80% of females elect a lump sum if it is less than $50,000; Otherwise assumed election percentages are as follows for males (females): 40% (65%) single life annuity, 15% (10%) 50% Joint & Survivor, 30% (10%) 100% Joint & Survivor, 5% (5%) 75% Joint & Survivor, and 10% (10%) 10 Year Certain and Life
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums 6.00% for 75% Joint & Survivor
Optional Payment Form Conversion Mortality	Current IRC Section 417(e) table for lump sums RP-2000 Combined Healthy Table weighted 40% male/60% female for 75% Joint & Survivor
Other Optional Form Conversion Factors	Factors described in the plan document: 0.9300 for 50% Joint & Survivor 0.8690 for 100% Joint & Survivor 0.9522 for 10 Year Certain and Life
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Age 61

Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Tables 4–5
Disability Rates	See Table 6
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%, not limited
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	4.93%, not limited
Trust Expenses Included in Target Normal Cost	Two year smoothing of average expenses (excluding PBGC premiums) plus the current PBGC premium
Actuarial Method	Standard unit credit cost method

Valuation Date	January 1, 2024
Interest Rate	6.05% Duration 0.5–5.46% Duration 5.5–4.81% Duration 10.5–5.13% Duration 15.5–5.24% Duration 20.5–5.22% Duration 25.5–5.18% Duration 30.5–5.17%
Optional Payment Form Election Percentage	60% of males and 80% of females elect a lump sum if it is less than $50,000; Otherwise assumed election percentages are as follows for males (females): 40% (65%) single life annuity, 15% (10%) 50% Joint & Survivor, 30% (10%) 100% Joint & Survivor, 5% (5%) 75% Joint & Survivor, and 10% (10%) 10 Year Certain and Life
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums 6.00% for 75% Joint & Survivor
Optional Payment Form Conversion Mortality	Current IRC Section 417(e) table for lump sums RP-2000 Combined Healthy Table weighted 40% male/60% female for 75% Joint & Survivor
Other Optional Form Conversion Factors	Factors described in the plan document: 0.9300 for 50% Joint & Survivor 0.8690 for 100% Joint & Survivor 0.9522 for 10 Year Certain and Life
Retirement Age	
Active Participants	See Tables 1–3
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Tables 4–5
Disability Rates	See Table 6

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 55% of males and 55% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $275,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.25%, not limited
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	4.93%, not limited
Trust Expenses Included in Target Normal Cost	Actual expenses paid during the short plan year from January 1, 2024 to June 30, 2024 termination date
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Table 1

Retirement Rates — Group A&B: Unreduced at 60 and 62

Age	Rate
55	2.00%
56	2.00%
57	1.50%
58	2.00%
59	2.00%
60	2.00%
61	8.00%
62	7.00%
63	6.50%
64	11.00%
65	11.50%
66	18.00%
67	11.50%
68	13.50%
69	11.00%
70+	100.00%

Table 2

Retirement Rates — Group C: Unreduced at 65 and Hired Prior to Age 60

Age	Rate
55	3.50%
56	3.50%
57	3.00%
58	5.00%
59	4.50%
60	4.00%
61	8.50%
62	10.50%
63	6.50%
64	12.00%
65	18.50%
66	16.50%
67	11.00%
68	13.00%
69	9.50%
70+	100.00%

Table 3

Retirement Rates — Group C: Unreduced at 65 and Hired After Age 60

Age	Rate
55	3.50%
56	3.50%
57	3.00%
58	5.00%
59	4.50%
60	4.00%
61	8.50%
62	10.50%
63	6.50%
64	12.00%
65	18.50%
66	16.50%
67	11.00%
68	13.00%
69	9.50%
70	14.00%
71	12.00%
72	11.00%
73	11.00%
74	13.00%
75	13.00%
76	15.00%
77	12.00%
78	10.00%
79	15.00%
80+	100.00%

Table 4

Withdrawal Rates — Full-Time

Age	Rate	Age	Rate
15	9.50%	45	3.00%
16	9.50%	46	3.00%
17	9.50%	47	3.50%
18	9.50%	48	2.50%
19	9.50%	49	2.50%
20	9.50%	50	2.00%
21	9.50%	51	3.00%
22	9.50%	52	2.00%
23	9.50%	53	2.50%
24	9.50%	54	2.50%
25	9.50%	55	3.50%
26	9.50%	56	3.50%
27	13.00%	57	8.00%
28	10.00%	58	4.00%
29	8.00%	59	3.50%
30	11.00%	60	3.00%
31	7.00%	61	9.00%
32	7.00%	62	15.50%
33	5.00%	63	6.00%
34	5.50%	64	12.00%
35	5.50%	65+	12.00%
36	4.50%		
37	3.50%		
38	4.00%		
39	4.50%		
40	3.50%		
41	2.50%		
42	3.50%		
43	2.50%		
44	3.00%		

Table 5

Withdrawal Rates — Part-Time

Age	Rate	Age	Rate
15	20.00%	45	5.50%
16	20.00%	46	7.00%
17	20.00%	47	5.50%
18	20.00%	48	5.50%
19	20.00%	49	5.00%
20	20.00%	50	5.00%
21	20.00%	51	5.00%
22	20.00%	52	4.00%
23	20.00%	53	6.00%
24	20.00%	54	3.50%
25	20.00%	55	11.00%
26	16.00%	56	14.00%
27	21.00%	57	19.00%
28	14.50%	58	10.50%
29	22.00%	59	8.00%
30	18.50%	60	7.00%
31	10.00%	61	15.00%
32	9.00%	62	14.00%
33	11.50%	63	11.00%
34	9.50%	64	22.00%
35	8.00%	65+	22.00%
36	5.50%		
37	9.50%		
38	6.50%		
39	8.00%		
40	8.50%		
41	5.00%		
42	10.00%		
43	6.00%		
44	5.50%		

Table 6

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.054%	0.054%	45	0.288%	0.432%
16	0.054%	0.054%	46	0.324%	0.486%
17	0.054%	0.054%	47	0.378%	0.540%
18	0.054%	0.054%	48	0.450%	0.594%
19	0.054%	0.054%	49	0.504%	0.648%
20	0.054%	0.054%	50	0.594%	0.720%
21	0.054%	0.054%	51	0.702%	0.792%
22	0.054%	0.054%	52	0.828%	0.882%
23	0.054%	0.054%	53	0.954%	0.972%
24	0.054%	0.054%	54	1.098%	1.062%
25	0.054%	0.054%	55	1.242%	1.152%
26	0.054%	0.054%	56	1.386%	1.242%
27	0.054%	0.054%	57	1.548%	1.332%
28	0.054%	0.072%	58	1.710%	1.440%
29	0.054%	0.072%	59	1.890%	1.530%
30	0.054%	0.072%	60	2.070%	1.620%
31	0.054%	0.090%	61	2.268%	1.728%
32	0.054%	0.090%	62	2.484%	1.818%
33	0.054%	0.108%	63	2.718%	1.890%
34	0.054%	0.108%	64	2.952%	1.962%
35	0.072%	0.126%	65+	0.000%	0.000%
36	0.072%	0.144%			
37	0.090%	0.162%			
38	0.108%	0.180%			
39	0.126%	0.216%			
40	0.144%	0.234%			
41	0.162%	0.270%			
42	0.180%	0.306%			
43	0.216%	0.342%			
44	0.252%	0.396%			

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

The original plan became effective January 1, 1973. This plan was restated effective January 1, 2017. The plan has a June 30, 2024 termination date.

Plan Year

January 1 to December 31

Eligibility

Eligible employees include union associates in Michigan, Ohio, and Kentucky who work under a collective bargaining agreement that provides for participation in this plan.

Effective December 31, 2011 the benefit accruals were frozen for nongrandfathered participants. Effective February 29, 2020, the benefit accruals were frozen for grandfathered participants. In addition, the plan was closed to new participants effective January 1, 2012.

Participation

Prior to January 1, 2012, each eligible employee became a participant on the first entry date (February 1 or August 1) after the employee had completed one year of participation service and attained age 21.

Normal Retirement

Eligibility

The attainment of age 65 and either has attained the fifth anniversary of the date of participation (in this plan or another qualified plan sponsored by the employer) or has completed five years of continuous employment with the employer.

Benefits

Applicable benefit rates multiplied by years of benefit service according to the following table:

For Michigan Food team members hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1988	1/1/1988 – 12/31/1991	After 12/31/1991
First 10 Years	$ 29.00	$ 30.00	$ 26.50
Next 10 Years	$ 30.00	$ 31.00	$ 27.50
Last 25 Years	$ 32.00	$ 37.00	$ 35.00

For Michigan Food team members hired on or after November 29, 1987:

Benefit Service	Rates of Service
First 5 Years	$ 24.00
Next 5 Years	$ 25.50
Next 10 Years	$ 26.50
Last 25 Years	$ 31.00

For Michigan Distribution Center team members and Michigan Property Services team members hired before November 29, 1987:

Benefit Service	Rates of Service			
	Before 1/1/1988	1/1/1988 – 12/31/1991	1/1/1992 – 12/31/1995	After 12/31/1995
First 10 Years	$ 29.00	$ 30.00	$ 27.50	$ 28.00
Next 10 Years	$ 30.00	$ 31.00	$ 28.50	$ 29.50
Last 25 Years	$ 32.00	$ 37.00	$ 36.00	$ 37.00

For Michigan Distribution Center team members and Michigan Property Services team members hired on or after November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1992	1/1/1992 – 12/31/1995	After 12/31/1995
First 5 Years	$ 24.00	$ 25.00	$ 25.50
Next 5 Years	$ 25.00	$ 27.00	$ 28.00
Next 10 Years	$ 26.00	$ 28.00	$ 29.00
Last 25 Years	$ 30.00	$ 32.00	$ 33.00

For Michigan General Merchandise team members hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1988	1/1/1988 – 12/31/1991	After 12/31/1991
First 5 Years	$ 18.00	$ 20.00	$ 20.00
Next 5 Years	$ 18.00	$ 21.00	$ 21.00
Next 10 Years	$ 19.00	$ 22.00	$ 22.00
Last 25 Years	$ 21.50	$ 24.00	$ 26.00

For Michigan General Merchandise team members hired on or after November 29, 1987:

Benefit Service	Rates of Service
First 5 Years	$ 20.00
Next 5 Years	$ 21.00
Next 10 Years	$ 22.00
Last 25 Years	$ 25.50

For truck drivers hired before November 29, 1987:

Benefit Service	Rates of Service		
	Before 1/1/1992	1/1/1992 – 12/31/1996	After 12/31/1996
First 10 Years	$ 31.00	$ 27.50	$ 28.60
Next 10 Years	$ 32.00	$ 28.50	$ 30.00
Last 25 Years	$ 41.00	$ 36.00	$ 38.00

For truck drivers hired on or after November 29, 1987:

Benefit Service	Rates of Service			
	Before 1/1/1992	1/1/1992 – 12/31/1994	1/1/1995 – 12/31/1996	After 12/31/1996
First 5 Years	$ 24.00	$ 25.00	$ 28.50	$ 29.60
Next 5 Years	$ 25.00	$ 27.00	$ 28.50	$ 29.60
Next 10 Years	$ 26.00	$ 28.00	$ 29.50	$ 31.00
Last 25 Years	$ 37.00	$ 37.00	$ 37.00	$ 39.00

For Ohio Food team members hired before June 4, 1995 in Store 111 (Marion):

Benefit Service	Rates of Service		
	Before 1/1/1989	1/1/1989– 12/31/1999	After 12/31/1999
First 5 Years	$ 12.00	$ 16.00	$ 17.00
Next 5 Years	$ 12.00	$ 17.00	$ 18.00
Next 10 Years	$ 13.00	$ 19.00	$ 20.00
Last 15 Years	$ 15.00	$ 21.00	$ 22.00

For Ohio General Merchandise team members hired before June 4, 1995 in store 111 (Marion):

Benefit Service	Rates of Service		
	Before 1/1/1989	1/1/1989–12/31/1999	After 12/31/1999
First 5 Years	$ 12.00	$ 13.00	$ 14.00
Next 5 Years	$ 12.00	$ 14.00	$ 15.00
Next 10 Years	$ 13.00	$ 16.00	$ 17.00
Last 15 Years	$ 15.00	$ 17.00	$ 18.00

For Ohio Food and General Merchandise team members hired on or after June 4, 1995 in store 111 (Marion):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2004.

For Ohio Food team members in stores 58, 59, 60, 62, 104, 114, 143, 181, and 212 (Columbus):

Benefit Service	Rates of Service				
	Before 1/1/89	1/1/89 – 12/31/93	1/1/94 – 12/31/96	1/1/97 – 12/31/01	After 12/31/01
First 5 Years	$ 12.00	$ 16.00	$ 16.75	$ 17.75	$ 18.75
Next 5 Years	$ 12.00	$ 17.00	$ 17.75	$ 18.75	$ 19.75
Next 10 Years	$ 13.00	$ 19.00	$ 19.75	$ 20.75	$ 21.75
Last 15 Years	$ 15.00	$ 21.00	$ 21.75	$ 22.75	$ 23.75

For Ohio General Merchandise team members in stores 58, 59, 60, 62, 104, 114, 143, 181, and 212 (Columbus):

Benefit Service	Rates of Service				
	Before 1/1/89	1/1/89 – 12/31/93	1/1/94 – 12/31/96	1/1/1997 – 12/31/01	After 12/31/01
First 5 Years	$ 12.00	$ 13.00	$ 13.75	$ 14.75	$ 15.75
Next 5 Years	$ 12.00	$ 14.00	$ 14.75	$ 15.75	$ 16.75
Next 10 Years	$ 13.00	$ 16.00	$ 16.75	$ 17.75	$ 18.75
Last 15 Years	$ 15.00	$ 17.00	$ 17.75	$ 18.75	$ 19.75

For Ohio Food team members in stores 147, 148, 150, 157, 159, 223, and 224 (West Chester and Cincinnati) and Kentucky Food team members in store 151 (Florence):

Benefit Service	**Rates of Service**	
	1/1/1996 – 12/31/2000	**After 12/31/2000**
First 5 Years	$ 16.00	$ 17.00
Next 5 Years	$ 17.00	$ 18.00
Next 10 Years	$ 19.00	$ 20.00
Last 15 Years	$ 21.00	$ 22.00

For Ohio General Merchandise team members in stores 147, 148, 150, 157, 159, 223, and 224 (West Chester and Cincinnati) and Kentucky General Merchandise team members in store 151 (Florence):

Benefit Service	**Rates of Service**	
	1/1/1996 – 12/31/2000	**After 12/31/2000**
First 5 Years	$ 13.00	$ 14.00
Next 5 Years	$ 14.00	$ 15.00
Next 10 Years	$ 16.00	$ 17.00
Last 15 Years	$ 17.00	$ 18.00

For Ohio Food team members in stores 66, 101, 102, 103, 106, 107, 112 and Ohio Distribution Center team members in stores 801, 802, 803, 804, and 805 (Springfield, Dayton, Troy and Tipp City):

Benefit Service	**Rates of Service**		
	Before 1/1/1989	**1/1/1989 – 12/31/2000**	**After 12/31/2000**
First 5 Years	$ 12.00	$ 16.00	$ 17.00
Next 5 Years	$ 12.00	$ 17.00	$ 18.00
Next 10 Years	$ 13.00	$ 19.00	$ 20.00
Last 15 Years	$ 15.00	$ 21.00	$ 22.00

For Ohio General Merchandise team members in stores 66, 101, 102 103, 106, 107, 112 and Ohio Distribution Center team members in stores 801, 802, 803, 804, and 805 (Springfield, Dayton, Troy and Tipp City):

Benefit Service	Rates of Service		
	Before 1/1/1989	1/1/1989 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 13.00	$ 14.00
Next 5 Years	$ 12.00	$ 14.00	$ 15.00
Next 10 Years	$ 13.00	$ 16.00	$ 17.00
Last 15 Years	$ 15.00	$ 17.00	$ 18.00

For Ohio Food team members hired before November 2, 1995 in store 49 (Newark):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1993	1/1/1994 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 16.00	$ 16.50	$ 17.50
Next 5 Years	$ 12.00	$ 17.00	$ 17.50	$ 18.50
Next 10 Years	$ 13.00	$ 19.00	$ 19.50	$ 20.50
Last 15 Years	$ 15.00	$ 21.00	$ 21.50	$ 22.50

For Ohio General Merchandise team members hired before November 2, 1995 in store 49 (Newark):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1993	1/1/1994 – 12/31/2000	After 12/31/2000
First 5 Years	$ 12.00	$ 13.00	$13.50	$14.50
Next 5 Years	$ 12.00	$ 14.00	$14.50	$15.50
Next 10 Years	$ 13.00	$ 16.00	$16.50	$17.50
Last 15 Years	$ 15.00	$ 17.00	$17.50	$18.50

For Ohio Food and General Merchandise team members hired on or after November 2, 1995 in store 49 (Newark):

Benefit Service[1]	Rates of Service
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2004.

For Ohio Food team members in store 61 (Middletown):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1994	1/1/1995 – 12/31/1998	After 12/31/1998
First 5 Years	$ 12.00	$ 16.00	$ 16.75	$ 17.25
Next 5 Years	$ 12.00	$ 17.00	$ 17.75	$ 18.25
Next 10 Years	$ 13.00	$ 19.00	$ 19.75	$ 20.25
Last 15 Years	$ 15.00	$ 21.00	$ 21.75	$ 22.75

For Ohio General Merchandise team members in store 61 (Middletown):

Benefit Service	Rates of Service			
	Before 1/1/1989	1/1/1989 – 12/31/1994	1/1/1995 – 12/31/1998	After 12/31/1998
First 5 Years	$ 12.00	$ 13.00	$ 13.75	$ 14.25
Next 5 Years	$ 12.00	$ 14.00	$ 14.75	$ 15.25
Next 10 Years	$ 13.00	$ 16.00	$ 16.75	$ 17.25
Last 15 Years	$ 15.00	$ 17.00	$ 18.00	$ 19.00

For Ohio Food team members in store 51 (Findlay):

Benefit Service	Rates of Service	
	Before 12/31/1988	After 1/1/1989
First 5 Years	$ 12.00	$ 17.00
Next 5 Years	$ 12.00	$ 18.00
Next 10 Years	$ 13.00	$ 20.00
Last 15 Years	$ 15.00	$ 22.00

For Ohio General Merchandise team members in store 51 (Findlay):

Benefit Service	Rates of Service	
	Before 12/31/1988	After 1/1/1989
First 5 Years	$ 12.00	$ 14.00
Next 5 Years	$ 12.00	$ 15.00
Next 10 Years	$ 13.00	$ 17.00
Last 15 Years	$ 15.00	$ 18.00

For Ohio Food team members in stores 115, 116, 117, and 118 (Job No. T07, T14, T16, and T17 in Toledo):

Benefit Service	Rates of Service			
	1/1/1995 - 12/31/1988		After 12/31/1988	
First 5 Years	$	16.00	$	17.00
Next 5 Years	$	17.00	$	18.00
Next 10 Years	$	19.00	$	20.00
Last 15 Years	$	21.00	$	22.00

For Ohio General Merchandise team members in stores 115, 116, 117, and 118 (Toledo):

Benefit Service[1]	Rates of Service	
First 5 Years	$	13.00
Next 5 Years	$	14.00
Next 10 Years	$	16.00
Last 15 Years	$	17.00

[1] No benefit service earned before January 1, 2003.

For Ohio Food and General Merchandise team members in stores 126, 135, 144, 156, and 189:

Benefit Service[1]	Rates of Service	
First 5 Years	$	13.00
Next 5 Years	$	14.00
Next 10 Years	$	16.00
Last 15 Years	$	17.00

[1] No benefit service earned before January 1, 2004.

For Kentucky Food and General Merchandise team members in stores 160, 162, 164, and 166 (Louisville) and Indiana Food and General Merchandise in store 167 and 220 (Jeffersonville):

Benefit Service[1]	Rates of Service	
First 5 Years	$	13.00
Next 5 Years	$	14.00
Next 10 Years	$	16.00
Last 15 Years	$	17.00

[1] No benefit service earned before January 1, 2003.

For Kentucky Food and General Merchandise team members in stores 161, and 184 (Lexington):

Benefit Service[1]	**Rates of Service**
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2003.

For Ohio Food and General Merchandise team members in store 110 (Lima) and store 142 (Sandusky):

Benefit Service[1]	**Rates of Service**
First 5 Years	$ 13.00
Next 5 Years	$ 14.00
Next 10 Years	$ 16.00
Last 15 Years	$ 17.00

[1] No benefit service earned before January 1, 2006.

For Kentucky Food team members in store 168:

Benefit Service[1]	**Rates of Service**	
	Before 1/1/2009	**After 1/1/2009**
First 5 Years	$ 13.00	$ 17.00
Next 5 Years	$ 14.00	$ 18.00
Next 10 Years	$ 16.00	$ 20.00
Next 15 Years	$ 17.00	$ 22.00

[1] No benefit service earned before January 1, 2004.

For Kentucky General Merchandise team members in store 168:

Benefit Service[1]	**Rates of Service**	
	Before 1/1/2009	**After 1/1/2009**
First 5 Years	$ 13.00	$ 14.00
Next 5 Years	$ 14.00	$ 15.00
Next 10 Years	$ 16.00	$ 17.00
Next 15 Years	$ 17.00	$ 18.00

[1] No benefit service earned before January 1, 2004.

For Clamation Center team members hired before November 29, 1987:

Benefit Service	**Rates of Service**		
	Before 1/1/1988	**1/1/1988–12/31/1991**	**After 12/31/1991**
First 10 Years	$ 18.00	$ 18.00	$ 20.00
Next 5 Years	$ 18.00	$ 18.00	$ 21.00
Next 5 Years	$ 20.00	$ 20.00	$ 21.00
Next 5 Years	$ 20.00	$ 20.00	$ 26.00
Next 20 Years	$ 22.00	$ 24.00	$ 26.00

For Clamation Center team members hired after November 29, 1987:

Benefit Service[1]	**Rates of Service**
First 5 Years	$ 18.00
Next 5 Years	$ 19.00
Next 10 Years	$ 20.00
Next 25 Years	$ 23.50

[1] No benefit service earned before January 1, 2004.

For Meijer Square team members:

Benefit Service	**Rates of Service**		
	Before 1/1/1987	**1/1/1987–12/31/1989**	**After 12/31/1989**
First 5 Years	$ 12.00	$ 14.00	$ 17.00
Next 5 Years	$ 12.00	$ 14.00	$ 18.00
Next 10 Years	$ 13.00	$ 15.00	$ 19.00
Next 15 Years	$ 50.00	$ 17.00	$ 22.50

For Kentucky Union team members in store 258:

Benefit Service[1]	**Rates of Service**
First 5 Years	$13.00
Next 5 Years	$14.00
Next 10 Years	$16.00
Next 15 Years	$17.00

[1] No benefit service earned before January 1, 2011.

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefits

Accrued benefit payable at normal retirement date reduced as of early retirement date as described below:

For Michigan Food team members, Michigan Distribution Center team members, Michigan Property Services team members or truck drivers hired before November 5, 1991, the accrued benefit is reduced by 0.5% for each month payments begin prior to age 60.

For Michigan General Merchandise team members hired before November 5, 1991, the accrued benefit is reduced by 0.5% for each month payments begin prior to age 62.

For all other team members the accrued benefit is reduced by 0.5% for each month payments begin prior to age 65.

Disability Retirement

Eligibility

Michigan team members who become totally disabled before normal retirement age and while participating in the plan will be eligible for a disability benefit. Participants must be at least 40 years old and have at least 10 years of vesting service. Totally disabled means a physical or mental condition of the participant which qualifies the participant for total and permanent disability benefit under Section 223 of the Social Security Act, as amended.

Benefits

After five months of total disability, the participant is entitled to a monthly benefit equal to the participant's accrued benefit as of the date of termination from employment. This benefit is payable until death or recovery from disability. No benefits shall be paid with respect to a period during which the participant receives temporary disability benefits under a program to which the employer has contributed.

Deferred With Vesting

Eligibility	Five years of vesting service.
Benefits	A vested participant who terminates shall be entitled to receive his accrued benefit as of the date he terminates from employment. If the participant wishes to commence his benefit prior to his normal retirement date, his benefit shall be reduced in the same manner as an early retirement benefit.

Preretirement Death

Eligibility	Five years of vesting service.
Benefits	The surviving spouse is entitled to a benefit equal to the amount the spouse would be eligible to receive had the participant survived to his earliest retirement age, elected a 50% joint and survivor annuity, and terminated from employment on the date prior to his death. In the case that a married participant attains his earliest retirement age before his time of death, the surviving spouse is entitled to a benefit equal to the amount the spouse would be eligible to receive under a 100% joint and survivor annuity. For a participant who is not married at the time of death, his beneficiary is entitled to a benefit equal to 100% of a 120 month certain form of payment, as if the participant elected a life annuity with a guarantee of 120 monthly payments.
Normal Form of Payments	An unmarried participant shall receive a single life annuity. Married participants will receive an actuarially reduced 50% joint and survivor annuity.
Optional Forms of Payments	Single life annuity, 50% joint and survivor annuity, 66⅔% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, 10-year certain and life annuity, 15-year certain and life annuity, and lump sums up to $15,000.

Definitions

Year of Participation Service	A 12-month period beginning with the employee’s date of hire in which the employee has at least 1,000 hours of service.
Team Member	Any person who is treated by the employer for tax purposes as a common law employee of the employer.
Benefit Service	A year of benefit service in granted for each calendar year is which the participant has at least 2,000 hours of service. If the participant has less than 2,000 hours of service in a calendar year, the participant shall receive credit for ½ of a year of benefit service for the first 1,000 hours of service and an additional 1/10 of a year of benefit service for every additional 200 hours of service (up to a maximum of one year of total benefit service).

	Effective December 31, 2011, no benefit service shall be credited to nongrandfathered participants. Effective February 29, 2020, no benefit service shall be credited to grandfathered participants.
Vesting Service	A year of vesting service is granted for each calendar year in which the participant has at least 1,000 hours of service. If a participant has less than 1,000 hours of service in a calendar year, the participant shall not be credited with any vested service during that calendar year.
Grandfathered Participant	Employed on December 31, 2011 and satisfies at least one of the following requirements as of December 31, 2011: (1) Team member was age 40 or older and had 10 or more years of vested service under the plan. (2) Team member had 20 or more years of vested service under the plan.
Nongrandfathered Participant	Participant who is not a grandfathered participant.

Changes in Plan Provisions Since the January 1, 2023 Valuation

The January 1, 2024 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $265,000 to $275,000.
- Plan termination effective June 30, 2024

Changes in Plan Provisions Since the January 1, 2022 Valuation

The January 1, 2023 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $245,000 to $265,000.
- An increase in the optional lump sum limit from $15,000 to $50,000.

Changes in Plan Provisions Since the January 1, 2021 Valuation

The January 1, 2022 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $230,000 to $245,000.

Changes in Plan Provisions Since the January 1, 2020 Valuation

The January 1, 2021 valuation reflects the following change:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.

Changes in Plan Provisions Since the January 1, 2019 Valuation

The January 1, 2020 valuation reflects the following changes:

- An update to the mortality for determining minimum lump sum payments under IRC section 417(e)(3) for the current plan year.
- An increase in the annual maximum benefit limit under IRC section 415 from $225,000 to $230,000.

Effective February 29, 2020, the benefit accruals were frozen for grandfathered participants.

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

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

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the expected long-term rate of return on plan assets from 6.25 percent to 4.93 percent.
- A change in the expenses included in target normal cost from two year smoothing of average expenses (excluding PBGC premiums) plus the current PBGC premium to actual expenses paid during the short 2024 plan year.

These changes were made to better reflect the anticipated plan experience. These changes did not increase the funding shortfall. Therefore, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Meijer Hourly Pension Plan
EIN: 38-1274536   PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**
<25										
25-29										
30-34	11	90 $563								
35-39	16	334 $820	193 $1,613	1						
40-44	10	196 $775	470 $1,931	195 $2,877						
45-49	3	127 $792	259 $1,876	278 $3,098	85 $4,229		8			
50-54	8	145 $756	148 $1,748	114 $2,951	168 $4,482	126 $6,152	149 $7,691	55 $9,268		
55-59	8	153 $759	122 $1,745	48 $3,127	233 $4,522	193 $6,049	181 $7,796	222 $10,094	29 $12,580	
60-64	11	183 $727	118 $1,791	48 $3,056	231 $4,442	186 $5,874	185 $7,694	148 $9,958	87 $12,463	24 $14,482
65-69	5	101 $699	84 $1,725	18	110 $4,373	70 $5,694	54 $7,387	27 $9,799	11	17
70+	6	88 $731	47 $1,578	13	56 $4,239	39 $5,728	10	14	3	6

N-6,378

The plan is “hard frozen” and the average accrued benefits are shown in lieu of compensation.

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	6,193,040	3,263,207	53,524,693	62,980,940
2025	5,648,482	3,561,871	52,336,237	61,546,590
2026	6,983,419	3,836,409	51,077,705	61,897,533
2027	8,614,983	4,249,270	49,749,796	62,614,049
2028	10,234,279	4,647,533	48,331,923	63,213,735
2029	11,910,733	4,975,401	46,825,259	63,711,393
2030	13,417,036	5,337,334	45,237,875	63,992,245
2031	15,210,306	5,654,848	43,596,410	64,461,564
2032	16,832,315	5,971,143	41,881,364	64,684,822
2033	18,251,450	6,190,989	40,107,069	64,549,508
2034	19,478,443	6,314,337	38,284,643	64,077,423
2035	20,472,765	6,364,679	36,450,288	63,287,732
2036	21,290,955	6,398,892	34,570,384	62,260,231
2037	21,875,255	6,382,150	32,639,402	60,896,807
2038	22,310,449	6,348,033	30,681,019	59,339,501
2039	22,635,238	6,338,892	28,713,373	57,687,503
2040	22,806,158	6,273,913	26,750,672	55,830,743
2041	22,733,237	6,236,620	24,785,207	53,755,064
2042	22,580,111	6,182,274	22,829,645	51,592,030
2043	22,278,990	6,100,246	20,897,431	49,276,667
2044	21,839,316	5,986,535	19,002,564	46,828,415
2045	21,289,672	5,835,529	17,159,243	44,284,444
2046	20,713,545	5,680,094	15,381,467	41,775,106
2047	19,978,164	5,488,516	13,682,633	39,149,313
2048	19,218,087	5,275,421	12,075,015	36,568,523
2049	18,405,144	5,050,739	10,569,260	34,025,143
2050	17,491,572	4,817,848	9,173,896	31,483,316
2051	16,550,739	4,583,860	7,894,960	29,029,559
2052	15,577,268	4,333,479	6,735,836	26,646,583
2053	14,525,993	4,087,905	5,697,200	24,311,098
2054	13,482,894	3,852,145	4,777,134	22,112,173
2055	12,357,720	3,596,225	3,971,373	19,925,318
2056	11,261,335	3,341,524	3,273,683	17,876,542
2057	10,231,522	3,088,456	2,676,302	15,996,280
2058	9,209,375	2,840,582	2,170,442	14,220,399

Schedule SB Attachment (Form 5500) —2024 Plan Year
Meijer Hourly Pension Plan
EIN: 38-1274536   PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	8,270,164	2,596,195	1,746,728	12,613,087
2060	7,366,720	2,363,050	1,395,572	11,125,342
2061	6,517,476	2,146,150	1,107,527	9,771,153
2062	5,752,194	1,929,739	873,569	8,555,502
2063	5,049,385	1,725,905	685,316	7,460,606
2064	4,408,918	1,535,652	535,176	6,479,746
2065	3,830,681	1,359,615	416,414	5,606,710
2066	3,313,083	1,198,058	323,156	4,834,297
2067	2,853,369	1,050,898	250,397	4,154,664
2068	2,447,863	917,739	193,945	3,559,547
2069	2,092,223	797,936	150,344	3,040,503
2070	1,781,785	690,674	116,781	2,589,240
2071	1,511,807	595,050	90,991	2,197,848
2072	1,277,683	510,147	71,177	1,859,007
2073	1,075,133	435,056	55,926	1,566,115

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 42,844,526	January 1, 2024	15	$ 3,942,646

The plan has a June 30, 2024 termination date. Therefore, the amortization installment included in the minimum required contribution is pro-rated for the short plan year.

Final 2024 shortfall amortization charge = $1,971,323 (6/12 x 3,942,646).