

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [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 ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH
1b Three-digit plan number (PN) 512
1c Effective date of plan 01/01/2020
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) ACE HARDWARE CORPORATION
2915 JORIE BLVD. OAK BROOK, IL 60523 2915 JORIE BLVD. OAK BROOK, IL 60523
2b Employer Identification Number (EIN) 84-6786851
2c Plan Sponsor's telephone number 630-990-6600
2d Business code (see instructions) 444130

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8835
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	8768
	6a(2)	8842
	6b	62
	6c	
	6d	8904
	6e	
	6f	
	6g(1)	
6g(2)		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4E

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 161133468

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>512</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION</p>	<p>D Employer Identification Number (EIN) 84-6786851</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
ACE GROUP INSURANCE, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-3462440		AECH	14539	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	133858594		
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))	9a(4)			133858594
b Benefit charges (1) Claims paid	9b(1)	109849901		
(2) Increase (decrease) in claim reserves	9b(2)	1254920		
(3) Incurred claims (add (1) and (2))	9b(3)			111104821
(4) Claims charged	9b(4)			
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)	9688953		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention	9c(1)(H)			9688953
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)			
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)			
(2) Claim reserves	9d(2)			
(3) Other reserves	9d(3)			
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e			

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION	D Employer Identification Number (EIN) 84-6786851	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UNITED HEALTHCARE SERVICES

41-1289245

(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?
23	NONE	4671423	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUSINESSOLVER

42-1503807

(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?
13	NONE	645408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARSH & MCLENNAN AGENCY

36-1436000

(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?
22	NONE	528975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMPYREAN

20-3029813

(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?
13	NONE	335992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW AGE INSURANCE, LTD.

98-0132386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	223085	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CIGNA

59-1031071

(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?
13	NONE	191288	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAP RX

35-2612946

(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?
13	NONE	186599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHNSON LAMBERT LLP

52-1446779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	132031	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CIRRUSMD

45-4969037

(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?
13	NONE	115596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARSH MANAGEMENT SERVICE, INC.

13-2964427

(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	NONE	82125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCDERMOTT WILL & EMERY

36-1453176

(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	NONE	61881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EYEMED

43-0949844

(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?
13	NONE	60435	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARSH USA

36-1436000

(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	NONE	45041	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION	D Employer Identification Number (EIN) 84-6786851

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	11785737	24028435
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10226946	5338454
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)		
(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)	686503	685716

		(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	22699186 30052605
Liabilities			
g	Benefit claims payable.....	1g	14109852 15364772
h	Operating payables.....	1h	1386578 818388
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	15496430 16183160
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	7202756 13869445

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	94185121
	(B) Participants.....	2a(1)(B)	39673473
	(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)	133858594
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1258467
	(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)	1258467
(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)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		135117061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	109849901	
(2) To insurance carriers for the provision of benefits	2e(2)	5054339	
(3) Other	2e(3)	1254920	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		116159160
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)	9688953	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2602259	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		12291212
j Total expenses. Add all expense amounts in column (b) and enter total	2j		128450372

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6666689
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JOHNSON LAMBERT LLP**

(2) EIN: **52-1446779**

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:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)
- 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.)
- 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.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- 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?
- 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?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- 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.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
- 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.

	Yes	No	Amount
4a	X		1822111
4b		X	
4c		X	
4d		X	
4e		X	
4f		X	
4g		X	
4h		X	
4i		X	
4j		X	
4k		X	
4l		X	
4m		X	
4n		X	

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

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

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

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

Ace Hardware Corporation Cooperative Group Health Plan

Consolidated Audited Financial Statements

*Years ended December 31, 2024 and 2023
with Report of Independent Auditors*

Ace Hardware Corporation Cooperative Group Health Plan

Consolidated Audited Financial Statements

Years ended December 31, 2024 and 2023

Contents

Report of Independent Auditors.....1 - 3

Audited Financial Statements

Consolidated Statements of Net Assets Available for Benefits and Benefit Obligations.....4

Consolidated Statements of Changes in Net Assets Available for Benefits and Benefit Obligations.....5

Notes to Consolidated Financial Statements.....6 - 13

Other Financial Information

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....14

Report of Independent Auditors

The Plan Administrator
Ace Hardware Corporation Cooperative Group Health Plan

Opinion

We have audited the consolidated financial statements of Ace Hardware Corporation Cooperative Group Health Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the consolidated statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related consolidated statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to consolidated financial statements.

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

Basis for Opinion

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

Return of Capital to Sponsor

As discussed in Note B to the financial statements, the Plan's consolidated subsidiary insurance company, Ace Group Insurance, Inc. recorded a \$1,822,111 return of capital to Ace Hardware Corporation (the Sponsor) as of December 31, 2023 that was approved by the Vermont Department of Financial Regulation. 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 the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedule of the Schedule of Delinquent Participant Contributions as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits 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 consolidated financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in cursive script that reads "Johnson Lambert LLP". The signature is written in black ink and is positioned in the lower-left quadrant of the page.

Raleigh, North Carolina
October 13, 2025

Ace Hardware Corporation Cooperative Group Health Plan

Consolidated Statements of Net Assets Available for Benefits and Benefit Obligations

	As of December 31,	
	2024	2023
Net assets available for benefits		
Assets:		
Cash	\$ 24,028,435	\$ 11,785,737
Reinsurance recoverable - paid benefits	1,989,490	3,562,495
Pharmacy rebates receivable	2,400,000	4,029,749
Contributions receivable	106,409	19,989
Net deferred federal income tax asset	842,555	2,614,713
Loss escrow funds	595,716	578,503
Other assets	90,000	108,000
Total assets	30,052,605	22,699,186
Liabilities:		
Premium taxes payable	200,000	200,000
Accounts payable and accrued expenses	177,255	500,858
Ceded premiums payable	166,133	410,720
Loan payable	275,000	275,000
Total liabilities	818,388	1,386,578
Net assets available for benefits	29,234,217	21,312,608
Benefit obligations		
Health claims currently payable	4,961,772	2,179,852
Health claims incurred but not paid	10,403,000	11,930,000
Total benefit obligations	15,364,772	14,109,852
Excess of net assets available for benefits over benefit obligations	\$ 13,869,445	\$ 7,202,756

See accompanying notes to the consolidated financial statements

Ace Hardware Corporation Cooperative Group Health Plan

Consolidated Statements of Changes in Net Assets Available for Benefits and
Benefit Obligations

	Year ended December 31,	
	2024	2023
Net change in net assets available for benefits		
Investment income:		
Interest income	\$ 1,258,467	\$ 234,974
Total investment income	1,258,467	234,974
Contributions:		
Employer	94,185,121	92,269,727
Participant	39,673,473	42,177,947
Total contributions	133,858,594	134,447,674
Distributions:		
Benefits paid	109,849,901	105,778,682
Premiums paid to insurance carriers	5,054,339	5,129,663
Administrative expenses	10,519,054	7,428,362
Return of capital to sponsor	-	1,822,111
Total deductions	125,423,294	120,158,818
Net change in net assets available for benefits before federal income tax	9,693,767	14,523,830
Federal income tax benefit	1,772,158	4,503,486
Net change in net assets after federal income tax	7,921,609	10,020,344
Change in benefit obligations		
Change in benefit obligations	1,254,920	(4,636,961)
Increase in excess of net assets available for benefits over benefit obligations	6,666,689	14,657,305
Excess of net assets available for benefits over benefit obligations		
Beginning of Year	7,202,756	(7,454,549)
End of Year	\$ 13,869,445	\$ 7,202,756

See accompanying notes to the consolidated financial statements

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements

Years ended December 31, 2024 and 2023

Note A - Plan Overview

Ace Hardware Corporation Cooperative Group Health Plan (the Plan) is a Vermont domiciled multiple employer welfare arrangement (MEWA) established on July 3, 2019 and commenced operations on January 1, 2020. The Plan is sponsored by Ace Hardware Corporation (the Sponsor) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Information about the plan is available in the Plan document.

The Plan is funded by a Vermont trust, Ace Hardware Corporation Cooperative Group Health Plan Trust (the Trust). The Trust provides group health care, dental, vision, and prescription drug coverage (health care coverage) benefits to eligible employees and their dependents of the Sponsor and its subsidiaries and of individual franchise members of the Sponsor (the Participating Employers). Ace Hardware Corporation is an American hardware retailers' cooperative.

The Trust purchases insurance from Ace Group Insurance, Inc. (the Subsidiary), a wholly-owned subsidiary of the Trust. The Subsidiary was organized under the laws of the State of Vermont on September 20, 2019 and was issued a Certificate of Authority by the Vermont Department of Financial Regulation (the Department) to conduct business as a captive insurance company on November 8, 2019. Through a master insurance agreement, the Subsidiary provides group health care, dental, vision, and prescription drug coverage to the Trust. As such, the Subsidiary becomes responsible for 100% of the insurance liabilities of the Trust.

Plan contributions to the Trust are collected from Participating Employers for amounts determined by the Trust. The Trust uses these funds to purchase insurance from the Subsidiary. The Plan, through its wholly owned Subsidiary, provides for the payment of all health benefits and reasonable and necessary expenses in administering the affairs of the Plan.

The Participating Employers may terminate the Plan at any time by a majority vote. Upon termination, the payment of excess funds will be distributed in accordance with the Plan document. Further, Participating Employers must pay over to the Trust, at such times and in such manner as prescribed by the Fiduciary Committee, premiums, assessments or other charges for the maintenance and operation of the Plan and to ensure solvency of the Subsidiary.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note A - Plan Overview (Continued)

The Plan has contracted with various third parties, which qualify as related parties or parties in interest in accordance with ERISA, to provide management and administrative services. These arrangements are summarized as follows:

<u>Party</u>	<u>Service provided</u>	<u>Fee</u>
Marsh Management Services Inc. (Marsh)	Administrative services (accounting, financial reporting, regulatory compliance, records retention) and other related services pursuant to a management agreement.	Administrative fee based on a flat amount.
United Healthcare Services (UHC)	Medical benefit management services pursuant to an administrative service agreement.	Administrative fee based on participant count.
Rx Benefits, Inc.	Pharmacy benefit management services pursuant to an administrative service agreement through December 31, 2023.	Service fee based on the services provided.
Capital Rx, Inc.	Pharmacy benefit management services pursuant to an administrative service agreement starting January 1, 2024.	Service fee based on the services provided.
Cigna Health and Life Insurance Company (CIGNA)	Dental benefit management services pursuant to an administrative service agreement.	Administrative fee based on participant count.
EyeMed Vision Care, LLC (EyeMed)	Vision benefit management services pursuant to an administrative service agreement.	Administrative fee based on participant count.
Guy Carpenter	Reinsurance provider of excess medical benefits.	Administrative fee based on participant count.
Marsh & McLennan Agency	Actuarial services pursuant to a service contract.	Administrative fee based on an hourly rate.
Bank of America	Commercial bank with Letter of Credit held.	Fee based on a percentage of amount outstanding.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note B - Summary of Significant Accounting Policies

Basis of Reporting

The accompanying consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States (GAAP). All significant intercompany accounts and transactions between consolidated entities have been eliminated.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash

Cash consists of checking accounts held at Wells Fargo Bank. The Federal Deposit Insurance Corporation (FDIC) insures amounts on deposit with financial institutions up to limits as prescribed by law. The Plan and its Subsidiary may hold funds with financial institutions in excess of, or not subject to, the FDIC insured amount, however the Plan has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Credit Losses

The Plan measures expected credit losses on financial assets held at amortized cost, and records an allowance for credit loss when management determines a credit loss exists. Allowances for credit losses are recorded as contra-assets that reduce the corresponding financial assets on the statements of net assets available for benefits and benefit obligations, with the offset recorded as credit loss income (expense) in the statements of changes in net assets available for benefits and benefit obligations. As the estimate of expected credit losses changes with subsequent evaluations, those increases and decreases are recognized in current operations. The Plan writes off uncollectible amounts against the allowance for credit losses when it determines that a financial asset is partially or fully uncollectible.

Contributions

Contributions and premiums paid to insurance carriers are earned in the membership month to which they apply.

Pharmacy Rebates Receivable

The Subsidiary receives quarterly prescription drug rebates per the contract provisions with its pharmacy benefits manager. Rebates received by the pharmacy benefit manager for claims attributable to participants of the Plan will be remitted to the Subsidiary. For the years ended December 31, 2024 and 2023, pharmacy rebates incurred by the Subsidiary totaled \$9,362,005 and \$9,864,712, and are netted within participant benefits paid on the statement of changes in net assets available for benefits and benefit obligations.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note B - Summary of Significant Accounting Policies (Continued)

Pharmacy rebate receivables are reported net of an allowance for credit losses. Management monitors the credit quality of its pharmacy rebate receivables on a quarterly basis through review of aging schedules. The Plan has pharmacy rebate receivables from one pharmacy benefits manager, as such pooling is not necessary. An expected credit loss is calculated based on the Plan's ongoing review of amounts outstanding, historical loss data including delinquencies and write offs, and is then adjusted for current conditions, and reasonable and supportable forecasts. There was no allowance for credit loss on pharmacy rebate receivables as of December 31, 2024 and 2023.

Benefits Paid

Benefits are recorded when paid. The benefits provided to participants and their dependents include group health care coverage.

Premiums Paid to Insurance Carriers

Premiums paid to insurance carriers represent payments made by the Subsidiary to an unaffiliated insurance carrier pursuant to a reinsurance agreement. These amounts are earned in the membership month to which they apply. Premiums paid to the insurance carrier are adjustable based on loss experience. Adjustments are recorded when estimable. See Note D for additional information.

Benefit Obligation

The benefit obligation reported in the statements of net assets available for benefits and benefit obligations consists of amounts currently payable for claims that have been invoiced but not yet paid as of December 31, 2024 and 2023 and amounts for projected claims incurred but not paid (IBNP). The IBNP is estimated based on the weighted average lag days to pay a claim. In establishing this liability, the Plan utilizes the findings of an independent consulting actuary. Management believes that the benefit obligation recorded as of December 31, 2024 and 2023 represents its best estimate of the amount necessary to cover the ultimate cost of settling unpaid health claims incurred through December 31, 2024 and 2023. However, because of the limited population of insured risks, limited historical data, economic conditions, judicial decisions, legislation and other factors, actual loss experience may not conform to the assumptions used in determining the estimated amounts for such liability at the balance sheet date. Accordingly, the ultimate liability could be significantly in excess of or less than amounts indicated in the financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current operations.

Reinsurance Recoverable - Paid Benefits

Reinsurance recoverable on paid benefits includes amounts paid by the Subsidiary which are expected to be recoverable from an unaffiliated reinsurer pursuant to a reinsurance agreement. Management determined that no provision for uncollectible reinsurance recoveries is necessary as of December 31, 2024 and 2023. See Note D for additional information.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note B - Summary of Significant Accounting Policies (Continued)

Management monitors the credit quality of its reinsurance recoverables on an annual basis through review of A.M. best credit ratings. The Plan's reinsurance is placed with one unaffiliated reinsurer rated A+ by A.M. Best. The Plan measures expected credit losses on reinsurance recoverable by first considering the impact of any collateral or credit enhancements related to specific reinsurance recoverables. An expected credit loss is calculated by applying a historical default rate to the receivable, adjusted for current conditions, and reasonable and supportable forecasts. There was no allowance for credit loss on reinsurance recoverables as of December 31, 2024 and 2023. During 2024 and 2023, the Plan wrote off approximately \$0 and \$300,000 in reinsurance recoverable, respectively.

Administrative Expenses

Pursuant to agreements with service providers, the Subsidiary pays administrative and claims handling fees based on agreed upon rates per person per month and/or contracted annual fees. Fees are expensed over the period to which services are rendered. Amounts due for these services as of December 31, 2024 and 2023 are recorded in accounts payable and accrued expenses on the statements of net assets available for benefits and benefit obligations.

Loss Escrow Funds

Loss escrow funds consist of amounts deposited in escrow accounts, which claims administrators are authorized to access for the purpose of processing payments of losses and loss adjustment expenses on behalf of the Subsidiary.

Management monitors the credit quality of its loss escrow funds annually through review of A.M. Best credit ratings. As of December 31, 2024 and 2023, both claims administrators have an A.M. Best rating of A. The Plan measures credit losses on loss escrow funds on a collective basis, or on an individual basis when more relevant. Management considers the claims administrators' A.M. Best ratings, financial condition, and past experience with the claims administrators, adjusted for current conditions, and reasonable and supportable forecasts when evaluating credit risk on the Plan's loss escrow funds. There was no allowance for credit loss on the loss escrow funds as of December 31, 2024 and 2023.

Federal Income Taxes

The Subsidiary files its federal income tax return pursuant to the provisions of the Internal Revenue Code (IRC), which apply to property and casualty insurance companies. Deferred federal income taxes arise from temporary differences between the valuation of assets and liabilities as determined for financial reporting purposes and income tax purposes and are measured at a tax rate of 21%.

Return of Capital to Sponsor

During the year ended December 31, 2023, the Subsidiary received approval from the Vermont Department of Financial Regulation to return capital of \$1,822,111 to the Sponsor. No return of capital was recorded during 2024.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note B - Summary of Significant Accounting Policies (Continued)

Reclassifications

Certain amounts in the 2023 financial statements and in the notes have been reclassified to conform to the 2024 presentation. The reclassification had no impact on net assets (benefit obligations) available for benefits.

Subsequent Events

The Plan evaluated subsequent events for disclosure and recognition through October 13, 2025, the date on which these financial statements were available to be issued, and considered any relevant matters in the preparation of the financial statements and note disclosures.

Note C - Federal Income Taxes

The provision for federal income tax for the periods ended December 31, 2024 and 2023 consists solely of deferred federal income taxes. Although realization is not assured, management believes it is more likely than not that the net deferred federal income tax asset will be realized. The amount of the net deferred tax asset considered realizable could be reduced in the near term if estimates of future taxable income are reduced.

The components of the Subsidiary's net deferred federal income tax asset as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Benefit obligations	\$ 34,192	\$ 35,808
Net operating losses	<u>808,363</u>	<u>2,578,905</u>
Federal income tax benefit	<u>\$ 842,555</u>	<u>\$ 2,614,713</u>

The Plan and Subsidiary account for uncertain tax positions in accordance with the applicable guidance. Accordingly, any tax benefits resulting from uncertain tax positions taken, or expected to be taken in a tax return, would require the accrual of a liability. No uncertain tax positions have been identified by management, nor any liabilities accrued as of December 31, 2024 and 2023.

For the year ended December 31, 2024, the Subsidiary has net operating losses of approximately \$12.6 million, that begins to expire in 2041.

During 2024 and 2023, the Subsidiary made no federal income tax payments.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note D - Reinsurance

Effective January 1, 2020, the Trust purchased insurance from the Subsidiary on behalf of participants and pays 100% of contributions received to the Subsidiary for the coverage. Pursuant to a reinsurance agreement with an unaffiliated reinsurer, the Subsidiary cedes on a paid loss basis amounts in excess of \$350,000 per covered person, with varying covered person retentions up to \$1,880,000 and \$1,500,000 during the years ended December 31, 2024 and 2023, respectively. For one member, the reinsurance policy is retroactive to January 1, 2019. Premiums ceded from the Subsidiary to the reinsurer during the years ended December 31, 2024 and 2023 amounted to \$5,054,339 and \$5,129,663, respectively.

Effective January 1, 2022, the unaffiliated reinsurance contract contains a claims experience refund clause. The refund will be paid if claims fall under a 70% loss ratio.

As of December 31, 2024 and 2023, the benefit obligation is carried net of amounts that are estimated to be recoverable from the unaffiliated reinsurer by the Subsidiary, in the amount of \$0. For the years ended December 31, 2024 and 2023, benefits paid shown on the statement of changes in net assets available for benefits and benefit obligations have been reduced by \$2,444,485 and \$4,582,174, respectively, for unaffiliated reinsurer reimbursements. Reinsurance contracts do not discharge primary liability of the Subsidiary as the insurer of risks reinsured.

Note E - Transactions with Related Parties and Parties in Interest

At December 31, 2024 and 2023, the Plan had a note payable to an affiliate of the Sponsor of \$275,000. The note is interest-free, due on December 31, 2025. The purpose of the note is to cover Plan operating expenses and there are no pledges against the note. As a result, management determined the note is covered under a Department of Labor (DOL) class exemption from ERISA's prohibited transaction rules.

Effective January 11, 2023, the Plan, on behalf of the Subsidiary, obtained an irrevocable letter of credit from Bank of America for the benefit of the Commissioner of Insurance of the Vermont Department of Financial Regulation on behalf of the Subsidiary for \$15,000,000. Prior, the Plan held an irrevocable letter of credit with Barclays for \$15,000,000. As of December 31, 2024 and 2023, no amounts had been drawn on the letter of credit.

The Plan also receives various professional services, including claims handling, insurance brokerage and captive management, legal and accounting, which qualify as party in interest transactions as described in Note A. Amounts expensed for these services are recorded within administrative expenses in the statement of changes in net assets available for benefits and benefit obligations.

Ace Hardware Corporation Cooperative Group Health Plan

Notes to Consolidated Financial Statements (Continued)

Note F - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the excess of net assets available for benefits over benefit obligations in the accompanying financial statements to Form 5500:

	2024	2023
Net assets available for plan benefits per the financial statements	\$ 29,234,217	\$ 21,312,608
Obligations for claims incurred but not paid and amounts currently payable for reported claims	(15,364,772)	(14,109,852)
Net assets available for plan benefits per Form 5500	\$ 13,869,445	\$ 7,202,756

The following is a reconciliation of benefits paid in the accompanying financial statements to Form 5500:

	2024	2023
Benefits paid per the financial statements	\$ 109,849,901	\$ 105,778,682
Premiums paid to insurance carriers	5,054,339	5,129,663
Obligations for claims incurred but not paid and amounts currently payable for reported claims at end of year	15,364,772	14,109,852
Obligations for claims incurred but not paid and amounts currently payable for reported claims at beginning of year	(14,109,852)	(18,746,813)
Benefits paid per Form 5500	\$ 116,159,160	\$ 106,271,384

Note G - Prohibited Transactions

The Sponsor failed to remit to the Plan certain COBRA participant contributions totaling \$1,822,113 within the period prescribed by Department of Labor regulations. Delays in remitting contributions were due to administrative errors. During 2024, the Sponsor filed the Form 5330 with the IRS and paid the applicable excise tax due to the errors. The Sponsor also contributed \$276,425 to the Plan on December 31, 2024, which is the amount to make the Plan whole for lost investment earnings related to this prohibited transaction.

Ace Hardware Corporation Cooperative Group Health Plan

Schedule of Delinquent Participant Contributions

Schedule H (Line 4a) Form 5500

Employer Identification Number 84-6786851, Plan Number 512

December 31, 2024

Participant Contributions Transferred Late to the Plan			Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under	Check here if Late Participant Loan
Amount Withheld	Date Withheld	Date Remitted	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	VFCP and PTE 2002-51	Repayments are included:
\$ 33,705	1/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 33,705	
\$ 30,107	2/28/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 30,107	
\$ 41,466	3/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 41,466	
\$ 67,466	4/30/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 67,466	
\$ 66,829	5/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 66,829	
\$ 23,360	6/30/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 23,360	
\$ 92,663	7/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 92,663	
\$ 64,724	8/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 64,724	
\$ 52,074	9/30/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 52,074	
\$ 65,865	10/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 65,865	
\$ 57,662	11/30/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 57,662	
\$ 46,811	12/31/2021	12/31/2023	\$ -	\$ -	\$ -	\$ 46,811	
\$ 50,855	1/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 50,855	
\$ 55,666	2/28/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 55,666	
\$ 56,387	3/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 56,387	
\$ 74,293	4/30/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 74,293	
\$ 56,323	5/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 56,323	
\$ 66,747	6/30/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 66,747	
\$ 58,057	7/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 58,057	
\$ 68,623	8/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 68,623	
\$ 66,251	9/30/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 66,251	
\$ 56,065	10/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 56,065	
\$ 54,153	11/30/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 54,153	
\$ 25,023	12/31/2022	12/31/2023	\$ -	\$ -	\$ -	\$ 25,023	
\$ 42,651	1/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 42,651	
\$ 39,776	2/28/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 39,776	
\$ 43,640	3/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 43,640	
\$ 40,445	4/30/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 40,445	
\$ 43,642	5/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 43,642	
\$ 46,867	6/30/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 46,867	
\$ 43,794	7/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 43,794	
\$ 41,380	8/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 41,380	
\$ 40,185	9/30/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 40,185	
\$ 38,233	10/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 38,233	
\$ 37,226	11/30/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 37,226	
\$ 33,099	12/31/2023	12/31/2023	\$ -	\$ -	\$ -	\$ 33,099	
			\$ -				

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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- 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 ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH	1b Three-digit plan number (PN) ▶	512
	1c Effective date of plan	01/01/2020
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) ACE HARDWARE CORPORATION 2915 JORIE BLVD. OAK BROOK IL 60523	2b Employer Identification Number (EIN)	84-6786851
	2c Plan Sponsor's telephone number	630-990-6600
	2d Business code (see instructions)	444130

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.

DocuSigned by:			
SIGN HERE	<i>Kane Calamari</i> Signature of plan administrator	10/6/2025 Date	KANE CALAMARI Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

ACE HARDWARE CORPORATION COOPERATIVE GROUP HEALTH PLAN
84-6786851 PLAN NO. 512
MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

NAME OF PARTICIPATING EMPLOYER (a)	EIN (b)	PERCENT OF TOTAL CONTRIBUTIONS (c)
Ace Corporate	84-6786851	57.6286%
Westlake	45-2368938	10.9424%
Great Lakes Ace Hardware	38-1723474	2.9638%
Rockys Ace Hardware	04-2373758	1.4480%
Vision Ace Hardware	59-3680544	1.0153%
Bray Ace Hardware	59-2311433	0.8095%
Round Lake Ace Hardware	36-2835061	0.6399%
Mendo Mill and Lumber Co.	94-1577775	0.5589%
The Hardware Forsyth Company	84-2418548	0.5166%
Elliott Ace Hardware	39-0987608	0.5017%
Jelinek Hardware Ace	47-0462796	0.5008%
Hills Supply Ace Hardware	90-0504289	0.4904%
DG Ace Hardware	59-2494455	0.4632%
Fruita Ace Hardware	84-0207895	0.3930%
Rock Springs Hardware LLC	83-0269971	0.3879%
Woodruff Ace Hardware	39-1560690	0.3713%
Standard 5-10-25 Cent	94-3127732	0.3216%
Tavares Hardware Inc.	59-1050545	0.3128%
Evans Home Center	59-2510579	0.3024%
Big Tool Box Ace Hardware	84-0777258	0.2813%
Harris Ace Hardware	58-1165472	0.2673%
Bryans Ace Hardware	59-2208335	0.2632%
Hahn Ace Hardware	39-1958757	0.2605%
Maddens Ace Hardware	27-4662993	0.2578%
ODonnell Ace Hardware	42-1320256	0.2547%
Kabelin Ace Hardware	35-0430700	0.2350%
Courtesy Ace Hardware	87-0445039	0.2243%
CGI Enterprises Ace Hardware	20-0603708	0.2235%
Steamboat Ace Hardware	84-0942273	0.2216%
Heuser Ace Hardware	37-1720211	0.2166%
Ziegler Ace Hardware	36-2437138	0.2150%
Granite Group Ace Hardware	51-0445551	0.2140%
Nelsons Ace Hardware	39-0850630	0.2113%
Kimps Ace Hardware	39-1646297	0.2025%
Marshall Lumber Ace Hardware	41-0910604	0.2001%
Fishers Ace Hardware	23-2095013	0.1957%
Klems Tractor Inc.	04-2689392	0.1907%
Walker Ace Hardware	59-2905040	0.1907%
Sykes Ace Hardware	59-2362599	0.1870%
Mutual Ace Hardare	36-1515840	0.1858%
Proctor Ace Hardware	59-0916340	0.1814%

Rick Ace Hardware	43-1179009	0.1791%
Atascocita Ace Hardware	86-3945126	0.1774%
Burst Ace Hardware	27-3075361	0.1742%
Farmers and Builders Ace Hardware	58-1640426	0.1664%
Edmunds Ace	02-0333229	0.1656%
AG Distributors and Supplies Ace Hardware	45-2368938	0.1575%
White Mountain Ace Hardware	20-0208751	0.1569%
Morgan City Supply of Louisiana	72-0389897	0.1529%
MRT Lawn and Garden Ace	20-1830261	0.1500%
Consolidated Ace of Navarre	20-5732145	0.1455%
AD Evans Ace Hardware	27-3983564	0.1438%
Herman Lumber Ace Hardware	81-1568890	0.1436%
Larsens Ace Hardware	87-0349560	0.1405%
Apple Lumber	74-2869863	0.1402%
Amir Ace Hardware	20-4370179	0.1370%
Mayfield Hardware	58-1264295	0.1293%
Louis Ace Hardware	88-0252932	0.1231%
Soller-Krajicek Ace Hardware	27-3080059	0.1230%
Sutton Ace Hardware	34-1632772	0.1224%
Hometown Ace Hardware	82-1435106	0.1220%
Delta Ace Hardware	84-0822128	0.1214%
Smith Supply Ace Hardware	58-1295559	0.1206%
Verde Ace Hardware	86-0996249	0.1201%
Harrys Ace Hardware	39-1508744	0.1184%
Gulf Breeze Ace Hardware	59-3500599	0.1178%
Consolidated Feed and Supply Co Inc	20-1722359	0.1141%
Pearland Ace Hardware	74-1269545	0.1132%
Jabos Ace Hardware	20-5064028	0.1130%
Kabat Ace Hardware	38-3324766	0.1085%
Gus Ace Hardware	36-2542569	0.1064%
Smith Farm Ace Hardware	35-1343192	0.1055%
Dowell Ace Hardware	20-0212821	0.1047%
Longmont Ace Hardware	84-1145593	0.1039%
Home Hardware Inc Ace Hardware	58-1649870	0.1029%
Vail Valley Ace	82-4317080	0.0998%
Ripon Ace	39-1179631	0.0994%
Country Ace Hardware	74-2075145	0.0988%
Parma Ace Hardware	85-1531050	0.0978%
Weiss Ace Hardware	36-2138026	0.0971%
Trinity Ace Hardware	43-1484895	0.0965%
Whites Ace Hardware	35-1610153	0.0962%
Laramie Ace Hardware	83-0325014	0.0927%
Brevard Ace Hardware	57-0780887	0.0925%
Guthries Ace Hardware	82-3837983	0.0913%
Mutual Palatine Ace Hardware	85-3124597	0.0902%
Burggrafs Ace Hardware	87-2333909	0.0897%
White Jones Ace Hardware	57-0523118	0.0892%

Fulshear Ace Hardware	47-5081395	0.0886%
Sanford Ace Hardware	59-1841514	0.0886%
Village Ace Hardware	20-4833571	0.0863%
South Park Lumber Ace Hardware	26-1872407	0.0855%
Langham Creek Ace Hardware	20-5762366	0.0851%
Alpine Ace Hardware	84-1043637	0.0847%
Cronin Ace Hardware	47-1141326	0.0825%
Lanier Ace Hardware	56-0747083	0.0823%
Sunbury Ace Hardware	27-1855054	0.0822%
Walls and Walls Ace Hardware	45-5280945	0.0809%
Steiger Ace Hardware	38-1277585	0.0797%
Six Points Ace Hardware	86-0227420	0.0794%
Tennies Ace Hardware	39-1128136	0.0786%
Home Brite Ace Hardware	37-0987736	0.0784%
Biedermanns Ace Hardware	74-2427194	0.0782%
Bolands Ace Hardware	57-0769174	0.0780%
Timberline Ace Hardware	84-0834207	0.0775%
Kilian Ace Hardware	23-2048807	0.0774%
Mesquite Lumber Ace Hardware	88-0222284	0.0771%
TKJ Tribe Ace Hardware	81-5401537	0.0769%
Choice Building Supply Ace Hardware	84-1431271	0.0767%
Hardware City Ace Hardware	74-2028285	0.0760%
Aurora Ace Hardware	47-0559068	0.0753%
Gray Ace Hardware	58-2018060	0.0751%
Drillen Ace Hardware	90-0114250	0.0747%
Farm City Supply Ace Hardware	20-0799259	0.0744%
Fixit Ace Hardware	81-1825768	0.0743%
Kopetskys Ace	81-0884290	0.0738%
Turner Ace Hardware	75-3000926	0.0731%
Ace Hardware and Outdoor Center	36-3174239	0.0729%
Mar-Sell Lewistown Ace Hardware	81-0411115	0.0721%
Kortendick Ace Hardware	39-1174356	0.0708%
Workbench Ace Hardware	58-1582563	0.0699%
South Walton Ace Hardware	59-3366065	0.0694%
Beverly Ace Hardware	82-4413054	0.0693%
Tamarac Ace Hardware	45-2368938	0.0680%
Salter Building Supply Ace Hardware	58-1678072	0.0674%
J and W Ace Hardware	82-5481644	0.0668%
Ace on the Lake Ace Hardware	41-1583487	0.0655%
Cypress Ace Hardware	76-0488196	0.0640%
Wesleyan Ace Hardware	58-1592830	0.0639%
Foote Ace Hardware	47-0353422	0.0634%
Schofield Ace Hardware	57-0609971	0.0632%
JW Ace Hardware	86-0808051	0.0626%
Palos Ace Hardware	41-2075709	0.0622%
Indian Peaks Ace Hardware	84-1130830	0.0621%
A Plus Ace Hardware	58-2521037	0.0615%

Lantana Ace Hardware	47-5613020	0.0613%
Manfredini Ace Hardware	46-2827084	0.0598%
Webster Ace Hardware	22-3858602	0.0591%
Arjay Ace Hardware	02-0395345	0.0579%
Bradley Ace Hardware	58-0941192	0.0575%
Crowder Bros Ace Hardware	59-1429892	0.0573%
Tmac Ace Hardware	56-2573164	0.0568%
Fraziers Farmer Supply Ace Hardware	61-0983212	0.0565%
Ace Hardware of West Chester	20-8363274	0.0562%
Caledonia Ace Hardware	45-4101855	0.0559%
Steinman Ace Hardware	36-2974394	0.0559%
Terrys Ace Hardware	82-2224093	0.0558%
Hawkins Ace Hardware	84-5137842	0.0557%
K and N Ace Hardware	45-3642013	0.0549%
Montclair Ace Hardware	45-0603095	0.0537%
Redd's Ace Hardware	87-0490516	0.0535%
Door County Ace Hardware	39-0247167	0.0526%
Mesquite Ace Hardware	75-2603600	0.0522%
EandH Ace Hardware	37-1302335	0.0520%
Flammini Ace Hardware	39-1279696	0.0519%
Turneys Auto and Ace Hardware	34-1096533	0.0518%
Mimbach Fleet and Supply	41-0953849	0.0510%
Spanglers Home Center Rental Ace Hardware	23-3022331	0.0509%
Floyd Ace Hardware	47-5296522	0.0503%
West Paces Ace Hardware	86-2788724	0.0497%
Finneys Ace Hardware	47-0733927	0.0495%
C and K Hardware	01-0522597	0.0495%
Newbys Ace Hardware	45-0319367	0.0492%
Brawley School Ace Hardware	27-1675644	0.0491%
Culpepper Lumber Co Inc	58-0559678	0.0489%
Inverness Ace Hardware	59-1717624	0.0481%
Bates Ace Hardware	58-0835576	0.0480%
Chamblee Ace Hardware	82-4956676	0.0476%
Lake Station Ace Hardware	35-2154616	0.0475%
Kingston Ace Hardware	84-3531006	0.0475%
Big Johns Building Supply	84-3138206	0.0459%
Ace Hardware of Lookout, Inc.	26-3934612	0.0456%
Pinnacle Ace Hardware	20-0122150	0.0454%
Donaldsons Ace Hardware	34-1943306	0.0452%
Waynesboro Ace Hardware	62-1222427	0.0450%
Mount Vernon Ace Hardware	42-1284313	0.0448%
Loveland Ace	46-1032423	0.0448%
Kankakee Ace Hardware	36-4464366	0.0447%
Payson Ace Hardware	47-1042969	0.0444%
Versailles Ace Hardware	34-1710011	0.0442%
Lindner Ace Hardware	39-1722947	0.0441%
Skaggs Inc	48-0734307	0.0439%

Doyle Farm Ace Hardware	39-1998195	0.0433%
Socastee Ace Hardware	83-3787363	0.0432%
Ranch Equipment Ace Hardware	74-2533846	0.0429%
East Memphis Ace Hardware	83-4543858	0.0429%
Elberton Ace Hardware	61-1653774	0.0423%
St Mary Ace Hardware	86-0286117	0.0421%
Mineral Creek Ace Hardware	47-3311555	0.0418%
Jacobson Ace Hardware	84-3696147	0.0416%
Ace Hardware Pampa	85-3494854	0.0415%
Five Oaks Ace Hardware	84-4088048	0.0409%
Cashway Ace Hardware	75-1179641	0.0406%
Bell Ace Hardware	23-2573118	0.0400%
Michael Ace Hardware	83-1955018	0.0399%
Al's Handy Ace Hardware	76-0071101	0.0394%
Waxhaw Ace Hardware	84-3670426	0.0392%
Benbrook Ace Hardware	85-2455542	0.0391%
Chittim Ace Hardware	85-3793164	0.0388%
Celina Ace Hardware	81-0844160	0.0386%
Decatur Ace Hardware	20-4557374	0.0386%
Summerland Ace Hardware	65-0819524	0.0383%
Tavernier Ace Hardware	47-3040643	0.0378%
Kingman Ace	87-3353718	0.0376%
Spring Creek Ace Hardware	48-1281579	0.0374%
Sussex Ace Hardware	39-1744742	0.0373%
Blackwell Ace Hardware	47-4584028	0.0368%
Lake Conroe Ace Hardware	35-2622318	0.0368%
G and G Ace Hardware	34-1689260	0.0368%
Plainwell Ace Hardware	81-4595675	0.0367%
Sherwin Ace Hardware	46-4037703	0.0366%
Ace of Town N Country	59-2686158	0.0362%
Hutto Ace Hardware	57-0823305	0.0358%
Babe Ace Hardware	59-2202578	0.0353%
Ace Hardware Ace Hardware	27-2813187	0.0350%
Ace Hardware of FT Lupton	20-4538469	0.0341%
Cody Ace Hardware	83-0327612	0.0340%
Farmers and Builders Supply	58-1640426	0.0335%
Brazil Ace Hardware	47-4223325	0.0335%
Kens Ace Hardware	81-0867981	0.0331%
Cripple Creek Ace Hardware	84-1339801	0.0327%
Norwalk Ace Hardware	46-1808567	0.0324%
Dukes Ace Hardware	36-2371796	0.0321%
Miles Ace Hardware	26-0464362	0.0320%
DD Ace Hardware	74-2871547	0.0320%
Ace Hardware of Deland	82-2365344	0.0320%
Jackson Ace Hardware	61-0664736	0.0317%
Anderson Ace Hardware	59-2566821	0.0315%
Lee County Ace Hardware	74-2271331	0.0315%

GM Ace Hardware	35-1978275	0.0314%
South Pasadena Ace Hardware	47-2447946	0.0312%
Indialantic Ace Hardware	59-1353996	0.0311%
Retailer Reclaimers Ace Hardware	84-3034273	0.0309%
Hawkinsville Ace Hardware	84-5137842	0.0309%
Madles Hardware Inc Ace Hardware	23-2779422	0.0306%
Holloway Ace Hardware	47-3279037	0.0306%
Seffner Ace Hardware	20-4467448	0.0306%
Anthem Ace Hardware	26-3617798	0.0306%
Magnuson Ace Hardware	61-1548761	0.0305%
Richardson Ace Hardware	46-4238543	0.0296%
Brandts Ace Hardware	73-0742771	0.0295%
Alam's Home and Hardware	25-1497299	0.0293%
Downtown Ace Hardware	84-0858074	0.0292%
Shinnston Ace Hardware	81-1493743	0.0288%
Ollie Lumber Co. Ace Hardware	46-1595388	0.0283%
Dills Ace Hardware	58-2025667	0.0268%
Deer Lodge Ace Hardware	81-0374760	0.0262%
Plummers Ace Hardware	43-1270484	0.0260%
Ypsilanti Ace Hardware	83-1896614	0.0243%
Merrill Ace Hardware	85-2376568	0.0242%
Helen Ace Hardware	45-2368938	0.0241%
Preble Ace Hardware	57-1162400	0.0240%
Porter Ace Hardware	76-0611012	0.0239%
Fraser Valley Ace Hardware	84-1490197	0.0230%
Nankin Ace Hardware	38-2851150	0.0227%
Robinsons Ace Hardware	56-2057741	0.0227%
Crosby Ace Hardware	74-2082708	0.0227%
Gasser Hardware	34-1087659	0.0221%
Mark Ace Hardware	46-1351090	0.0221%
Sanger Ace Hardware	47-5058239	0.0221%
Lake Branson Ace Hardware	81-2210107	0.0221%
Millikin Ace Hardware	37-1757629	0.0217%
Cashway West Inc	75-1524536	0.0217%
Camp Verde Ace Hardware	26-2906024	0.0211%
McCaffety Ace Hardware of Gastonia	92-4023523	0.0210%
Waltz Ace Hardware	47-4707873	0.0201%
Lenhart's Ace Hardware	86-0389272	0.0175%
BB Ace Hardware	20-3074508	0.0174%
Ace Hardware of Mentone	85-2122992	0.0166%
G Squared Hardware	88-0994200	0.0165%
Patco Ace Hardware	87-0765759	0.0162%
RT Ace LLC	87-3034224	0.0155%
Moores Ace Hardware	59-2323815	0.0142%
Berthoud Ace Hardware	84-0677551	0.0127%
Merschmans Ace Hardware	82-4544651	0.0126%
Mears Ace Hardware	56-0493172	0.0103%

Watts Ace Hardware	88-3520384	0.0088%
Falmouth Ace Hardware	27-3551088	0.0083%
Watervliet Ace Hardware	47-2784195	0.0082%
Ace GOH LLC	92-3406729	0.0082%
Dejay Ace Hardware	36-4103035	0.0077%
Scheers Ace Hardware	47-0528670	0.0036%
Pomeroy's Hometown Ace Hardware	82-5348730	0.0003%