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| <p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 02/04/2024 and ending 02/01/2025

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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

| | |
|---|--|
| <p>1a Name of plan <u>MEIJER HEALTH BENEFITS PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MEIJER, INC.</u></p> <p><u>PO BOX 2281</u> <u>GRAND RAPIDS, MI 49501-2281</u></p> | <p>1c Effective date of plan <u>10/01/1976</u></p> <p>2b Employer Identification Number (EIN) <u>38-1274536</u></p> <p>2c Plan Sponsor's telephone number <u>616-453-6711</u></p> <p>2d Business code (see instructions) <u>445110</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/29/2025 | BRADLEY J. FREIBURGER |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/29/2025 | JAMIE L. LARSON |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <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 | 29930 |
| 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) | 29654 |
| | 6a(2) | 30085 |
| | 6b | 211 |
| | 6c | |
| | 6d | 30296 |
| | 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 4D 4E 4Q

| | |
|---|---|
| 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 type="checkbox"/> A (Insurance Information) – Number Attached _____ |
| (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 _____

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

For calendar plan year 2024 or fiscal plan year beginning **02/04/2024** and ending **02/01/2025**

| | | |
|--|--|------------|
| A Name of plan MEIJER HEALTH BENEFITS PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MEIJER, INC. | D Employer Identification Number (EIN) 38-1274536 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

BLUE CROSS BLUE SHIELD OF MICHIGAN

38-2069753

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 16 23 62 | NONE | 14472958 | 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)

TRANSCARENT INC.

4700 S. SYRACUSE ST. SUITE 900
DENVER, CO 80237

| (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? |
|------------------------|---|--|--|--|---|--|
| | NONE | 1413722 | 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)

DELTA DENTAL

38-1791480

| (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? |
|------------------------|---|--|--|--|---|--|
| 12 | BENEFIT ADMINISTRATOR | 768598 | 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)

ACCESSHOPE

1500 E DURATE RD
DURARTE, CA 91010

| (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? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 635807 | 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)

MAGELLAN

4800 N SCOTTSDALE RD STE 4400
SCOTTSDALE, AZ 85251-7680

| (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? |
|------------------------|---|--|--|--|---|--|
| 49 | EAP PROVIDER | 508690 | 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)

BELL LITHO INC.

36-2550923

| (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? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 291534 | 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)

EYEMED VISION CARE

86-0773195

| (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 | 97549 | 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)

EECOMM

700 TERRACE POINT ROAD, SUITE 300
MUSKEGON, MI 49440

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16 | NONE | 75250 | 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)

CATILIZE HEALTH

2605 NICHOLSON RD. SUITE 1140
SEWICKLEY, PA 15143

| (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? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 21953 | 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)

GILSON GRAPHICS

38-1299908

| (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? |
|------------------------|---|--|--|--|---|--|
| 38 | NONE | 19304 | 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)

TIM HERSHNER DESIGN

1635 SUNDRIDGE DR
COLUMBUS, OH 43221

| (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? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 5850 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 02/04/2024 and ending 02/01/2025 | |
| A Name of plan MEIJER HEALTH BENEFITS PLAN | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MEIJER, INC. | D Employer Identification Number (EIN) 38-1274536 |

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

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

| Assets | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | 71706 |
| | | 70517 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 10858095 |
| (2) U.S. Government securities | 1c(2) | 1461534 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | 1907892 |
| (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) | 8125818 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 9544919 |
| (15) Other..... | 1c(15) | 831868 |
| | | 776764 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 23256913 | 25676976 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 23256913 | 25676976 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 241735601 | |
| (B) Participants..... | 2a(1)(B) | 84435749 | |
| (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) | | 326171350 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 506052 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 14216 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 68096 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 55143 | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 643507 |
| (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) | 14145057 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 14136543 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 8514 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 15760 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | 15760 |

| | | (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) | | 1515058 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 328354189 |

Expenses

| | | | |
|--|---------------|-----------|-----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 302787546 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 302787546 |
| 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) | 15339104 | |
| (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) | 8748 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 7798728 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 23146580 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 325934126 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 2420063 |
| 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: **HUNGERFORD**

(2) EIN: **38-2184825**

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | 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 _____.

MEIJER HEALTH BENEFITS PLAN

FINANCIAL STATEMENTS

For the years ended
February 1, 2025 and February 3, 2024

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INDEPENDENT AUDITOR'S REPORT

November 5, 2025

To the Plan Administrator of the
Meijer Health Benefits Plan
Grand Rapids, Michigan

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

We have performed audits of the financial statements of Meijer Health Benefits Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of assets available for benefits – modified cash basis as of February 1, 2025 and February 3, 2024, and the related statements of changes in assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended February 1, 2025 and February 3, 2024, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for presentation of the financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion—

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



Certified Public Accountants
Grand Rapids, Michigan

FINANCIAL STATEMENTS

**STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS
– MODIFIED CASH BASIS**

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

| | February 1, 2025 | February 3, 2024 |
|--------------------------------------|-----------------------------|-----------------------------|
| Assets | | |
| Investments at fair value: | | |
| Money market fund | \$ 11,793,834 | \$ 10,858,095 |
| Mutual funds | 9,544,919 | 8,125,818 |
| Corporate bonds | 1,839,118 | 1,815,757 |
| Asset backed securities | 430,798 | 518,883 |
| U.S. government agency securities | 698,539 | 680,009 |
| U.S. treasury notes | 889,339 | 781,525 |
| Foreign bonds | 63,946 | 92,135 |
| Municipal bonds | 345,966 | 312,985 |
| | <hr/> | <hr/> |
| Total investments | 25,606,459 | 23,185,207 |
| Investment income receivable | 70,517 | 71,706 |
| | <hr/> | <hr/> |
| Assets Available for Benefits | <u>\$ 25,676,976</u> | <u>\$ 23,256,913</u> |

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS – MODIFIED CASH BASIS

MEIJER HEALTH BENEFITS PLAN

For the years ended February 1, 2025 and February 3, 2024

| | February 1, 2025 | February 3, 2024 |
|--|----------------------|----------------------|
| Additions to Assets Attributed to: | | |
| Contributions: | | |
| Employer | \$ 241,735,601 | \$ 222,602,077 |
| Employee and COBRA contributions | 84,435,749 | 76,950,582 |
| Total contributions | 326,171,350 | 299,552,659 |
| Investment income: | | |
| Interest and dividends | 892,598 | 837,107 |
| Net appreciation in fair value of investments | 1,290,241 | 708,103 |
| Total investment income | 2,182,839 | 1,545,210 |
| Total Additions | 328,354,189 | 301,097,869 |
| Deductions from Assets Attributed to: | | |
| Benefit payments to participants and other providers | 302,787,546 | 273,524,030 |
| Claims administration and other expenses | 23,146,580 | 23,044,872 |
| Total Deductions | 325,934,126 | 296,568,902 |
| Net Increase | 2,420,063 | 4,528,967 |
| Assets Available for Benefits: | | |
| Beginning of year | 23,256,913 | 18,727,946 |
| End of year | \$ 25,676,976 | \$ 23,256,913 |

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note A – Description of the Plan

The following description of the Meijer Health Benefits Plan (Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a health benefit plan that covers substantially all employees of Meijer, Inc. (Company), its subsidiaries and affiliates, and their dependents. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Company serves as plan sponsor and plan administrator.

Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust managed by Fifth Third Bank (Custodian), the Custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides medical, prescription, dental, and vision benefits, which are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's VEBA trust account. The Company also makes voluntary, fully insured basic dental and vision benefits available. Participants enrolled in the basic dental or vision benefits are not eligible for the self-insured dental and vision benefits.

Eligibility

Employees of the Company who are not classified as temporary or seasonal are eligible to participate in the Plan after completion of a waiting period as defined by the Plan.

Contributions

The Company contributes amounts necessary to provide assets sufficient to pay the benefits for which plan members are eligible. In addition, participants are required to contribute specific amounts per employee to the Plan through payroll deductions based on their elected coverage. The Plan receives contributions from participants under the provisions of COBRA which provides that participants can elect to continue, for specified periods of time, their health care benefits which otherwise, due to certain events, would have been lost.

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note A – Description of the Plan (Continued)

Plan Termination

Although it has not expressed any intention to do so, the sponsor has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth by ERISA. In the event of termination, the remaining plan assets shall be used first to provide covered benefits for all participants then receiving or entitled to receive such benefits with respect to claims arising prior to termination and for the payment of expenses incurred in the termination of the Plan. Any remaining assets, less any charges and expenses payable from the Plan, shall be used to provide covered benefits for participants and their eligible dependents until plan funds are exhausted.

Plan Expenses

Plan administrative expenses represent fees for third party administration and other professional services and are based on reasonable and customary rates. Certain other costs and expenses attributable to Plan operations are absorbed by the plan sponsor.

Note B – Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using a modified cash basis of accounting. Under this basis of accounting, revenues are recorded when cash is received, and expenses are recorded when cash is disbursed. Modifications to the cash basis of accounting result from management's decision to record investment income receivable. Liabilities for benefit claims incurred but not reported or paid, other benefit claims, and administrative costs currently payable are not reflected in the accompanying financial statements. However, in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 965, *Health and Welfare Benefit Plans*, the benefit obligations and changes in benefit obligations have been disclosed in Note E. This modified cash basis of accounting is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Fiscal Year-End

The Plan's fiscal year-end is defined as the 52- or 53-week period ending on the Saturday closest to January 31. However, as a practical expedient, investments and investment-related accounts are valued as of January 31.

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note B – Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported in the Plan's financial statements at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

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

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

The Plan has elected to measure investments and investment-related accounts using the month-end that is closest to the Plan's fiscal year-end. January 31 is the month-end measurement date.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and obligations for health claims incurred but not reported at the date of the financial statements. Actual results could differ from those estimates.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through November 5, 2025, which is the date the financial statements were available to be issued.

Note C – Information Certified by Custodian

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held and investment income receivable at February 1, 2025 and February 3, 2024, and net appreciation in fair value of investments and interest and dividends for the years then ended, were obtained, or derived from information supplied to the plan administrator and certified as complete and accurate by the Custodian.

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note D – Fair Value Measurements

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

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

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

Level 2 – inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. For the years ended February 1, 2025 and February 3, 2024, the Plan did not hold any assets or liabilities within Level 3 of the fair value hierarchy.

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note D – Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at February 1, 2025 and February 3, 2024.

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

Corporate bonds, asset backed securities, U.S. government agency securities, U.S. treasury notes, foreign bonds, and municipal bonds: Valued by a pricing agency based on quoted prices for similar assets in active markets.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of February 1, 2025.

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------------|---------------------|----------------|----------------------|
| February 1, 2025 | | | | |
| Money market fund | \$ 11,793,834 | \$ - | \$ - | \$ 11,793,834 |
| Mutual funds | 9,544,919 | - | - | 9,544,919 |
| Corporate bonds | - | 1,839,118 | - | 1,839,118 |
| Asset backed securities | - | 430,798 | - | 430,798 |
| U.S. government agency securities | - | 698,539 | - | 698,539 |
| U.S. treasury notes | - | 889,339 | - | 889,339 |
| Foreign bonds | - | 63,946 | - | 63,946 |
| Municipal bonds | - | 345,966 | - | 345,966 |
| <hr/> | | | | |
| Assets as of fair value measurement date: January 31, 2025 | <u>\$ 21,338,753</u> | <u>\$ 4,267,706</u> | <u>\$ -</u> | <u>\$ 25,606,459</u> |
| Contributions after measurement date | | | \$ - | - |
| Distributions after measurement date | | | \$ - | - |

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note D – Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of February 3, 2024.

| | Level 1 | Level 2 | Level 3 | Total |
|---|----------------|----------------|----------------|---------------|
| February 3, 2024 | | | | |
| Money market fund | \$ 10,858,095 | \$ - | \$ - | \$ 10,858,095 |
| Mutual funds | 8,125,818 | - | - | 8,125,818 |
| Corporate bonds | - | 1,815,757 | - | 1,815,757 |
| Asset backed securities | - | 518,883 | - | 518,883 |
| U.S. government agency securities | - | 680,009 | - | 680,009 |
| U.S. treasury notes | - | 781,525 | - | 781,525 |
| Foreign bonds | - | 92,135 | - | 92,135 |
| Municipal bonds | - | 312,985 | - | 312,985 |
| <hr/> | | | | |
| Assets as of fair value measurement date: January 31, 2024 | \$ 18,983,913 | \$ 4,201,294 | \$ - | \$ 23,185,207 |
| <hr/> | | | | |
| Contributions after measurement date | | | | \$ 1,620,930 |
| Distributions after measurement date | | | | \$ 1,116,863 |

Note E – Benefit Obligations and Changes in Benefit Obligations

| | February 1, 2025 | February 3, 2024 |
|-----------------------------------|-----------------------------|-----------------------------|
| Benefit obligations: | | |
| Health care disbursements payable | \$ 7,125,000 | \$ 7,061,863 |
| Claims incurred but not reported | 24,707,262 | 20,014,520 |
| | <hr/> | <hr/> |
| | \$ 31,832,262 | \$ 27,076,383 |

The Plan's benefit obligations increased by \$4,755,879 and \$1,714,516 for the years ended February 1, 2025 and February 3, 2024, respectively. Changes were due to fluctuations in costs of benefits and timing of payments to and refunds from service providers.

The Plan's obligations for health claims incurred but not reported are estimated based on calculations performed by independent third parties.

NOTES TO FINANCIAL STATEMENTS

MEIJER HEALTH BENEFITS PLAN
February 1, 2025 and February 3, 2024

Note F – Risks and Uncertainties

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

Benefit obligations for claims incurred but not reported are estimates based on expected activity in the Plan. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates in the near-term would be material to the financial statements.

Note G – Tax Status

The trust established under the Plan to hold the Plan's assets is intended to qualify for tax-exempt status, pursuant to Internal Revenue Code (IRC) Section 501(c)(9), and accordingly, the trust's net investment income is exempt from income taxes. The trust has obtained a favorable determination letter from the IRS, dated October 5, 1976 and the plan sponsor believes that the trust, as amended, continues to qualify, and operate in accordance with the applicable provisions of the IRC.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of February 1, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note H – Concentrations of Credit Risk

The Plan maintains cash balances in a money market fund. Such balances are not insured.

Note I – Related-Party Transactions

As described in Note A, the Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

SUPPLEMENTAL SCHEDULES

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|--------------------------|---|---|---------------|-------------------------|
| Money Market Fund | | | | |
| | Federated Securities | Federated Government Obligations Premier | \$ 11,793,831 | \$ 11,793,834 |
| Mutual Funds | | | | |
| | Allspring Global Investments | Allspring Funds Special Small Cap Value Class Instl Fund | 406,929 | 418,206 |
| | BlackRock | ESG Aware MSCI EAFE ETF Fund | 769,295 | 789,156 |
| | Brown Advisory Funds | Brown Advisory Sustainable Growth Fund Inst | 849,401 | 1,062,649 |
| | Conestoga Capital Advisors | Conestoga FDS Small Cap Instl Fund | 406,658 | 477,015 |
| | Dodge & Cox | Dodge & Cox International Stock Fund | 482,529 | 541,650 |
| | Fidelity | Fidelity 500 Index Fund Institutional Premium Class | 1,556,325 | 2,309,313 |
| | | Fidelity International Index Fund | 461,075 | 522,713 |
| | | Fidelity Mid Cap Index Instl Premium Fund | 424,276 | 569,186 |
| | | Fidelity Small Cap Fund | 179,382 | 241,507 |
| | Grandeur Peak | Grandeur Peak International Stalwarts Institutional Fund | 245,527 | 248,284 |
| | Harding Loevner | Harding Loevner International Equity Portfolio Institutional Class Fund | 539,595 | 499,134 |
| | Invesco | Invesco Exchange Traded Fund S&P 500 Quality ETF | 935,261 | 1,159,272 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

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| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|---------------------------------|---|---|-------------|-------------------------|
| Mutual Funds (Continued) | | | | |
| | State Street | SPDR Portfolio S&P 400 Mid Cap ETF Fund | \$ 352,151 | \$ 440,431 |
| | Vanguard | Vanguard Mid-Cap Growth Fund | 235,785 | 266,403 |
| U.S. Treasury Notes | | | | |
| | United States Treasury | United States Treasury Note 0.375% Due 09/30/27 | 134,284 | 140,148 |
| | | United States Treasury Note 0.250% Due 10/31/25 | 43,260 | 43,693 |
| | | United States Treasury Note 1.125% Due 02/15/31 | 28,430 | 29,024 |
| | | United States Treasury Note 1.250% Due 08/15/31 | 185,093 | 176,459 |
| | | United States Treasury Note 1.375% Due 11/15/31 | 230,295 | 229,995 |
| | | United States Treasury Note 3.500% Due 02/15/33 | 84,346 | 84,009 |
| | | United States Treasury Note 4.000% Due 02/15/34 | 84,414 | 81,666 |
| | | United States Treasury Note 3.875% Due 08/15/34 | 107,524 | 104,345 |
| Asset Backed Securities | | | | |
| | Bank of America | Bank of America Commercial 3.705% Due 09/15/48 | 37,523 | 39,638 |
| | Capital One | Capital One Multi-Asset 2.060% Due 08/15/28 | 34,991 | 33,757 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

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| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|--|---|---|-------------|-------------------------|
| Asset Backed Securities (Continued) | | | | |
| | Ford Credit Floorplan Master Owner Trust | Ford CR Floorplan Master Owner 1.060% Due 09/15/27 | \$ 39,987 | \$ 39,148 |
| | Morgan Stanley Bank of America Merrill Lynch | Morgan Stanley BAML Trust 3.306% Due 04/15/48 | 62,309 | 59,765 |
| | Nissan | Nissan Auto Lease TR 5.520% Due 01/15/26 | 3,345 | 3,349 |
| | Synchrony | Synchrony CR Card Master NT TR 3.370% Due 04/15/28 | 39,996 | 39,904 |
| | United Airlines | United Airs Inc 5.875% Due 10/15/27 | 24,984 | 25,960 |
| | Verizon | Verizon Master TR 5.340% Due 4/22/30 | 49,989 | 50,781 |
| | Wells Fargo | Wells Fargo Coml Mtg TR 3.809% Due 12/17/48 | 107,512 | 98,941 |
| | World Omni Financial Corp. | World Omni Auto Receivables 3.680% Due 09/15/28 | 39,992 | 39,555 |
| Other Government Agency Securities | | | | |
| | Fannie Mae | Fannie Mae Variable Rate Due 06/25/25 | 67,154 | 64,478 |
| | | Fannie Mae Variable Rate Due 02/25/27 | 84,274 | 78,538 |
| | Fannie Mae | Fannie Mae Variable Rate Due 04/25/29 | 61,021 | 53,289 |
| | | Fannie Mae Variable Rate Due 01/25/28 | 78,442 | 67,637 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|-------------|-------------------------|
| Other Government Agency Securities (Continued) | | | | |
| | | Fannie Mae Variable Rate Due 07/25/28 | \$ 104,431 | \$ 94,547 |
| | | Fannie Mae 3.5778% Due 08/25/28 | 92,757 | 81,903 |
| | | Fannie Mae 3.610% Due 02/25/31 | 42,305 | 34,287 |
| | | Freddie Mac 3.116% Due 7/25/25 | 43,116 | 44,591 |
| | | Freddie Mac Variable Rate Due 11/25/28 | 98,916 | 87,664 |
| | | Freddie Mac 3.718% Due 01/25/31 | 30,397 | 23,726 |
| | | Freddie Mac Variable Rate Due 07/25/29 | 40,374 | 39,781 |
| | | FHLMC Multifamily Structured 3.000% Due 9/25/29 | 26,935 | 28,098 |
| Corporate Bonds | | | | |
| | ACE INA Holding Inc. | ACE INA Holdings Inc 3.150% Due 03/15/25 | 36,590 | 34,939 |
| | Adobe Inc | Adobe Inc 4.950% Due 04/04/34 | 39,922 | 39,692 |
| | Ally Financial Inc. | Ally Finl Inc 2.200% Due 11/02/28 | 44,630 | 40,509 |
| | American Express Co | American Express Co Variable Rate Due 2/16/28 | 35,053 | 35,249 |
| | Anheuser-Busch InBev | Anheuser-Busch InBev WLDW Inc 4.000% Due 04/13/28 | 43,174 | 39,339 |
| | Apple Inc. | Apple Inc 2.200% Due 09/11/29 | 34,863 | 31,644 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---|---|-------------|-------------------------|
| Corporate Bonds (Continued) | | | | |
| | Bank of America | Bank America Corp Variable Rate Due 10/22/32 | \$ 41,336 | \$ 42,536 |
| | BNY Mellon | Bank New York Mellon Corp Variable Rate Due 02/01/34 | 38,540 | 38,591 |
| | Berkshire Hathaway Inc. | Berkshire Hathaway Inc 1.850% Due 03/12/30 | 44,955 | 39,419 |
| | BlackRock | BlackRock FDG Inc 5.000% Due 03/14/34 | 45,025 | 44,618 |
| | BP America | BP Cap Mkts Amer Inc 4.234 Due 11/06/28 | 44,351 | 39,302 |
| | Capital One Financial Corp | Capital One Finl Corp Variable Rate Due 02/01/30 | 30,083 | 30,500 |
| | Caterpillar Financial Services Corp | Caterpillar Finl Svsc Corp 5.000% Due 05/14/27 | 9,989 | 10,115 |
| | Chevron Corporation | Chevron Corp 2.236% Due 05/11/30 | 35,111 | 30,886 |
| | Citigroup Inc | Citigroup Inc Sub NT 4.125% Due 07/25/28 | 47,619 | 43,939 |
| | | Citigroup Inc 3.200% Due 10/21/26 | 35,696 | 34,146 |
| | | Citigroup Inc Var. Due 01/29/31 | 45,505 | 40,018 |
| | ConocoPhillips Company | ConocoPhillips Co 5.050% Due 09/15/33 | 24,952 | 24,697 |
| | Consumers Energy | Consumers Energy Co 4.650% Due 03/01/28 | 44,916 | 45,016 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---|---|-------------|-------------------------|
| Corporate Bonds (Continued) | | | | |
| | D.R. Horton Inc. | D R Horton Inc 1.400% Due 10/15/27 | \$ 44,368 | \$ 41,276 |
| | John Deere | Deere John Cap Corp Medium 2.000% Due 06/17/31 | 29,957 | 25,368 |
| | Duke Energy Florida, LLC | Duke Energy Fla LLC 1.750% Due 06/15/30 | 39,564 | 34,079 |
| | Exxon Mobil Corporation | Exxon Mobil Crop 2.992% Due 03/19/25 | 47,386 | 44,913 |
| | General Motors Financial Co Inc. | General Mtrs Finl Co Inc 1.200% Due 10/15/24 | 39,840 | 39,914 |
| | JP Morgan Chase & Co. | JP Morgan Chase & Co 3.900% Due 07/15/25 | 48,025 | 44,892 |
| | | JP Morgan Chase & Co Due 10/15/30 | 45,283 | 40,734 |
| | Kimco Realty | Kimco Rlty Corp 2.700% Due 10/01/30 | 39,514 | 39,991 |
| | Lam Research | Lam Research Corp 4.000% Due 03/15/29 | 37,280 | 34,156 |
| | Lennar Corporation | Lennar Crop SR Gbl NT 4.750% Due 11/29/27 | 40,461 | 34,958 |
| | Eli Lilly and Co | Lilly Eli & Co 4.700% Due 02/27/33 | 29,936 | 29,505 |
| | Lockheed Martin Corporation | Lockheed Martin Corp 1.850% Due 06/15/30 | 44,978 | 38,630 |
| | Marriott International, Inc. | Marriott Intl Inc New 5.550% Due 10/15/28 | 29,811 | 30,680 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---|---|-------------|-------------------------|
| Corporate Bonds (Continued) | | | | |
| | Masco Corporation | Masco Corp SR Gbl NT 2.000% 02/15/31 | \$ 44,058 | \$ 37,895 |
| | Mastercard Inc | Mastercard Inc SR NT 4.875% Due 05/09/34 | 19,788 | 19,734 |
| | Microsoft | Microsoft Corp 3.300% Due 02/06/27 | 37,141 | 34,325 |
| | Morgan Stanley | Morgan Stanley Var. Due 01/22/31 | 42,631 | 35,756 |
| | | Morgan Stanley FR 3.625% Due 01/20/27 | 47,109 | 44,249 |
| | NextEra Energy | NextEra Energy Cap Hldgs Inc 4.450% Due 06/20/25 | 14,996 | 14,988 |
| | Northrop Grumman Corp | Northrop Grumman Corp 4.600% Due 02/01/29 | 34,966 | 34,764 |
| | PNC Financial Services Group | PNC Finl SVCS Group Inc 2.550% Due 01/22/30 | 44,874 | 40,194 |
| | Pepsico | Pepsico Inc SR NT 1.950% Due 10/21/31 | 44,910 | 37,640 |
| | Procter and Gamble Company | Procter and Gamble Co 3.000% Due 03/25/30 | 57,533 | 46,386 |
| | | Procter and Gamble Co 0.550% Due 10/29/25 | 19,968 | 19,453 |
| | | Procter and Gamble Co 04.550% Due 01/29/34 | 20,000 | 19,553 |
| | Regional Financial Corporation | Regions Finl Corp New SR NT 1.800% Due 08/12/28 | 45,028 | 40,461 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

EIN 38-1274536

PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---|---|-------------|-------------------------|
| Corporate Bonds (Continued) | | | | |
| | State Treet Corp | State Str Corp Variable Rate Due 10/22/32 | \$ 35,000 | \$ 34,102 |
| | T-Mobile | T-Mobile USA Inc 5.200% Due 01/15/33 | 24,830 | 24,808 |
| | Texas Instruments Inc | Texas Instrs Inc 4.600% Due 02/08/29 | 19,979 | 19,978 |
| | Toyota | Toyota Mtr Cr Corp Medium Term 5.400% Due 11/20/26 | 35,037 | 35,581 |
| | Truist Financial Corp | Truist Finl Corp SR Med Term 1.125% Due 08/03/27 | 44,070 | 41,211 |
| | U.S. Bancorp | U S Bancorp Mtn BK ENT FR 3.000% Due 07/30/29 | 35,130 | 32,151 |
| | Visa Inc. | Visa Inc SR NT 0.750% Due 08/15/27 | 24,973 | 22,866 |
| | Wells Fargo & Co | Wells Fargo & Co Medium Term Variable Rate Due 07/25/33 | 39,900 | 38,772 |
| Municipal Bonds | | | | |
| | Austin, Texas | Austin Tex 1.479% Due 09/01/30 | 30,000 | 25,341 |
| | State of California | California ST 2.500% 10/01/29 | 34,726 | 31,987 |
| | Cincinnati, Ohio | Cincinnati Ohio WTR SYS Rev 1.830% Due 12/01/31 | 32,990 | 33,294 |
| | Columbus, Ohio | Columbus Ohio 3.647% Due 04/01/31 | 29,902 | 28,372 |
| | State of Michigan | Michigan ST 1.750% Due 05/15/31 | 21,415 | 21,036 |

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

MEIJER HEALTH BENEFITS PLAN

February 1, 2025

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PN 501

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (d) Cost | (e) Current Value |
|------------------------------------|---|---|-------------|-------------------------|
| Municipal Bonds (Continued) | | | | |
| | State of North Carolina | North Carolina ST 5.000% Due 06/01/26 | \$ 25,067 | \$ 20,610 |
| | State of Oregon | Oregon ST Taxable GO BDS 2020 D 1.315% Due 05/01/27 | 31,458 | 37,475 |
| | | Oregon ST 2.496% Due 11/01/31 | 41,134 | 30,449 |
| | San Antonio, Texas | San Antonio Tex 1.563% Due 02/01/29 | 42,753 | 44,635 |
| | Sycamore, Ohio Community School District | Sycamore Ohio Cmnty Sch Dist 5.850% Due 12/01/28 | 42,956 | 41,175 |
| | State of Washington | Washington ST 5.000% Due 07/01/27 | 37,548 | 31,592 |
| Foreign Bonds | | | | |
| | Enbridge Inc. | Enbridge Inc SR NT 4.250% Due 12/01/26 | 47,894 | 44,622 |
| | Totonto Dominion Bank | Toronto Dominion Bank 0.750% Due 01/06/26 | 19,970 | 19,324 |

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

MEIJER HEALTH BENEFITS PLAN
For the year ended February 1, 2025
EIN 38-1274536
PN 501

| (a) Identity of Party Involved | (b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Expense Incurred with Transaction | (f) Cost of Asset | (g) Current Value of Assets on Transaction Date | (h) Net Gain or (Loss) |
|---|--|--------------------------|-------------------------|--|-------------------------|--|------------------------------|
| A single transaction (Category (i)) that amounts to more than 5% of the beginning value of plan assets: | | | | | | | |
| Federated Investors | Federated Government Obligations Premier 1,478,522 shares | \$ 1,478,522 | \$ - | \$ - | \$ 1,478,522 | \$ 1,478,522 | \$ - |
| | 1,456,165 shares | 1,456,165 | - | - | 1,456,165 | 1,456,165 | - |
| | 8,012,183 shares | 8,012,183 | - | - | 8,012,183 | 8,012,183 | - |
| | 1,265,687 shares | - | 1,265,687 | - | 1,265,687 | 1,265,687 | - |
| | 2,081,476 shares | - | 2,081,476 | - | 2,081,476 | 2,081,476 | - |
| | 8,691,196 shares | - | 8,691,196 | - | 8,691,196 | 8,691,196 | - |

A series of transactions (Category (iii)) that amount to more than 5% of the beginning value of plan assets:

| | | | | | | | |
|---------------------|--|---------------|------------|------|---------------|---------------|------|
| Federated Investors | Federated Government Obligations Premier 70 purchases | \$ 14,205,044 | \$ - | \$ - | \$ 14,205,044 | \$ 14,205,044 | \$ - |
| | 14 sales | - | 13,269,305 | - | 13,269,305 | 13,269,305 | - |

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

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

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

Meijer Executive Health Plan
EIN: 38-1274536
PN: 501
2024 Form 5500, Part 1, Line B

Please note that the plan's year is based on a 52-53 week year. The 2024 Form 5500 indicates that the filing is for a short plan year of less than 12 months. This is due to a program limitation of the Form 5500 preparation software used to prepare the form, in which any plan year consisting of less than 365 days is automatically considered to be a "short" year. However, the plan's management considers this plan year to be a full year for purposes of plan administration. Please contact the plan sponsor if additional information is required.

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 **02/04/2024** and ending **02/01/2025**

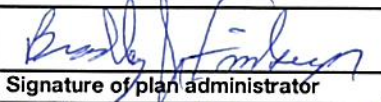
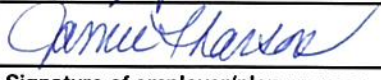
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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 MEIJER HEALTH BENEFITS PLAN | 1b Three-digit plan number (PN) ▶ | 501 |
| | 1c Effective date of plan | 10/01/1976 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MEIJER, INC. | 2b Employer Identification Number (EIN) | 38-1274536 |
| | 2c Plan Sponsor's telephone number | 616-453-6711 |
| PO BOX 2281 GRAND RAPIDS MI 49501-2281 | 2d Business code (see instructions) | 445110 |

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

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

| | | | |
|------------------|---|-------------------|--|
| SIGN HERE |  | 10/29/2025 | BRADLEY J. FREIBURGER |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 10/29/2025 | JAMIE L. LARSON |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2024)
v. 240311

| | |
|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|--|--|

| | |
|--|-----------------------------------|
| 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 | 29,930 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). | | |
| a (1) Total number of active participants at the beginning of the plan year | 6a(1) | 29,654 |
| a (2) Total number of active participants at the end of the plan year | 6a(2) | 30,085 |
| b Retired or separated participants receiving benefits | 6b | 211 |
| c Other retired or separated participants entitled to future benefits | 6c | |
| d Subtotal. Add lines 6a(2), 6b, and 6c | 6d | 30,296 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f Total. Add lines 6d and 6e | 6f | |
| g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | 6g(1) | |
| (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g(2) | |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

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

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

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