

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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>THE RITE AID PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>RITE AID CORPORATION</u></p> <p><u>P.O. BOX 3165</u> <u>HARRISBURG, PA 17105</u></p>	<p>1c Effective date of plan <u>03/31/1965</u></p> <p>2b Employer Identification Number (EIN) <u>23-1614034</u></p> <p>2c Plan Sponsor's telephone number <u>717-761-2633</u></p> <p>2d Business code (see instructions) <u>446110</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.	02/18/2026	ERIC KAUP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	6308
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)	1647
	6a(2)	884
	6b	3054
	6c	1691
	6d	5629
	6e	347
	6f	5976
	6g(1)	
6g(2)		
6h		1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1C

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>THE RITE AID PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RITE AID CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1614034</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>03</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>119545097</u>
	b Actuarial value	2b	<u>120381921</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3294</u>	<u>76527405</u>
	b For terminated vested participants	<u>1367</u>	<u>26620982</u>
	c For active participants	<u>1647</u>	<u>20344593</u>
	d Total	<u>6308</u>	<u>123492980</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.25 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>175614</u>
	b Expected plan-related expenses	6b	<u>1800000</u>
	c Target normal cost	6c	<u>1975614</u>

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

SIGN HERE		
	Signature of actuary	<u>11/10/2025</u> Date
	<u>RYAN C. DUFFY</u> Type or print name of actuary	<u>23-08973</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>973-463-6219</u> Telephone number (including area code)
	<u>MSC# 17457, AON PO BOX 6718 SOMMERSET, NJ 08875</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3976685
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1649233
9	Amount remaining (line 7 minus line 8)	0	2327452
10	Interest on line 9 using prior year's actual return of <u>7.48</u> %	0	174093
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2501545

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.28 %
15	Adjusted funding target attainment percentage	15	95.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.12 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 1975614
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	5831242		537259	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 2512873
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	2501545	2501545	
36 Additional cash requirement (line 34 minus line 35)				36 11328
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 11328
40 Unpaid minimum required contributions for all years				40 11328

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034	

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 99	RECORD KEEPER	628511	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTMENTS USA INC

36-3109431

(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?
28 50 51 52	INVESTMENT MANAGER	402501	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CLIFTON LARSON ALLEN, LLP (CLA)

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	19950	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	10161	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: JAMES M. DERENGOWSKI	b EIN: 56-1623293
c Position: ENROLLED ACTUARY	
d Address: 550 S CALDWELL ST, 15TH FLOOR CHARLOTTE, NC 28202	e Telephone: 847-404-1058

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

A Name of plan <u>THE RITE AID PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RITE AID CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1614034</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53749259</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17215761</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-US EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9770691</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL AND MID CAP EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3443228</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3682412</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON CORE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-037</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8395714</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS BOND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88452</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON GLOBAL REAL ESTATE FUND](#)

b Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13266
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a Name of MTIA, CCT, PSA, or 103-12 IE: [US LONG GOVERNMENT BOND INDEX FUND](#)

b Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [US INTERMEDIATE GVT BOND INDEX FUND](#)

b Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AON MULTI ASSET CREDIT FUND](#)

b Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4516638
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AON ENHANCE LIABILITY DRIVEN INVEST](#)

b Name of sponsor of entity listed in (a): [AON TRUST COMPANY LLC](#)

c EIN-PN 37-6543784-048	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9478654
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NISA ULTRA MID TREASURY CIF](#)

b Name of sponsor of entity listed in (a): [NISA COLLECTIVE INVESTMENT TRUST](#)

c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2939447
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NISA ULTRA LONG TREASURY CIF](#)

b Name of sponsor of entity listed in (a): [NISA COLLECTIVE INVESTMENT TRUST](#)

c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2298699
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	659501	712251
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1287884	1123204
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	117823885	115592221
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	119771270	117427676
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	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	119771270	117427676

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	53054	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		53054
(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)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7936584
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7989638

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8465826	
(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)		8465826
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)	175	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19950	
(5) Investment advisory and investment management fees	2i(5)	402501	
(6) Bank or trust company trustee/custodial fees	2i(6)	10161	
(7) Actuarial fees	2i(7)	628511	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	806108	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1867406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10333232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2343594
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: CLIFTON LARSON ALLEN, LLP (CLA)

(2) EIN: 41-0746749

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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 564758.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 22-2232264

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	174
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 26.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %
 High-Yield Debt: 4.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

THE RITE AID PENSION PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024



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INDEPENDENT AUDITORS' REPORT

Employee Benefits Administration Committee
The Rite Aid Pension Plan
Harrisburg, Pennsylvania

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of The Rite Aid Pension Plan (the 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 net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits 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 Rite Aid Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of February 28, 2025 and February 29, 2024, and for the years ended, stating that the certified investment information, as described in Note 4 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 *Auditors' Responsibilities for the Audit of the Financial Statements* section:

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

Basis for Opinion

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

Substantial Doubt about the Entity's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Note 9 to the financial statements, the Plan sponsor bankruptcy and inability to fund contributions raise substantial doubt about the Plan's ability to continue as a going concern. Management's evaluation of the events and conditions and management's plans regarding those matters are also described in Note 9. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

Employee Benefits Administration Committee
The Rite Aid Pension Plan

In performing an audit in accordance with GAAS, we:

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

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

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

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


Other Matters — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended February 28, 2025 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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 qualified institutions 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).



CliftonLarsonAllen LLP

Baltimore, Maryland
February 13, 2026

**THE RITE AID PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

ASSETS	2025	2024
INVESTMENTS (at Fair Value)		
Money Market Fund	\$ 1,123,204	\$ 1,287,884
Common Collective Trust Funds	115,592,221	117,823,885
Total Investments	116,715,425	119,111,769
ACCRUED INVESTMENT INCOME	4,185	7,135
ADVANCED BENEFIT PAYMENTS	708,066	652,366
NET ASSETS AVAILABLE FOR BENEFITS	\$ 117,427,676	\$ 119,771,270

See accompanying Notes to Financial Statements.

THE RITE AID PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 7,936,584	\$ 8,471,868
Interest	53,054	83,455
Total Investment Income	7,989,638	8,555,323
Total Additions	7,989,638	8,555,323
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	8,465,826	8,066,736
ADMINISTRATIVE EXPENSES	1,867,406	2,158,103
Total Deductions	10,333,232	10,224,839
NET DECREASE	(2,343,594)	(1,669,516)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	119,771,270	121,440,786
End of Year	\$ 117,427,676	\$ 119,771,270

See accompanying Notes to Financial Statements.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of the Rite Aid Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan that specifies a determinable pension benefit, usually based on factors such as age, years of service and salary. The Plan or the Company covers eligible classes, as defined, of employees of Rite Aid Corporation and its subsidiaries (the “Plan Sponsor” or “Company”). Aight is the record keeper (the “Record Keeper”) for the Plan, Aon is the actuary and investment manager (the “Actuary”). U.S. Bank National Association serves as Plan Trustee (the “Trustee”). The Employee Benefits Administration Committee is the Plan administrator (“Plan Administrator”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On October 15, 2023, Rite Aid Corporation filed for Chapter 11 bankruptcy. Under Title 11 of the United States Bankruptcy Code, the Plan is not permitted to offer payment in a 10-year certain or lump sum payment form for participants and beneficiaries whose benefit is worth more than \$5,000. Once the Plan’s AFTAP is at least 100% or the Plan Sponsor emerges from bankruptcy, the benefit restrictions will no longer apply. During any period when a plan sponsor is in bankruptcy the Adjusted Funding Target Attainment Percentage (AFTAP) is calculated without regard to interest rate stabilization. At March 1, 2023, the APTAP, without regard to interest rate stabilization, was 86.58%. On September 3, 2024, Rite Aid Corporation completed the restructuring process and emerged from Chapter 11 bankruptcy. Subsequent to year end, the Rite Aid Corporation filed again for Chapter 11 bankruptcy. See Note 9.

Participation

Effective December 31, 2001, participation in the Plan was frozen for nonunion, nongrandfathered employees in the Plan. Prior to December 2001, participation in the Rite Aid Corporation Defined Benefit Retirement Plan (the “DBR Plan”), the Rite Aid Corporation Pension Plan (the “RAC Plan”), and the Rite Aid Corporation Cash Balance Pension Plan (the “CB Plan”) was open to all eligible employees, as defined in the Plan.

Effective December 31, 1993, participation in the Thrifty Payless, Inc. Pension Plan (the “TPI Plan”) was frozen. Prior to December 1993, participation in the Plan was open to all qualified employees who were not covered by a collective bargaining agreement. Participation began upon completing one year of service of at least 1,000 hours.

Effective February 28, 2002, the RAC Plan (Annex A), the DBR Plan (Annex B), the CB Plan (Annex C), and the TPI Plan (Annex D) all merged with and became part of, separate annexes to the Plan.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

Retirement benefits are paid either monthly or in a lump-sum to pensioners or beneficiaries under various forms of joint and survivor annuities. The monthly pension benefits are equal to the following:

- Eligible employees of Rite Aid Corporation are entitled to monthly pension benefits equal to \$15 for every year of service, payable for life, with early retirement age of 55 years.
- Eligible employees of Rack Rite Distributors, Inc. and WRAC, Inc. are entitled to monthly pension benefits from \$10.50 to \$15 for every year of service earned before March 1, 1997 and \$20 for every additional year of service earned thereafter, payable for life, with early retirement age of 55 years. Former employees of Rack Rite Distributors, Inc. are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits.
- Eligible employees of Rite Aid of Pennsylvania, Inc. (excluding the Reading Division) are entitled to monthly pension benefits from \$7 to \$15 for every year of service, payable for life, with early retirement age of 55 years. The Plan was amended such that employees of Rite Aid of Pennsylvania, Inc., entering the bargaining unit after July 27, 2011 are no longer eligible to participate in the Plan. Effective December 31, 2014 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of Pennsylvania, Inc. covered by a collective bargaining agreement with the District Local of 1776 of the United Food and Commercial Workers Union.
- Eligible employees of Rite Aid of Pennsylvania, Inc. – Reading Division are entitled to monthly pension benefits equal to \$9.50 to \$15 for every year of service, payable for life, with early retirement age of 55 years. The Plan was amended such that employees of Rite Aid of Pennsylvania, Inc. entering the bargaining unit after July 27, 2011 are no longer eligible to participate in the Plan. Effective December 31, 2014 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of Pennsylvania, Inc. – Reading Division covered by a collective bargaining agreement with the District Local of 1776 of the United Food and Commercial Workers Union.
- Eligible employees of Rite Aid of Florida, Inc., Rite Aid of Kentucky, Inc., Rite Aid of South Carolina, Inc., Rite Aid of Michigan, and Concord Custom Cleaners are entitled to monthly pension benefits equal to \$7 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 62 years. Former employees of Rite Aid of Florida, Kentucky, South Carolina, Michigan and Concord Custom Cleaners are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

- Eligible employees of Rite Aid Services L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America are entitled to a monthly pension benefit equal to \$20.00 to \$27.00 for every year of service, payable for life, with early retirement age of 55. Effective April 18, 2012, the Plan was amended such that employees of Rite Aid Services, L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America entering the bargaining unit after April 18, 2012 are no longer eligible to participate in the Plan. Effective December 31, 2015 the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid Services L.L.C. who are covered by a collective bargaining agreement with Local 614 the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America.
- Eligible employees of ADAP, Inc. are entitled to monthly pension benefits equal to \$8 to \$10 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 62 years. No actively accruing or term vested participants remain. Retirees will continue to receive benefits as stated above.
- Eligible employees of the Rite Aid West Virginia Distribution Center are entitled to monthly pension benefits from \$9.25 to \$35 for every year of service, payable for life, with early retirement age of 55 years. Former employees of the Rite Aid West Virginia Distribution Center are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits due to the facility's closure on November 3, 2017.
- Eligible employees of Rite Aid of Virginia, Inc. are entitled to monthly pension benefits from \$17.50 to \$20 for every year of service for pharmacists and \$7 per month per year of service for all other employees, payable for life, with early retirement age of 60 years.
- Eligible employees of Rite Aid Rome Distribution Center, Inc. are entitled to monthly pension benefits from \$15 to \$35 for every year of service, payable for life, with early retirement age of 55 years. Former employees of the Rite Aid Rome Distribution Center, Inc. are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits due to the Rome Distribution Center closure as of February 28, 2011.
- Eligible employees of Rite Aid of Ohio, Inc. are entitled to monthly pension benefits equal to \$7 for every year of service, payable for life, with early retirement age of 55 years.

THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

- Eligible employees of Rite Aid of Maine, Inc., Rite Aid of New Hampshire, Inc. and Rite Aid of Vermont, Inc. are entitled to monthly pension benefits equal to \$8 for every year of service, up to a maximum of 30 years, payable for life, with early retirement age of 55 years.
- Eligible employees of Rite Aid of New York, Inc. are entitled to monthly pension benefits equal to \$10 to \$12 for every year of service, up to a maximum benefit of \$700 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. Effective March 15, 2012, the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #23 of the United Food and Commercial Workers Union due to decertification of the union.
- Eligible employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #1 of the United Food and Commercial Workers Union are entitled to monthly pension benefits equal to \$12 to \$14 for every year of service, up to a maximum benefit of \$800 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. Effective June 30, 2013, the Plan was amended to cease future benefit accruals and freeze eligibility for employees of Rite Aid of New York, Inc. covered by a collective bargaining agreement with Local #1 of the United Food and Commercial Workers Union.
- Eligible employees of Rite Aid of West Virginia, Inc. are entitled to monthly pension benefits equal to \$16 for every year of service, up to a maximum benefit of \$600 per month, ceasing after the lesser of 120 payments or the participant's death, with early retirement age of 60 years. The Plan was amended such that employees of Rite Aid of West Virginia, Inc. are no longer eligible to accrue any additional benefits after December 31, 2011.
- Eligible employees of Rite Aid of Maryland, Inc. are entitled to monthly pension benefits, payable for life, based on wages earned and Social Security integration levels, with early retirement age of 55 years.
- Eligible employees of Rite Aid of Ohio LLC. that are covered by a collective bargaining agreement with Local 75 (formerly NW Ohio Pension Fund participants) prior to January 1, 2013 are entitled to monthly pension benefits, equal to \$11.00 to \$13.50 for each year of service with early retirement age of 55 years.
- Eligible employees of Rite Aid of Ohio LLC. that are covered by a collective bargaining agreement with Local 75 (formerly Central Ohio Pension Fund participants) prior to March 8, 2014 are entitled to monthly pension benefits, equal to \$13.50 for each year of service with early retirement age of 55 years.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

- Eligible employees of Thrifty PayLess, Inc. doing business as Rite Aid in the following states: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming are entitled to monthly benefits based upon annual employer contributions ranging from \$125 to \$1,000, calculated using the employee's age and a multiplier, as defined in the Plan. Effective December 12, 1993, the plan was amended to cease future benefit accruals and eligibility was frozen. Term vested and retirees are still entitled to the monthly benefit stated above.
- Eligible employees of Rite Aid distribution centers located in Wilsonville, OR, Woodland, CA, Lancaster, CA, Perryman, MD and Winchester, VA are entitled to monthly benefits based upon annual employer contributions ranging from \$250 to \$1,800, calculated using the employee's age and a multiplier, as defined in the Plan. Former employees of the Rite Aid distribution center located in Ogden, UT are still entitled to the monthly pension benefits stated above, however, participants are no longer accruing benefits due to the closure of the Ogden distribution center.
- Eligible employees of Thrifty Corporation and former participants of the Thrifty Corporation Clerks and Pharmacists Pension Plan are entitled to monthly benefits based upon a formula of years of service and the participant's age, as defined in the Plan. Effective December 12, 1993 the Plan was amended to cease future benefit accruals and eligibility was frozen. Term vested and retirees are still entitled to the monthly benefit stated above.

The early retirement benefit is the actuarial equivalent of the pension accrued to the date of early retirement. If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated Plan benefits.

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Plan Sponsor. The Plan Sponsor's funding policy is to make cash contributions or apply the prefunding balance to the Plan in an amount no less than the minimum funding requirements of ERISA as determined by the Plan's independent actuary. The Plan Sponsor met the minimum funding requirements of ERISA for the year ended February 29, 2024; however, the prefunded balance was lower than the minimum funding requirement of ERISA for the year ended February 28, 2025, and the unpaid minimum required contribution due to the Plan and still outstanding is \$11,328.

Forfeitures

If a participant terminates employment before his or her accrued benefit derived from employer contributions is fully vested, the nonvested portion is forfeited. Any forfeitures arising in the operation of the Plan are applied toward reduction of the cost to fund and maintain the Plan.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Participants in the DBR Plan and the RAC Plan fully vest in benefits after completing five years of credited service, normal retirement, death or disability. Participants in the TPI Plan were 100% vested effective December 31, 1993. Effective March 1, 2008, the CB Plan was amended, in general, to provide that participants who are credited with at least one hour of service on or after March 1, 2008, be 100% vested at all times after the date on which such participant is credited with three years of service.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value of a financial instrument 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 5 for additional information regarding valuation methodology.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses of the Plan are paid by either the Plan or the Plan Sponsor, as provided in the Plan document. During the years ended February 28, 2025 and February 29, 2024, the Plan's expenses primarily included payments to the PBGC, Plan's Trustee, Actuary, and Recordkeeper for services rendered substantially all of which were paid by the Plan. All other expenses were paid by the Plan Sponsor.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

The Plan invests in common and collective trust funds and a short-term investment fund. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and, present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements is presented using beginning of year benefit information date. The computations of the actuarial present value of accumulated plan benefits were made as of March 1, 2024. Had the valuation been performed as of February 29, 2024, there would be no material differences.

The actuarial present value of accumulated plan benefit obligations is determined by an independent actuary, and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Significant assumptions underlying the actuarial computations as of February 29, 2024 are as follows:

Actuarial Cost Method	Standard Unit Credit Cost Method
Asset Valuation Method	Fair Market Value
Assumed Interest Rate	6.75%
Mortality Basis	The Amounts-Weighted Aggregate Rates from the Pri-2012 Mortality Study Projected Generationally from 2012 with Scale MP-2021
Assumed Retirement Age	Varying Rates from Ages 55 to 73+

There was a change in the significant actuarial assumption. The assumed interest rate was 6.50% as of February 28, 2023 and 6.75% as of February 29, 2024.

**THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The foregoing actuarial assumptions are based on the presumption the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Accumulated Plan Benefits. See Note 9.

The following is a summary of actuarial present value of accumulated plan benefits as of February 29:

	2024
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Inactive Participants Receiving Payments	\$ 69,084,702
Other Participants	39,279,741
Total Vested Benefits	108,364,443
Nonvested Benefits	912,180
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 109,276,623

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended February 29:

	2024
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 114,058,279
Increase (Decrease) During the Year Attributable to:	
Interest Accumulation	7,154,690
Benefits Paid	(8,099,769)
Assumption Changes	(2,590,446)
Other Changes	(1,246,131)
Net Decrease	(4,781,656)
Actuarial Present Value of Accumulated Plan Benefits - End of Year	\$ 109,276,623

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

U.S. Bank National Association, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investment information reflected on the accompanying statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of February 28, 2025.

THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides 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 to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- 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 to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at February 28, 2025 and February 29, 2024.

Money Market Fund: Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish their daily net asset value (NAV) and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

Common Collective Trusts – Valued at the net asset value (NAV) of units of the bank collective trust. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. At February 28, 2025 and February 29, 2024, there were no unfunded commitments.

THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 1,123,204	\$ -	\$ -	\$ 1,123,204
Total Investments in the Fair Value Hierarchy	\$ 1,123,204	\$ -	\$ -	1,123,204
Investments Measured at Net Asset Value				115,592,221
Total Investments at Fair Value				\$ 116,715,425
	2024			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 1,287,884	\$ -	\$ -	\$ 1,287,884
Total Investments in the Fair Value Hierarchy	\$ 1,287,884	\$ -	\$ -	1,287,884
Investments Measured at Net Asset Value				117,823,885
Total Investments at Fair Value				\$ 119,111,769

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of February 28, 2025 and February 29, 2024:

Investment Type	Fair Value		Redemption Frequency	Redemption Notice Period
	2025	2024		
Common Collective Trust Funds	\$ 87,963,069	\$ 91,208,351	Daily	15 days
Common Collective Trust Funds	5,238,146	3,920,892	Daily	None
Common Collective Trust Funds	8,395,714	8,505,556	Quarterly	15 days
Common Collective Trust Funds	13,995,292	14,189,086	Monthly	10 days
Total	\$ 115,592,221	\$ 117,823,885		

NOTE 6 PLAN TERMINATION

The Plan Sponsor has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 9.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 6 PLAN TERMINATION (CONTINUED)

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or the employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitation (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 7 PLAN TAX STATUS

The Plan obtained its latest determination letter dated October 19, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

THE RITE AID PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024

NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee and the actuary. The transactions related to such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan for the investment management and trustee services for the years ended February 28, 2025 and February 29, 2024 were \$412,662 and \$381,678, respectively.

NOTE 9 SUBSEQUENT EVENTS

For the Plan year ended February 28, 2025, subsequent events were evaluated through February 13, 2026, the date the financial statements were available to be issued.

Rite Aid Corporation filed a voluntary petition for relief under Chapter 11 of the U.S. Bankruptcy Code on May 5, 2025 just eight months after emerging from a previous restructuring, leading to a complete liquidation and the closure of all remaining stores by October 2025. The Plan is not a Debtor in the Chapter 11 proceeding. The Company filed notices with the PBGC reporting, the Company failed to make their required contributions of \$628,219 due on June 15, 2025, and they would be unable to make their September 15, 2025 contribution of \$628,219 due to insufficient corporate assets to pay contribution.

The Plan sponsor bankruptcy and inability to fund contributions raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued. The PBGC issued a Notice of Determination that the Plan will be unable to pay benefits when due and that the Plan should be terminated under 29 U.S.C. §1342(c). A termination and trusteeship agreement was executed by Rite Aid Corporation and the Pension Benefit Guaranty Corporation (PBGC) on August 4, 2025. The termination and trusteeship agreement provides that the Plan is terminated effective July 31, 2025 and appoints PBGC as the trustee of the Plan effective August 4, 2025. Vested benefits are insured by the PBGC, subject to certain limitations, including a ceiling on maximum benefits payable, which may be lower than certain participants would otherwise have received. The Plan continues to operate and pay current retiree pension payments. No other events have occurred since the decision to terminate and appointment of the PGBC as trustee.

THE RITE AID PENSION PLAN
E.I.N. 23-1614034 PLAN NO. 002
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FEBRUARY 28, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		<u>Cash Equivalents:</u>		
	First American Funds	Government Obligations Fund Class Z	\$ 1,123,204	\$ 1,123,204
		<u>Common and Collective Trust Funds:</u>		
*	Aon Trust Company LLC	Aon Small & Mid Cap Equity Fund	2,089,504	3,443,228
*	Aon Trust Company LLC	Aon Large Cap Equity Index Fund	9,244,110	17,215,761
*	Aon Trust Company LLC	Aon High Yield Plus Fund	72,723	88,452
*	Aon Trust Company LLC	Aon Global Real Estate Fund	10,023	13,266
*	Aon Trust Company LLC	Aon Non-U.S. Equity Index Fund	7,047,046	9,770,691
*	Aon Trust Company LLC	Aon Long Credit Bond Fund	57,092,950	53,749,259
*	Aon Trust Company LLC	Aon Intermediate Credit Bond Fund	3,532,451	3,682,412
	NISA Investment Advisors, LLC	NISA Ultra Long Treasury CIF - Class A	2,752,942	2,298,699
	NISA Investment Advisors, LLC	NISA Ultra Mid Treasury CIF - Class A	3,493,901	2,939,447
*	Aon Trust Company LLC	Aon Core Real Estate Fund	6,441,465	8,395,714
*	Aon Trust Company LLC	Aon Multi-Asset Credit Fund	3,704,018	4,516,638
*	Aon Trust Company LLC	Aon Enhanced Liability Driven Investment Fund	8,965,497	9,478,654
		Total	<u>\$ 105,569,834</u>	<u>\$ 116,715,425</u>

* Indicates Party-in-Interest

THE RITE AID PENSION PLAN
E.I.N. 23-1614034 PLAN NO. 002
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED FEBRUARY 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets</u>								
* Aon Trust Company LLC	Aon U.S. Long Government Bond Index Fund	\$ -	\$ 8,000,000	\$ -	\$ -	\$ 8,462,904	\$ 8,000,000	\$ (462,904)
* Aon Trust Company LLC	Aon Long Credit Bond Fund	7,900,000	-	-	-	7,900,000	7,900,000	-
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
* Aon Trust Company LLC	Aon U.S. Long Government Bond Index Fund <i>3 sales</i>	-	10,406,175	-	-	11,024,361	10,406,175	(618,186)
* Aon Trust Company LLC	Aon Long Credit Bond Fund <i>5 purchases</i> <i>3 sales</i>	10,900,000	-	-	-	10,900,000	10,900,000	-
		-	6,050,000	-	-	6,410,292	6,050,000	(360,292)
First American Funds	Government Obligations Fund Class Z <i>43 purchases</i> <i>30 sales</i>	13,969,451	-	-	-	13,969,451	13,969,451	-
		-	14,134,131	-	-	14,134,131	14,134,131	-

* Indicates Party-in-Interest



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

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

All Participants

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				10	11					
35-39				10	37	3				
40-44				4	17	39	9			
45-49				7	13	53	117	14		
50-54				9	17	57	107	83	16	
55-59			1	7	21	51	100	77	60	11
60-64				8	27	45	105	76	86	67
65-69				3	8	21	61	35	33	46
70+				1	8	8	16	12	7	13

N-1,647

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

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

Cash Balance Participants Only

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						7	5			
45-49						16	51 \$1,320	4		
50-54						15	40 \$1,974	39 \$1,645	6	
55-59						16	47 \$2,436	37 \$2,261	24 \$2,463	3
60-64						19	42 \$8,385	39 \$11,109	42 \$11,345	25 \$13,428
65-69						7	14	16	15	20 \$19,092
70+						2	5	2	4	5

N-567

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of March 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.12%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of March 2024), without regard to interest rate stabilization
1st Segment Rate	4.64%
2nd Segment Rate	5.12%
3rd Segment Rate	5.10%
Salary Increases	4.50%
Cash Balance Interest Crediting Rate	3.00%
Cash Balance Annuity Conversion Rate	Same as funding interest rates above
Cash Balance Annuity Conversion Mortality	Current IRC 417(e) table for lump sums
Optional Payment Form Election Percentage	See Table 1
Lump Sum Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Lump Sum Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	<p>Males: It is assumed that 85% of males have an eligible spouse, and that males are three years older than the females.</p> <p>Females: It is assumed that 50% of females have an eligible spouse, and that males are two years older than the females.</p>
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior 24 months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	5.00%
2023 Plan Year	5.00%
2024 Plan Year	6.50% (limited to 5.59%)
Trust Expenses Included in Target Normal Cost	\$1,800,000 which equal to the previous year's actual expenses rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	March 1, 2024

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Decrement Optional Form Election Assumption

Annex A and Annex B

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	0%	40%	60%	0%
Female Actives	0%	85%	0%	15%
Male Term Vested	0%	40%	60%	0%
Female Term Vested	0%	85%	0%	15%
Deaths	0%	100%	0%	0%

Annex C and Annex D

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	75%	10%	15%	0%
Female Actives	75%	20%	0%	5%
Male Term Vested	75%	10%	15%	0%
Female Term Vested	75%	20%	0%	5%
Deaths	100%	0%	0%	0%

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 2

Retirement Rates

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	16.00%
63	12.00%
64	19.00%
65	26.00%
66	26.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 3

Select Withdrawal Rates

Years of Service	Rate
0	30.0%
1	28.0%
2	26.0%
3	23.0%
4	22.0%
5	20.0%
6	19.0%

Ultimate Withdrawal Rates

Age	Rate	Age	Rate
20	20.0%	45	7.0%
21	20.0%	46	7.0%
22	20.0%	47	7.0%
23	20.0%	48	6.0%
24	20.0%	49	6.0%
25	22.0%	50	7.0%
26	21.0%	51	7.0%
27	20.0%	52	7.0%
28	18.0%	53	7.0%
29	17.0%	54	7.0%
30	13.0%	55	7.0%
31	12.0%	56	7.0%
32	11.0%	57	7.0%
33	10.0%	58	7.0%
34	9.0%	59	7.0%
35	8.0%	60	8.0%
36	8.0%	61	8.0%
37	8.0%	62	8.0%
38	7.0%	63	4.0%
39	7.0%	64	2.0%
40	7.0%	65+	0.0%
41	7.0%		
42	7.0%		
43	7.0%		
44	7.0%		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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

2024

Department of Labor
Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- 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.) [X] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [X] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE RITE AID PENSION PLAN
1b Three-digit plan number (PN) 002
1c Effective date of plan 03/31/1965
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) RITE AID CORPORATION P.O. Box 3165 Harrisburg PA 17105
2b Employer Identification Number (EIN) 23-1614034
2c Plan Sponsor's telephone number 717-761-2633
2d Business code (see instructions) 446110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes handwritten signature and date 2-18-2024 for Eric Kaup.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6,308
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) 1,647 6a(2) 884 6b 3,054 6c 1,691 6d 5,629 6e 347 6f 5,976 6g(1) 6g(2) 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1B 1C

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

9a Plan funding arrangement (check all that apply) (1) <input 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____

Plan Name	THE RITE AID PENSION PLAN
Plan Sponsor EIN	23-1614034
ERISA Plan No.	002
Plan Year End	2/28/2025

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE RITE AID PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RITE AID CORPORATION	D Employer Identification Number (EIN) 23-1614034	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>03</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	119,545,097	
b Actuarial value	2b	120,381,921	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,294	76,527,405	76,527,405
b For terminated vested participants	1,367	26,620,982	26,620,982
c For active participants	1,647	20,344,593	20,563,231
d Total	6,308	123,492,980	123,711,618
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.25%	
6 Target normal cost			
a Present value of current plan year accruals	6a	175,614	
b Expected plan-related expenses	6b	1,800,000	
c Target normal cost	6c	1,975,614	

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

SIGN HERE	RYAN C. DUFFY Signature of actuary	<u>11/10/2025</u> Date
	<u>RYAN C. DUFFY</u> Type or print name of actuary	<u>2308973</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>973-463-6219</u> Telephone number (including area code)
	<u>MSC# 17457, Aon PO Box 6718 SOMMERSET NJ 08875</u> Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,975,614	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,831,242	537,259	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	2,512,873	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,501,545	2,501,545
36 Additional cash requirement (line 34 minus line 35).....	36	11,328	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	11,328	
40 Unpaid minimum required contributions for all years	40	11,328	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	7.00%	0.9000	3.56
57.5	7.00%	0.8370	3.37
58.5	7.00%	0.7784	3.19
59.5	7.00%	0.7239	3.02
60.5	10.00%	0.6732	4.07
61.5	10.00%	0.6059	3.73
62.5	16.00%	0.5453	5.45
63.5	12.00%	0.4581	3.49
64.5	19.00%	0.4031	4.94
65.5	26.00%	0.3265	5.56
66.5	26.00%	0.2416	4.18
67.5	20.00%	0.1788	2.41
68.5	20.00%	0.1430	1.96
69.5	20.00%	0.1144	1.59
70.5	20.00%	0.0915	1.29
71.5	20.00%	0.0732	1.05
72.5	20.00%	0.0586	0.85
73	100.00%	0.0469	3.42
Weighted Average			62.68

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected expenses from \$1,600,000 in 2023 to \$1,800,000 in 2024.
- A change in the mortality assumption for lump sum payments from the 2023 plan year 417(e)(3) mortality table to the 2024 plan year 417(e)(3) mortality table.
- A change in the mortality assumption for cash balance annuity conversion from the 2023 plan year 417(e)(3) mortality table to the 2024 plan year 417(e)(3) mortality table.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

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

All Participants

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				10	11					
35-39				10	37	3				
40-44				4	17	39	9			
45-49				7	13	53	117	14		
50-54				9	17	57	107	83	16	
55-59			1	7	21	51	100	77	60	11
60-64				8	27	45	105	76	86	67
65-69				3	8	21	61	35	33	46
70+				1	8	8	16	12	7	13

N-1,647

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

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

Cash Balance Participants Only

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						7	5			
45-49						16	51 \$1,320	4		
50-54						15	40 \$1,974	39 \$1,645	6	
55-59						16	47 \$2,436	37 \$2,261	24 \$2,463	3
60-64						19	42 \$8,385	39 \$11,109	42 \$11,345	25 \$13,428
65-69						7	14	16	15	20 \$19,092
70+						2	5	2	4	5

N-567

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	908,640	2,455,754	7,932,618	11,297,012
2025	868,267	915,756	7,641,585	9,425,608
2026	1,012,929	1,023,700	7,356,513	9,393,142
2027	1,062,881	1,031,689	7,073,548	9,168,118
2028	1,181,931	1,204,659	6,789,946	9,176,536
2029	1,233,340	1,236,320	6,509,262	8,978,922
2030	1,319,722	1,345,956	6,215,944	8,881,622
2031	1,394,175	1,472,689	5,926,633	8,793,497
2032	1,397,833	1,592,607	5,630,471	8,620,911
2033	1,444,286	1,599,846	5,331,765	8,375,897
2034	1,494,223	1,784,620	5,031,687	8,310,530
2035	1,477,542	1,832,627	4,741,523	8,051,692
2036	1,480,357	1,875,215	4,455,776	7,811,348
2037	1,497,147	1,905,423	4,162,400	7,564,970
2038	1,495,094	1,953,398	3,871,888	7,320,380
2039	1,493,117	1,961,403	3,589,613	7,044,133
2040	1,488,653	1,961,883	3,316,568	6,767,104
2041	1,470,558	1,953,340	3,049,453	6,473,351
2042	1,450,459	1,958,505	2,789,370	6,198,334
2043	1,422,597	1,951,746	2,537,417	5,911,760
2044	1,389,324	1,939,886	2,294,691	5,623,901
2045	1,351,258	1,899,732	2,062,269	5,313,259
2046	1,312,399	1,847,045	1,841,200	5,000,644
2047	1,267,462	1,801,632	1,632,456	4,701,550
2048	1,215,561	1,745,479	1,436,897	4,397,937
2049	1,160,224	1,687,544	1,255,228	4,102,996
2050	1,101,814	1,630,968	1,087,980	3,820,762
2051	1,042,408	1,561,079	935,470	3,538,957
2052	993,514	1,503,383	797,785	3,294,682
2053	935,975	1,426,235	674,782	3,036,992
2054	875,267	1,346,591	566,086	2,787,944
2055	815,048	1,270,293	471,113	2,556,454
2056	752,940	1,185,481	389,088	2,327,509
2057	692,199	1,103,258	319,080	2,114,537
2058	635,717	1,019,928	260,041	1,915,686

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	579,347	937,314	210,850	1,727,511
2060	526,164	856,788	170,357	1,553,309
2061	476,019	778,945	137,416	1,392,380
2062	429,077	704,330	110,929	1,244,336
2063	385,496	633,420	89,866	1,108,782
2064	345,234	566,609	73,289	985,132
2065	308,260	504,183	60,362	872,805
2066	274,493	446,327	50,363	771,183
2067	243,757	393,128	42,673	679,558
2068	215,913	344,573	36,781	597,267
2069	190,778	300,582	32,268	523,628
2070	168,161	261,007	28,797	457,965
2071	147,866	225,639	26,107	399,612
2072	129,702	194,231	23,992	347,925
2073	113,480	166,501	22,296	302,277

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 5,831,242	March 1, 2024	15	\$ 537,259

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of March 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.12%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of March 2024), without regard to interest rate stabilization
1st Segment Rate	4.64%
2nd Segment Rate	5.12%
3rd Segment Rate	5.10%
Salary Increases	4.50%
Cash Balance Interest Crediting Rate	3.00%
Cash Balance Annuity Conversion Rate	Same as funding interest rates above
Cash Balance Annuity Conversion Mortality	Current IRC 417(e) table for lump sums
Optional Payment Form Election Percentage	See Table 1
Lump Sum Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Lump Sum Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	<p>Males: It is assumed that 85% of males have an eligible spouse, and that males are three years older than the females.</p> <p>Females: It is assumed that 50% of females have an eligible spouse, and that males are two years older than the females.</p>
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior 24 months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	5.00%
2023 Plan Year	5.00%
2024 Plan Year	6.50% (limited to 5.59%)
Trust Expenses Included in Target Normal Cost	\$1,800,000 which equal to the previous year's actual expenses rounded to the nearest \$100,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	March 1, 2024

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Decrement Optional Form Election Assumption

Annex A and Annex B

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	0%	40%	60%	0%
Female Actives	0%	85%	0%	15%
Male Term Vested	0%	40%	60%	0%
Female Term Vested	0%	85%	0%	15%
Deaths	0%	100%	0%	0%

Annex C and Annex D

Status	Lump Sum	Life Annuity	100% J&S	50% J&S
Male Actives	75%	10%	15%	0%
Female Actives	75%	20%	0%	5%
Male Term Vested	75%	10%	15%	0%
Female Term Vested	75%	20%	0%	5%
Deaths	100%	0%	0%	0%

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Table 2

Retirement Rates

Age	Rate
55	10.00%
56	7.00%
57	7.00%
58	7.00%
59	7.00%
60	10.00%
61	10.00%
62	16.00%
63	12.00%
64	19.00%
65	26.00%
66	26.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	20.00%
73+	100.00%

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
 EIN: 23-1614034 PN: 002

Table 3

Select Withdrawal Rates

Years of Service	Rate
0	30.0%
1	28.0%
2	26.0%
3	23.0%
4	22.0%
5	20.0%
6	19.0%

Ultimate Withdrawal Rates

Age	Rate	Age	Rate
20	20.0%	45	7.0%
21	20.0%	46	7.0%
22	20.0%	47	7.0%
23	20.0%	48	6.0%
24	20.0%	49	6.0%
25	22.0%	50	7.0%
26	21.0%	51	7.0%
27	20.0%	52	7.0%
28	18.0%	53	7.0%
29	17.0%	54	7.0%
30	13.0%	55	7.0%
31	12.0%	56	7.0%
32	11.0%	57	7.0%
33	10.0%	58	7.0%
34	9.0%	59	7.0%
35	8.0%	60	8.0%
36	8.0%	61	8.0%
37	8.0%	62	8.0%
38	7.0%	63	4.0%
39	7.0%	64	2.0%
40	7.0%	65+	0.0%
41	7.0%		
42	7.0%		
43	7.0%		
44	7.0%		

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Annex A: Dollar Times Service Locations

Effective Date and Plan Year

March 31, 1965. Effective as of February 28, 2002, the Rite Aid Corporation was merged with, and became a part of, Annex A to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rack Rite Distributors, Inc.;
- Rite Aid Corporation on a non-administrative basis;
- Rite Aid of Pennsylvania, Inc. and are covered by a collective bargaining agreement between the employer and Local #1776 of the Retail Store Employees Union;
- Rite Aid of Pennsylvania, Inc. in the Reading, PA area;
- Rite Aid Rome Distribution Center, Inc. on a non-managerial, non-supervisory basis;
- Rite Aid West Virginia Distribution Center on a non-managerial, non-supervisory basis;
- Rite Aid of Florida, Inc., either as a store employee or as a distribution center employee, on a non-managerial, non-supervisory basis;
- Rite Aid Virginia, Inc. as a pharmacist and are covered by a collective bargaining agreement between the employer and Local #400 of the UFCW;
- Rite Aid of Virginia, Inc. either as a distribution center employee on a non-managerial, non-supervisory basis or as an employee who formerly participated in the predecessor Gray Drug plan;
- Rite Aid of Michigan, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of Kentucky, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of South Carolina, Inc., either as a store employee or as a distribution center employee, on a non-union, non-managerial, non-supervisory basis;

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

- Rite Aid of Maine, Inc., Rite Aid of New Hampshire, or Rite Aid of Vermont, Inc., either as an hourly paid employee or as an assistant store manager;
- Rite Aid of Ohio, Inc. on a non-union, non-managerial, non-supervisory basis;
- Pontiac Michigan Distribution Center (Local 614) on or after May 1, 2005;
- Rite Aid of Ohio, Inc. Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan. With the exception of Rite Aid of Ohio, Inc hired before January 1, 2013.

Effective December 31, 2012, employees of Rite Aid Ohio, L.L.C. hired before January 1, 2013 that were fully vested or partially vested under the NW Ohio Plan as of December 31, 2011 or hired during 2012 but not eligible for the NW Ohio Plan due to the cessation of the employer's obligation to contribute to that plan, shall be eligible to be covered under the Rite Aid Pension Plan.

Effective April 1, 2013, employees of Rite Aid of Ohio, L.L.C. hired before April 1, 2013 that were fully vested or partially vested under the Central Ohio Plan as of March 31, 2013, shall be eligible to be covered under the Rite Aid Pension Plan.

Normal Retirement

Eligibility

Age 65 and five years of service.

Benefit

A participant's annual accrued benefit is equal to a dollar amount for each year of benefit service earned from a specified start date (if applicable) and subject to the benefit service cap (if applicable). The table shown below summarizes the dollar amounts and specified dates for each participating group.

Effective January 1, 2002, only grandfathered members shall continue to accrue a benefit. With the exception of Rite Aid of Ohio, Inc union employees hired before January 1, 2013.

Effective December 31, 2014 all benefit accruals were frozen for Local #1776.

Effective December 31, 2015 all benefit accruals were frozen for Local #614.

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Participating Group	Service Annual Multiplier	Benefit Start Date	Service Cap
Rack Rite Distributors	\$240 ¹	3/1/1997	N/A
Rack Aid Corporation	192	N/A	N/A
Rite Aid of Pennsylvania (Reading)	180	N/A	N/A
Rite Aid of Pennsylvania (all other)	180	N/A	N/A
Rite Aid Rome Distribution Center	420	N/A	N/A
Rite Aid West Virginia Distribution Center	420	N/A	N/A
Rite Aid of Florida	84	3/1/1987	30 years
Rite Aid Virginia (pharmacists)	240	3/1/1982	N/A
Rite Aid Virginia (all other)	84	6/1/1987	N/A
Rite Aid of Michigan	84	N/A	30 years
Rite Aid of Kentucky	84	4/30/1988	30 years
Rite Aid of South Carolina	84	N/A	N/A ²
Rite Aid of Maine	96	N/A	30 years
Rite Aid of New Hampshire	96	N/A	30 years
Rite Aid of Vermont	96	N/A	30 years
Rite Aid of Ohio	84	6/1/1987 ³	N/A
Pontiac Distribution Center (Local 614) ⁴	240	N/A	N/A
Rite Aid of Ohio (union) ⁵		162	1/1/2012
	NA		

¹ Years of benefit service before March 1, 1997 have a multiplier of \$180.

² Store employees have a 30 year benefit service cap but distribution center employees have no cap.

³ For former participants of the People's Drug, Inc. Retirement Plan, the amount of pension earned under the prior plan is added to the pension accrued under this plan.

⁴ Participants of Local 614 who are in the job category of "semi-driver" who complete one hour of service on or after June 3, 2007 will be eligible for an annual multiplier of \$324.

⁵ Former participants of the NW Ohio Plan or the Central Ohio Plan also have an annual multiplier of \$162. Such participants that were not fully vested in the NW Ohio Plan or the Central Ohio Plan are also entitled to the benefit accrued under that plan as of January 1, 2013 or April 1, 2013 respectively.

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Early Retirement

Eligibility

ADAP, Rite Aid of Florida, Rite Aid of Michigan, Rite Aid of Kentucky, or Rite Aid of South Carolina – Age 62 and five years of service.

Aid of Virginia – Age 60 and five years of service.

For all other participants – Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

A participant of Local 614 is eligible to receive an unreduced benefit upon retirement from active status after attainment of age 60 and five years of vesting service.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's vested accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% Interest rate (see table of factors at end of appendix).

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Definitions

Grandfathered Member

A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

Employee Contributions

The plan may accept mandatory contributions made by former Lane Drug Stores participants to the People's Drug Stores, Inc. Retirement Plan.

Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

A special exception applies for employees who first became eligible to participate in the Rite Aid Corporation Pension Plan on September 29, 1998 as a result of the collective bargaining agreement with Local #1776 of the Retail Store Employees Union. These employees shall be credited with two years of service starting 1999 until their benefit service equals their vesting service.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

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Annex B: Pay-Related Locations

Effective Date

November 1, 1952. Effective as of February 28, 2002, the Rite Aid Corporation Defined Benefit Retirement Plan was merged with, and became a part of, Annex B to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Defined Benefit Retirement employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rite Aid of New York, Inc. or Rite Aid Corporation and were formerly employed by Daw Drug Company, Inc. on July 31, 1969;
- Rite Aid of New York, Inc. and are covered by a collective bargaining agreement between the employer and either Local #1 or Local #23 of the UFCW;
- Rite of Maryland, Inc. on a non-managerial, non-professional basis;
- Rite Aid of Maryland, Inc. on a managerial or professional basis and were participating in the plan on January 1, 1978;
- Rite Aid of West Virginia, Inc. or Rite Aid Corporation and were formerly employed by Cohen Drug Company, Inc. on June 30, 1971; or
- Rite Aid of West Virginia, Inc. and are covered by a collective bargaining agreement between the employer and retail, Wholesale and Department Store Employees Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility and future benefit accruals were frozen for employees of Rite Aid of West Virginia.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

For Rite Aid of New York, a participant's annual accrued benefit is equal to the greater of (a) or (b), subject to an overall maximum of 8,400 (\$9600 for Local #1):

- (1) The sum of the following:

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- (a) December 31, 1988 accrued benefit; plus
 - (b) 0.50% of calendar-year compensation for each year of benefit service after 1988; plus
 - (c) 0.50% of calendar-year compensation in excess of the integration level for each year of benefit service after 1988 (up to 35 years).
- (2) \$120 (\$144 for Local #1) for each of the first five years of benefit service and \$144 (\$168 for Local #1) for each of the next five years.

For Rite Aid of Maryland, a participant's annual accrued benefit is equal to the greater of (1) or (2):

- (1) The sum of the following:
- (a) December 31, 1988 accrued benefit; plus
 - (b) 0.75% of compensation up to SS integration level for each year of benefit service after 1988; plus
 - (c) 0.50% of compensation in excess of the Integration Level for each year of benefit service after 1988 (up to 35 years).
- (2) The actuarial equivalent of a participant's prior profit sharing account.

For Rite Aid of West Virginia, a participant's annual accrued benefit is equal to the greatest of (1), (2), or (3), subject to an overall maximum of \$7,200:

- (1) The sum of the following:
- (a) 0.375% of average annual compensation multiplied by years of benefit service through December 31, 2011; plus
 - (b) 0.375% of average annual compensation in excess of \$6,600 multiplied by years of benefit service through December 31, 2011 (up to 35 years).
- (2) The pension accrued to December 31, 1988.
- (3) Minimum Benefit: \$180 (\$192 for RWDSU Participants) for each year of benefit service through December 31, 2011.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

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Effective December 31, 2011, future eligibility was frozen for employees of Rite Aid of West Virginia. A participant's accrued benefit payable as of his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Rite Aid of New York or Rite Aid of West Virginia – Age 60 and five years of service.

For all other participants – Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The greater of a participant's accrued benefit at his or her late retirement date or the actuarially increased value of the benefit at the end of the prior calendar year, payable immediately.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Surviving Spouse

Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

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Normal Form of Annuity

Without Spouse

Life annuity. For Rite Aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Preretirement Death

Eligibility

Death of a participant who has been married for at least one year and is vested.

Benefit

50% of the benefits to which a participant would be entitled had he/she terminated employment on his or her date of death (in case of a death from active status), elected payments at his or her earliest retirement date in the form of a joint and survivor annuity, survived to his or her earliest retirement date, and died immediately thereafter.

Alternatively, a surviving spouse can elect to defer commencement of this benefit to the participant's normal retirement date. Also if prior to his or her death the participant had elected a joint and survivor annuity with a different benefit continuation percentage, then that percentage will apply.

For Rite Aid Maryland, former participants in the Read Drug profit sharing plan receive the greater of the lump sum value of the preretirement surviving spouse benefit described above or the prior profit sharing account. The prior profit sharing account is payable to the participant's designated beneficiary, with any excess preretirement surviving spouse benefit being payable to the participant's surviving spouse.

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Postretirement Death

Eligibility Retired former participant in the Read Drug profit sharing plan.

Benefit The designated beneficiary of a former participant in the Read Drug profit sharing plan is eligible to receive a postretirement death benefit to the extent any unpaid account balance remains at the time of his or her death.

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate (see table of factors at end of section).

Definitions

Average Annual Compensation The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Pension Benefit Service A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.
Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Pension Qualification Service A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Integration Level The integration level in effect for each calendar year equals the covered compensation for an individual who attains social security retirement age during such year.

Average Annual Compensation The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Grandfathered member, a participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

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Annex C: Cash Balance Locations

Effective Date

January 1, 1997. Effective as of February 28, 2002, the Rite Aid Corporation Cash Balance Pension Plan was merged with, and became a part of, Annex C to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Cash Balance Pension Plan employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

All non-union, non-managerial, non-supervisory employees who:

- Attained age 21 and completed one year of eligibility service (1,000 hours); and
- Are not classified as “highly compensated employees” as defined in IRC section 414(q) under IRS regulations; and
- Are employed by either West Coast Distribution Centers, the West Coast Stores, the Maryland Distribution Center, or the Virginia Carpenter Shop.

Effective December 31, 2001, no non-grandfathered members shall first participate in the plan.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her early retirement date, payable immediately.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her late retirement date, payable immediately.

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Vested Termination

Eligibility	Three years of vesting service.
Benefit	The actuarial equivalent of the participant's accumulated cash balance account at his or her late retirement date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date.

Surviving Spouse

Eligibility	Five years of vesting service. Participant and spouse must be married for the one year period prior to death.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.

Form of Annuity

Without Spouse	Life annuity. For Rite aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.
With Spouse	Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Grandfathered Member A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Was active on January 1, 1997 with at least 15 years of vesting service.

Employee Contributions

None.

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Credited Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Accrued Benefit

A cash balance account shall be maintained for each participant subject to the following:

- A contribution is credited to the cash balance account as of the last day of each plan year in which an eligible participant completes 1,000 hours of service as shown in the table of contribution credits.
- There is a special transition rule for West Coast Distribution Center and West Coast Store participants who had completed 15 years of vesting service as of January 1, 1997. For these participants the contribution credited to the cash balance account each plan year equals the contribution credit times the service multiplier, as shown in the table of service multipliers.
- Interest is credited to the cash balance account at the end of each month, at a fixed rate for each calendar year. The annualized interest credit rate is equal to the lesser of 8% or the applicable interest rate under IRC section 417(e)(3)(A)(ii)(II) determined for the month of January for each such calendar year.

Effective January 1, 2012, only grandfathered members shall receive a contribution credit. All Rite Aid Stores which are located in one of the following States: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming.

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Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$125	44	\$359
22	\$125	45	\$377
23	\$129	46	\$396
24	\$135	47	\$416
25	\$142	48	\$436
26	\$149	49	\$458
27	\$157	50	\$481
28	\$164	51	\$505
29	\$173	52	\$530
30	\$181	53	\$557
31	\$190	54	\$585
32	\$200	55	\$614
33	\$210	56	\$645
34	\$220	57	\$677
35	\$231	58	\$711
36	\$243	59	\$746
37	\$255	60	\$784
38	\$268	61	\$823
39	\$281	62	\$864
40	\$295	63	\$907
41	\$310	64	\$952
42	\$326	65 or Over	\$1,000
43	\$342		

All Rite Aid's distribution centers located in one of the following States:

- Rite Aid Distribution Center in Wilsonville, Oregon
- Rite Aid Distribution Center in Ogden, Utah
- Rite Aid Distribution Center in Woodland, California
- Rite Aid Distribution Center in Lancaster, California
- Rite Aid Distribution Center in Perryman, Maryland
- Rite Aid Distribution Center in Winchester, Virginia

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Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$250	44	\$646
22	\$250	45	\$678
23	\$250	46	\$712
24	\$250	47	\$748
25	\$256	48	\$785
26	\$268	49	\$825
27	\$282	50	\$866
28	\$296	51	\$909
29	\$311	52	\$955
30	\$326	53	\$1,002
31	\$343	54	\$1,052
32	\$360	55	\$1,105
33	\$378	56	\$1,160
34	\$397	57	\$1,218
35	\$417	58	\$1,279
36	\$437	59	\$1,343
37	\$459	60	\$1,410
38	\$482	61	\$1,481
39	\$506	62	\$1,555
40	\$532	63	\$1,633
41	\$558	64	\$1,714
42	\$586	65 or Over	\$1,800
43	\$615		

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Annex D: Former Thrifty PayLess, Inc. Employees

Effective Date	GRIP – January 1, 1997 and C&P–September 1, 1974. Effective as of February 28, 2002, the Thrifty PayLess, Inc Pension Plan was merged with, and became a part of, Annex D to The Rite Aid Pension Plan. The Pension Plan for Former Thrifty PayLess, Inc. employees of Rite Aid was amended and restated on January 1, 2010.
Eligibility for Participation	Effective December 31, 1993, participation in the plan was frozen for GRIP participants. Effective December 31, 1994, participation was frozen for the C&P Plan. As of December 1, 1995, all participants of the C&P Plan were merged into this plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	A participant's frozen accrued benefit payable as of his or her normal retirement date, payable immediately.
Early Retirement	
Eligibility	GRIP – Age 55 and completion of 10 years vesting service. C&P – No early retirement provision.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 5/9% for each month the benefit commences before age 65 up to 60 months, and 5/18% for each month the benefit commences before you reach age 65 in excess of 60 months.
Late Retirement	
Eligibility	Participant who remains employed after normal retirement.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially increased to reflect the deferred payments of benefits.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

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Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity

Joint and 50% survivor annuity

Joint and 75% survivor annuity

Joint and 100% survivor annuity

120-months certain and life

120-months certain only

Lump sum

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Benefit Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	10.00%	1.0000	5.55
56.5	7.00%	0.9000	3.56
57.5	7.00%	0.8370	3.37
58.5	7.00%	0.7784	3.19
59.5	7.00%	0.7239	3.02
60.5	10.00%	0.6732	4.07
61.5	10.00%	0.6059	3.73
62.5	16.00%	0.5453	5.45
63.5	12.00%	0.4581	3.49
64.5	19.00%	0.4031	4.94
65.5	26.00%	0.3265	5.56
66.5	26.00%	0.2416	4.18
67.5	20.00%	0.1788	2.41
68.5	20.00%	0.1430	1.96
69.5	20.00%	0.1144	1.59
70.5	20.00%	0.0915	1.29
71.5	20.00%	0.0732	1.05
72.5	20.00%	0.0586	0.85
73	100.00%	0.0469	3.42
Weighted Average			62.68

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	908,640	2,455,754	7,932,618	11,297,012
2025	868,267	915,756	7,641,585	9,425,608
2026	1,012,929	1,023,700	7,356,513	9,393,142
2027	1,062,881	1,031,689	7,073,548	9,168,118
2028	1,181,931	1,204,659	6,789,946	9,176,536
2029	1,233,340	1,236,320	6,509,262	8,978,922
2030	1,319,722	1,345,956	6,215,944	8,881,622
2031	1,394,175	1,472,689	5,926,633	8,793,497
2032	1,397,833	1,592,607	5,630,471	8,620,911
2033	1,444,286	1,599,846	5,331,765	8,375,897
2034	1,494,223	1,784,620	5,031,687	8,310,530
2035	1,477,542	1,832,627	4,741,523	8,051,692
2036	1,480,357	1,875,215	4,455,776	7,811,348
2037	1,497,147	1,905,423	4,162,400	7,564,970
2038	1,495,094	1,953,398	3,871,888	7,320,380
2039	1,493,117	1,961,403	3,589,613	7,044,133
2040	1,488,653	1,961,883	3,316,568	6,767,104
2041	1,470,558	1,953,340	3,049,453	6,473,351
2042	1,450,459	1,958,505	2,789,370	6,198,334
2043	1,422,597	1,951,746	2,537,417	5,911,760
2044	1,389,324	1,939,886	2,294,691	5,623,901
2045	1,351,258	1,899,732	2,062,269	5,313,259
2046	1,312,399	1,847,045	1,841,200	5,000,644
2047	1,267,462	1,801,632	1,632,456	4,701,550
2048	1,215,561	1,745,479	1,436,897	4,397,937
2049	1,160,224	1,687,544	1,255,228	4,102,996
2050	1,101,814	1,630,968	1,087,980	3,820,762
2051	1,042,408	1,561,079	935,470	3,538,957
2052	993,514	1,503,383	797,785	3,294,682
2053	935,975	1,426,235	674,782	3,036,992
2054	875,267	1,346,591	566,086	2,787,944
2055	815,048	1,270,293	471,113	2,556,454
2056	752,940	1,185,481	389,088	2,327,509
2057	692,199	1,103,258	319,080	2,114,537
2058	635,717	1,019,928	260,041	1,915,686

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	579,347	937,314	210,850	1,727,511
2060	526,164	856,788	170,357	1,553,309
2061	476,019	778,945	137,416	1,392,380
2062	429,077	704,330	110,929	1,244,336
2063	385,496	633,420	89,866	1,108,782
2064	345,234	566,609	73,289	985,132
2065	308,260	504,183	60,362	872,805
2066	274,493	446,327	50,363	771,183
2067	243,757	393,128	42,673	679,558
2068	215,913	344,573	36,781	597,267
2069	190,778	300,582	32,268	523,628
2070	168,161	261,007	28,797	457,965
2071	147,866	225,639	26,107	399,612
2072	129,702	194,231	23,992	347,925
2073	113,480	166,501	22,296	302,277

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, Part V – Summary of Plan Provisions

Annex A: Dollar Times Service Locations

Effective Date and Plan Year

March 31, 1965. Effective as of February 28, 2002, the Rite Aid Corporation was merged with, and became a part of, Annex A to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rack Rite Distributors, Inc.;
- Rite Aid Corporation on a non-administrative basis;
- Rite Aid of Pennsylvania, Inc. and are covered by a collective bargaining agreement between the employer and Local #1776 of the Retail Store Employees Union;
- Rite Aid of Pennsylvania, Inc. in the Reading, PA area;
- Rite Aid Rome Distribution Center, Inc. on a non-managerial, non-supervisory basis;
- Rite Aid West Virginia Distribution Center on a non-managerial, non-supervisory basis;
- Rite Aid of Florida, Inc., either as a store employee or as a distribution center employee, on a non-managerial, non-supervisory basis;
- Rite Aid Virginia, Inc. as a pharmacist and are covered by a collective bargaining agreement between the employer and Local #400 of the UFCW;
- Rite Aid of Virginia, Inc. either as a distribution center employee on a non-managerial, non-supervisory basis or as an employee who formerly participated in the predecessor Gray Drug plan;
- Rite Aid of Michigan, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of Kentucky, Inc. on a non-union, non-managerial, non-supervisory basis;
- Rite Aid of South Carolina, Inc., either as a store employee or as a distribution center employee, on a non-union, non-managerial, non-supervisory basis;

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
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- Rite Aid of Maine, Inc., Rite Aid of New Hampshire, or Rite Aid of Vermont, Inc., either as an hourly paid employee or as an assistant store manager;
- Rite Aid of Ohio, Inc. on a non-union, non-managerial, non-supervisory basis;
- Pontiac Michigan Distribution Center (Local 614) on or after May 1, 2005;
- Rite Aid of Ohio, Inc. Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan. With the exception of Rite Aid of Ohio, Inc hired before January 1, 2013.

Effective December 31, 2012, employees of Rite Aid Ohio, L.L.C. hired before January 1, 2013 that were fully vested or partially vested under the NW Ohio Plan as of December 31, 2011 or hired during 2012 but not eligible for the NW Ohio Plan due to the cessation of the employer's obligation to contribute to that plan, shall be eligible to be covered under the Rite Aid Pension Plan.

Effective April 1, 2013, employees of Rite Aid of Ohio, L.L.C. hired before April 1, 2013 that were fully vested or partially vested under the Central Ohio Plan as of March 31, 2013, shall be eligible to be covered under the Rite Aid Pension Plan.

Normal Retirement

Eligibility

Age 65 and five years of service.

Benefit

A participant's annual accrued benefit is equal to a dollar amount for each year of benefit service earned from a specified start date (if applicable) and subject to the benefit service cap (if applicable). The table shown below summarizes the dollar amounts and specified dates for each participating group.

Effective January 1, 2002, only grandfathered members shall continue to accrue a benefit. With the exception of Rite Aid of Ohio, Inc union employees hired before January 1, 2013.

Effective December 31, 2014 all benefit accruals were frozen for Local #1776.

Effective December 31, 2015 all benefit accruals were frozen for Local #614.

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
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Participating Group	Service Annual Multiplier	Benefit Start Date	Service Cap
Rack Rite Distributors	\$240 ¹	3/1/1997	N/A
Rack Aid Corporation	192	N/A	N/A
Rite Aid of Pennsylvania (Reading)	180	N/A	N/A
Rite Aid of Pennsylvania (all other)	180	N/A	N/A
Rite Aid Rome Distribution Center	420	N/A	N/A
Rite Aid West Virginia Distribution Center	420	N/A	N/A
Rite Aid of Florida	84	3/1/1987	30 years
Rite Aid Virginia (pharmacists)	240	3/1/1982	N/A
Rite Aid Virginia (all other)	84	6/1/1987	N/A
Rite Aid of Michigan	84	N/A	30 years
Rite Aid of Kentucky	84	4/30/1988	30 years
Rite Aid of South Carolina	84	N/A	N/A ²
Rite Aid of Maine	96	N/A	30 years
Rite Aid of New Hampshire	96	N/A	30 years
Rite Aid of Vermont	96	N/A	30 years
Rite Aid of Ohio	84	6/1/1987 ³	N/A
Pontiac Distribution Center (Local 614) ⁴	240	N/A	N/A
Rite Aid of Ohio (union) ⁵		162	1/1/2012
	NA		

¹ Years of benefit service before March 1, 1997 have a multiplier of \$180.

² Store employees have a 30 year benefit service cap but distribution center employees have no cap.

³ For former participants of the People's Drug, Inc. Retirement Plan, the amount of pension earned under the prior plan is added to the pension accrued under this plan.

⁴ Participants of Local 614 who are in the job category of "semi-driver" who complete one hour of service on or after June 3, 2007 will be eligible for an annual multiplier of \$324.

⁵ Former participants of the NW Ohio Plan or the Central Ohio Plan also have an annual multiplier of \$162. Such participants that were not fully vested in the NW Ohio Plan or the Central Ohio Plan are also entitled to the benefit accrued under that plan as of January 1, 2013 or April 1, 2013 respectively.

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Early Retirement

Eligibility

ADAP, Rite Aid of Florida, Rite Aid of Michigan, Rite Aid of Kentucky, or Rite Aid of South Carolina – Age 62 and five years of service.

Aid of Virginia – Age 60 and five years of service.

For all other participants – Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

A participant of Local 614 is eligible to receive an unreduced benefit upon retirement from active status after attainment of age 60 and five years of vesting service.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's vested accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Normal Form of Annuity

Without Spouse

Single life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% Interest rate (see table of factors at end of appendix).

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Definitions

Grandfathered Member

A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

Employee Contributions

The plan may accept mandatory contributions made by former Lane Drug Stores participants to the People's Drug Stores, Inc. Retirement Plan.

Benefit Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

A special exception applies for employees who first became eligible to participate in the Rite Aid Corporation Pension Plan on September 29, 1998 as a result of the collective bargaining agreement with Local #1776 of the Retail Store Employees Union. These employees shall be credited with two years of service starting 1999 until their benefit service equals their vesting service.

Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

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Annex B: Pay-Related Locations

Effective Date

November 1, 1952. Effective as of February 28, 2002, the Rite Aid Corporation Defined Benefit Retirement Plan was merged with, and became a part of, Annex B to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Defined Benefit Retirement employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

Employees who are not covered under another retirement plan to which Rite Aid contributes, and who are employed by:

- Rite Aid of New York, Inc. or Rite Aid Corporation and were formerly employed by Daw Drug Company, Inc. on July 31, 1969;
- Rite Aid of New York, Inc. and are covered by a collective bargaining agreement between the employer and either Local #1 or Local #23 of the UFCW;
- Rite of Maryland, Inc. on a non-managerial, non-professional basis;
- Rite Aid of Maryland, Inc. on a managerial or professional basis and were participating in the plan on January 1, 1978;
- Rite Aid of West Virginia, Inc. or Rite Aid Corporation and were formerly employed by Cohen Drug Company, Inc. on June 30, 1971; or
- Rite Aid of West Virginia, Inc. and are covered by a collective bargaining agreement between the employer and retail, Wholesale and Department Store Employees Union.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

Effective December 31, 2011, future eligibility and future benefit accruals were frozen for employees of Rite Aid of West Virginia.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

For Rite Aid of New York, a participant's annual accrued benefit is equal to the greater of (a) or (b), subject to an overall maximum of 8,400 (\$9600 for Local #1):

- (1) The sum of the following:

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- (a) December 31, 1988 accrued benefit; plus
 - (b) 0.50% of calendar-year compensation for each year of benefit service after 1988; plus
 - (c) 0.50% of calendar-year compensation in excess of the integration level for each year of benefit service after 1988 (up to 35 years).
- (2) \$120 (\$144 for Local #1) for each of the first five years of benefit service and \$144 (\$168 for Local #1) for each of the next five years.

For Rite Aid of Maryland, a participant's annual accrued benefit is equal to the greater of (1) or (2):

- (1) The sum of the following:
- (a) December 31, 1988 accrued benefit; plus
 - (b) 0.75% of compensation up to SS integration level for each year of benefit service after 1988; plus
 - (c) 0.50% of compensation in excess of the Integration Level for each year of benefit service after 1988 (up to 35 years).
- (2) The actuarial equivalent of a participant's prior profit sharing account.

For Rite Aid of West Virginia, a participant's annual accrued benefit is equal to the greatest of (1), (2), or (3), subject to an overall maximum of \$7,200:

- (1) The sum of the following:
- (a) 0.375% of average annual compensation multiplied by years of benefit service through December 31, 2011; plus
 - (b) 0.375% of average annual compensation in excess of \$6,600 multiplied by years of benefit service through December 31, 2011 (up to 35 years).
- (2) The pension accrued to December 31, 1988.
- (3) Minimum Benefit: \$180 (\$192 for RWDSU Participants) for each year of benefit service through December 31, 2011.

Effective January 1, 2002, no non-grandfathered members shall first participate in the plan.

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The Rite Aid Pension Plan

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Effective December 31, 2011, future eligibility was frozen for employees of Rite Aid of West Virginia. A participant's accrued benefit payable as of his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Rite Aid of New York or Rite Aid of West Virginia – Age 60 and five years of service.

For all other participants – Age 55 and five years of service.

Benefit

A participant's accrued benefit as of his or her early retirement date, reduced by $6\frac{2}{3}\%$ for each of the first five years (if applicable) and by $3\frac{1}{3}\%$ for each of the next five years (if applicable) by which such date precedes his or her normal retirement date. This benefit is payable immediately. Alternatively, a participant can elect to receive an unreduced amount payable at his or her normal retirement date.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The greater of a participant's accrued benefit at his or her late retirement date or the actuarially increased value of the benefit at the end of the prior calendar year, payable immediately.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

Surviving Spouse

Eligibility

Five years of vesting service. Participant and spouse must be married for the one year period prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

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The Rite Aid Pension Plan
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Normal Form of Annuity

Without Spouse

Life annuity. For Rite Aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Preretirement Death

Eligibility

Death of a participant who has been married for at least one year and is vested.

Benefit

50% of the benefits to which a participant would be entitled had he/she terminated employment on his or her date of death (in case of a death from active status), elected payments at his or her earliest retirement date in the form of a joint and survivor annuity, survived to his or her earliest retirement date, and died immediately thereafter.

Alternatively, a surviving spouse can elect to defer commencement of this benefit to the participant's normal retirement date. Also if prior to his or her death the participant had elected a joint and survivor annuity with a different benefit continuation percentage, then that percentage will apply.

For Rite Aid Maryland, former participants in the Read Drug profit sharing plan receive the greater of the lump sum value of the preretirement surviving spouse benefit described above or the prior profit sharing account. The prior profit sharing account is payable to the participant's designated beneficiary, with any excess preretirement surviving spouse benefit being payable to the participant's surviving spouse.

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Postretirement Death

Eligibility Retired former participant in the Read Drug profit sharing plan.

Benefit The designated beneficiary of a former participant in the Read Drug profit sharing plan is eligible to receive a postretirement death benefit to the extent any unpaid account balance remains at the time of his or her death.

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate (see table of factors at end of section).

Definitions

Average Annual Compensation The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Pension Benefit Service A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.
Effective January 1, 2002, only grandfathered members shall receive additional years of benefit service.

Pension Qualification Service A calendar year in which the employee completes at least 1,000 hours of service. The applicability of predecessor service varies by location and predecessor employer.

Integration Level The integration level in effect for each calendar year equals the covered compensation for an individual who attains social security retirement age during such year.

Average Annual Compensation The average of a participant's annual compensation over the five consecutive calendar year period (or entire period of service if less) which produces the highest average in the last 10 consecutive years including the current year.

Grandfathered member, a participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Is employed under a collective bargaining agreement.

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Annex C: Cash Balance Locations

Effective Date

January 1, 1997. Effective as of February 28, 2002, the Rite Aid Corporation Cash Balance Pension Plan was merged with, and became a part of, Annex C to The Rite Aid Pension Plan. The Pension Plan for Rite Aid Corporation Cash Balance Pension Plan employees of Rite Aid was amended and restated on January 1, 2010.

Eligibility for Participation

All non-union, non-managerial, non-supervisory employees who:

- Attained age 21 and completed one year of eligibility service (1,000 hours); and
- Are not classified as “highly compensated employees” as defined in IRC section 414(q) under IRS regulations; and
- Are employed by either West Coast Distribution Centers, the West Coast Stores, the Maryland Distribution Center, or the Virginia Carpenter Shop.

Effective December 31, 2001, no non-grandfathered members shall first participate in the plan.

Normal Retirement

Eligibility

Age 65 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her normal retirement date, payable immediately.

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her early retirement date, payable immediately.

Late Retirement

Eligibility

Participant who remains employed after normal retirement.

Benefit

The actuarial equivalent of the participant’s accumulated cash balance account at his or her late retirement date, payable immediately.

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Vested Termination

Eligibility	Three years of vesting service.
Benefit	The actuarial equivalent of the participant's accumulated cash balance account at his or her late retirement date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date.

Surviving Spouse

Eligibility	Five years of vesting service. Participant and spouse must be married for the one year period prior to death.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 100% of the amount payable if the participant had retired early with a 100% joint and survivor benefit.

Form of Annuity

Without Spouse	Life annuity. For Rite aid of New York participants prior to October 1, 1965 and Rite Aid of West Virginia participants with an accrued benefit in excess of the minimum benefit, the automatic form is the 120-months certain and life option if participant is not married.
With Spouse	Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity
Joint and 50% survivor annuity
Joint and 75% survivor annuity
Joint and 100% survivor annuity
60-months certain and life
120-months certain only
180-months certain and life

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Grandfathered Member A participant who either:

- Was active on January 1, 2002 and had attained age 40 with five years of vesting service; or
- Was active on January 1, 1997 with at least 15 years of vesting service.

Employee Contributions

None.

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Credited Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Accrued Benefit

A cash balance account shall be maintained for each participant subject to the following:

- A contribution is credited to the cash balance account as of the last day of each plan year in which an eligible participant completes 1,000 hours of service as shown in the table of contribution credits.
- There is a special transition rule for West Coast Distribution Center and West Coast Store participants who had completed 15 years of vesting service as of January 1, 1997. For these participants the contribution credited to the cash balance account each plan year equals the contribution credit times the service multiplier, as shown in the table of service multipliers.
- Interest is credited to the cash balance account at the end of each month, at a fixed rate for each calendar year. The annualized interest credit rate is equal to the lesser of 8% or the applicable interest rate under IRC section 417(e)(3)(A)(ii)(II) determined for the month of January for each such calendar year.

Effective January 1, 2012, only grandfathered members shall receive a contribution credit. All Rite Aid Stores which are located in one of the following States: Alaska, Arizona, California, Colorado, Idaho, Nevada, Oregon, Utah, Washington and Wyoming.

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Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$125	44	\$359
22	\$125	45	\$377
23	\$129	46	\$396
24	\$135	47	\$416
25	\$142	48	\$436
26	\$149	49	\$458
27	\$157	50	\$481
28	\$164	51	\$505
29	\$173	52	\$530
30	\$181	53	\$557
31	\$190	54	\$585
32	\$200	55	\$614
33	\$210	56	\$645
34	\$220	57	\$677
35	\$231	58	\$711
36	\$243	59	\$746
37	\$255	60	\$784
38	\$268	61	\$823
39	\$281	62	\$864
40	\$295	63	\$907
41	\$310	64	\$952
42	\$326	65 or Over	\$1,000
43	\$342		

All Rite Aid’s distribution centers located in one of the following States:

- Rite Aid Distribution Center in Wilsonville, Oregon
- Rite Aid Distribution Center in Ogden, Utah
- Rite Aid Distribution Center in Woodland, California
- Rite Aid Distribution Center in Lancaster, California
- Rite Aid Distribution Center in Perryman, Maryland
- Rite Aid Distribution Center in Winchester, Virginia

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
 The Rite Aid Pension Plan
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Cash Balance Contributions

Age	Contribution	Age	Contribution
21	\$250	44	\$646
22	\$250	45	\$678
23	\$250	46	\$712
24	\$250	47	\$748
25	\$256	48	\$785
26	\$268	49	\$825
27	\$282	50	\$866
28	\$296	51	\$909
29	\$311	52	\$955
30	\$326	53	\$1,002
31	\$343	54	\$1,052
32	\$360	55	\$1,105
33	\$378	56	\$1,160
34	\$397	57	\$1,218
35	\$417	58	\$1,279
36	\$437	59	\$1,343
37	\$459	60	\$1,410
38	\$482	61	\$1,481
39	\$506	62	\$1,555
40	\$532	63	\$1,633
41	\$558	64	\$1,714
42	\$586	65 or Over	\$1,800
43	\$615		

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Annex D: Former Thrifty PayLess, Inc. Employees

Effective Date	GRIP – January 1, 1997 and C&P–September 1, 1974. Effective as of February 28, 2002, the Thrifty PayLess, Inc Pension Plan was merged with, and became a part of, Annex D to The Rite Aid Pension Plan. The Pension Plan for Former Thrifty PayLess, Inc. employees of Rite Aid was amended and restated on January 1, 2010.
Eligibility for Participation	Effective December 31, 1993, participation in the plan was frozen for GRIP participants. Effective December 31, 1994, participation was frozen for the C&P Plan. As of December 1, 1995, all participants of the C&P Plan were merged into this plan.
Normal Retirement	
Eligibility	Age 65.
Benefit	A participant's frozen accrued benefit payable as of his or her normal retirement date, payable immediately.
Early Retirement	
Eligibility	GRIP – Age 55 and completion of 10 years vesting service. C&P – No early retirement provision.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 5/9% for each month the benefit commences before age 65 up to 60 months, and 5/18% for each month the benefit commences before you reach age 65 in excess of 60 months.
Late Retirement	
Eligibility	Participant who remains employed after normal retirement.
Benefit	A monthly benefit equal to the normal retirement benefit actuarially increased to reflect the deferred payments of benefits.
Vested Termination	
Eligibility	Five years of vesting service.
Benefit	A participant's accrued benefit as of his or her termination date, payable at normal retirement date. Alternatively, a participant can elect to receive an actuarially reduced amount commencing on any date on or after his or her early retirement date.

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Normal Form of Annuity

Without Spouse

Life annuity.

With Spouse

Joint and 50% survivor annuity actuarially reduced.

Optional Forms of Annuity

Life annuity

Joint and 50% survivor annuity

Joint and 75% survivor annuity

Joint and 100% survivor annuity

120-months certain and life

120-months certain only

Lump sum

Actuarial Equivalence

Actuarial equivalence based on the Unisex Pension Table for 1984 with two-year age setback and a 7.00% interest rate.

Definitions

Benefit Service

A plan year in which the employee completes at least 1,000 hours of service.

Vesting Service

A calendar year in which the employee completes at least 1,000 hours of service.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Plan Name	THE RITE AID PENSION PLAN
Plan Sponsor EIN	23-1614034
ERISA Plan No.	002
Plan Year End	2/28/2025

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 5,831,242	March 1, 2024	15	\$ 537,259

Schedule SB Attachment (Form 5500)—March 1, 2024 Plan Year
The Rite Aid Pension Plan
EIN: 23-1614034 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected expenses from \$1,600,000 in 2023 to \$1,800,000 in 2024.
- A change in the mortality assumption for lump sum payments from the 2023 plan year 417(e)(3) mortality table to the 2024 plan year 417(e)(3) mortality table.
- A change in the mortality assumption for cash balance annuity conversion from the 2023 plan year 417(e)(3) mortality table to the 2024 plan year 417(e)(3) mortality table.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code 430(h)(5), so approval of the Commissioner is not required.