

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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>CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.</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>HALLMARK CARDS, INC.</u></p> <p><u>DAN PANNULLO</u> <u>PO BOX 419580</u> <u>KANSAS CITY, MO 64141</u></p>	<p>1c Effective date of plan <u>12/27/1943</u></p> <p>2b Employer Identification Number (EIN) <u>44-0272180</u></p> <p>2c Plan Sponsor's telephone number <u>816-274-4143</u></p> <p>2d Business code (see instructions) <u>424100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	DAN PANNULLO
	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

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 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.</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>HALLMARK CARDS, INC.</u>	D Employer Identification Number (EIN) <u>44-0272180</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>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	<u>435840887</u>	
b Actuarial value	2b	<u>454906130</u>	
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	<u>3682</u>	<u>324179472</u>	<u>324179472</u>
b For terminated vested participants	<u>1802</u>	<u>150498519</u>	<u>150498519</u>
c For active participants	<u>1511</u>	<u>93928083</u>	<u>93943319</u>
d Total	<u>6995</u>	<u>568606074</u>	<u>568621310</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>4.95 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>6810899</u>	
c Target normal cost	6c	<u>6810899</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>JILL C. SHAW</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>4220 DUNCAN AVENUE</u> <u>SUITE 401</u> <u>ST. LOUIS, MO 63110</u> Address of the firm	<u>08/18/2025</u> Date <u>23-07861</u> Most recent enrollment number <u>314-725-9966</u> Telephone number (including area code)
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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	7925070
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		7925070
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.47</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4213962
	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>5.09</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		399062
	c Total available at beginning of current plan year to add to prefunding balance		4613024
	d Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
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	80.09 %
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		
04/15/2024	4920496	0					
07/15/2024	4920496	0					
10/11/2024	4522723	0					
01/15/2025	4522723	0					
03/31/2025	12700000	0					
			Totals ▶	18(b)	31586438	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	30264603

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 60
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 6810899
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	113715180	13290091	
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 20100990
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 20100990
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 30264603
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 10163613
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input 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 **01/01/2024** and ending **12/31/2024**

A Name of plan CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INC.	D Employer Identification Number (EIN) 44-0272180	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	435934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 18 19 25 50 62 99	CONTRACT ADMIN/CUSTODIAN	359362	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ALBOURNE AMERICA LLC

91-2164625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	CONSULTANT	206210	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)

RUBINBROWN LLP

43-0765316

(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	PLAN AUDITOR	33006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALLAN LLC

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	19805	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVESTMENT

90-0905513

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15937	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)

PENSION BENEFIT INFORMATION LLC

337 S 7TH STREET
SUITE 2400
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15610	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.</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>HALLMARK CARDS, INC.</u>	D Employer Identification Number (EIN) <u>44-0272180</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: HMK MSTR TRST-ABSOLUTE RETURN FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-009</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115313352</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-NEW DB POOL

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-026</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36315397</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-LONG DURATION FI-HMK

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-032</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163561161</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-ALL CAP EQUITY

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-028</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72519845</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-REAL ESTATE FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-010</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16650145</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-STIF DB

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-015</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5396139</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-PRIVATE EQUITY FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST CO.

c EIN-PN <u>04-3328262-011</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>345476</u>
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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)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INC.		D Employer Identification Number (EIN) 44-0272180	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	12863310
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	423144644
(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)	410101515

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	436007954	427324238
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	436007954	427324238

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)	31586438	
(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)		31586438
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		28062728
(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		59649166

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61753119	
(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)		61753119
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)	69553	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	33006	
(5) Investment advisory and investment management fees	2i(5)	226015	
(6) Bank or trust company trustee/custodial fees	2i(6)	289809	
(7) Actuarial fees	2i(7)	435934	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	5525446	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6579763
j Total expenses. Add all expense amounts in column (b) and enter total	2j		68332882

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8683716
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: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 553448.

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 01/01/2024 and ending 12/31/2024

A Name of plan <u>CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLMARK CARDS, INC.</u>	D Employer Identification Number (EIN) <u>44-0272180</u>	

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): 04-3581074

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	292
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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
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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.
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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: 17.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.1 %
 High-Yield Debt: 3.0 % Real Assets: 4.1 % Cash or Cash Equivalents: 0.0 % Other: 28.2 %

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 _____.

***CASH BALANCE RETIREMENT
PLAN OF HALLMARK CARDS,
INCORPORATED***
*FINANCIAL STATEMENTS
DECEMBER 31, 2024*

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Independent Auditors' Report

Hallmark Benefit Plans Advisory Committee
Cash Balance Retirement Plan of
Hallmark Cards, Incorporated
Kansas City, Missouri

Opinion

We have audited the financial statements of Cash Balance Retirement Plan of Hallmark Cards, Incorporated, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Cash Balance Retirement Plan of Hallmark Cards, Incorporated as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Cash Balance Retirement Plan of Hallmark Cards, Incorporated and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities Of Management For The Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cash Balance Retirement Plan of Hallmark Cards, Incorporated'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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cash Balance Retirement Plan of Hallmark Cards, Incorporated'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 Cash Balance Retirement Plan of Hallmark Cards, Incorporated's ability to continue as a going concern for a reasonable period of time.

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

RubinBrown LLP

October 9, 2025

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments - At Fair Value		
Plan interest in Hallmark Cards, Incorporated Master Trust	\$ 410,101,515	\$ 423,144,644
Receivables		
Employer contributions receivable	17,222,723	10,293,310
Net Assets Available For Benefits	\$ 427,324,238	\$ 433,437,954

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

	For The Years Ended December 31,	
	2024	2023
Additions To Net Assets Attributable To:		
Contributions		
Employer contributions	\$ 34,156,438	\$ 18,836,620
Deductions From Net Assets Attributable To:		
Administrative expenses	6,579,763	6,795,061
Benefits paid to participants	61,753,119	49,755,523
Total Deductions	68,332,882	56,550,584
Investment Income		
Plan interest in Hallmark Cards, Incorporated Master Trust	28,062,728	38,555,132
Net Increase (Decrease)	(6,113,716)	841,168
Net Assets Available For Benefits - Beginning Of Year	433,437,954	432,596,786
Net Assets Available For Benefits - End Of Year	\$ 427,324,238	\$ 433,437,954

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31,	
	2024	2023
Actuarial Present Value Of Accumulated Plan Benefits		
Vested Benefits		
Participants currently receiving payments	\$ 281,689,777	\$ 293,394,890
Other participants	196,472,381	228,286,602
Total Vested Benefits	478,162,158	521,681,492
Nonvested Benefits	14,927	14,295
Total Actuarial Present Value Of Accumulated Plan Benefits	\$ 478,177,085	\$ 521,695,787

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For The Years Ended December 31,	
	2024	2023
Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	\$ 521,695,787	\$ 543,543,354
Increase (Decrease) During The Year Attributable To:		
Change in actuarial assumptions	(10,991,389)	(5,942,967)
Benefits accumulated	(2,709,038)	1,410,760
Interest accumulation	31,934,844	32,440,163
Benefits paid	(61,753,119)	(49,755,523)
Net (Decrease)	(43,518,702)	(21,847,567)
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	\$ 478,177,085	\$ 521,695,787

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

NOTES TO FINANCIAL STATEMENTS December 31, 2024 And 2023

1. Organization

The following brief description of the Cash Balance Retirement Plan of Hallmark Cards, Incorporated (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 plan available to substantially all employees originally employed before January 1, 2006 by Hallmark Cards, Incorporated (the Company or Plan Sponsor) and the following wholly owned subsidiaries: Crown Center Redevelopment Corporation; Hallmark Business Connections, LLC; Hallmark Global Services, LLC; Hallmark.com, LLC; Hallmark Licensing, LLC; Hallmark Management Services, LLC; Hallmark Marketing Company, LLC; Hallmark Retail, LLC and Halls, LLC. Hallmark Retail, LLC has a limited number of eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 1, 2006, the Plan was amended to freeze the percentage rate of pay credits in the Plan for all participants based on years of service as of that date. Pay credits were eliminated entirely as of December 31, 2009. Also effective January 1, 2006, new employees are not eligible to participate in the Plan.

Cash Balance Account

A participant's benefits in the Plan are expressed in the form of a hypothetical "Cash Balance Account." When the Plan was converted to a "cash balance" plan effective December 31, 1996, the monthly accrued benefit of each active participant was converted to an actuarially equivalent lump-sum amount or "cash balance" and credited to the participant's Cash Balance Account. New participants began with a zero balance in their Cash Balance Account.

Pay Credits

Pay credits stopped as of December 31, 2009.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Account Credits

“Account credits” are added to a participant’s hypothetical Cash Balance Account at a rate that is established at the beginning of each year and applies for the entire calendar year. The account crediting rate is equal to the interest rate on 30-year U.S. Treasury bonds in August of the year preceding the January 1 effective date. Effective January 1, 2017, the minimum account crediting rate was reduced from 5.25% per annum to 5.00% per annum. Account credits are added monthly to participants’ Cash Balance Accounts based on their balances at the beginning of the calendar year. Account credits are added for any participant with a Cash Balance Account, regardless of employment status. Account credits cease when benefit payments begin, whether in a lump sum or monthly annuity.

Benefit Payments

Upon retirement, a participant is entitled to annual pension benefit equal to the actuarial equivalent of the participant’s Cash Balance Account. For Plan years beginning before January 1, 2008, participants fully vest upon completion of five years of service or attaining age 65. For Plan years beginning after December 31, 2007, participants fully vest upon completion of three years of service or attaining age 65. If employees terminate before vesting, they forfeit all accrued benefits. Benefits for vested participants who terminated prior to December 1, 1996 are determined under the terms of the Plan in effect on the date of termination.

A special transition rule exists for participants who reached age 50 with 15 or more years of service or age 65 prior to January 1, 2007 and who were first employed prior to January 1, 1997. The transition benefit is a single life annuity beginning on the participant’s normal retirement date equal to 1% of the participant’s career earnings through January 1, 2007 or the participant’s annuity starting date, if earlier. A participant who qualifies for the special transition benefit will receive the greater of the transition benefit or cash balance benefit.

Married participants must receive their pension benefits in the form of a joint and 100% survivor annuity unless the participant elects, with the spouse’s consent, an alternative form of benefit payment. Benefits for an unmarried participant are paid in the form of a single life annuity unless the participant elects an optional form of benefit payment. Optional forms of benefit include a lump-sum payment; a single life annuity; a 50%, 66-2/3%, or 75% joint and survivor annuity (if married) and 10, 15 or 20-year period certain and life annuity. If part or all of a married participant’s benefit is to be distributed to any beneficiary other than the surviving spouse, the distribution will be made in a single lump sum. An unmarried participant’s benefit will also be distributed to the beneficiary in a single lump sum.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Death And Disability Benefits

If a vested participant dies before benefit payments have begun, benefits are paid to the participant's spouse unless the participant, with the spouse's consent, selects a different beneficiary. If the beneficiary is a participant's surviving spouse, the surviving spouse may elect benefit payments in the form of a preretirement survivor annuity, a lump-sum payment, or request the benefit be rolled over directly to an eligible retirement plan. If the beneficiary is any person other than the participant's surviving spouse, that person may elect the benefits be paid in a single, lump-sum payment or rolled over directly to an eligible retirement plan on or before the last day of the Plan year following the Plan year in which the participant's death occurs.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates And Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation And Income Recognition

Investments, other than fully benefit-responsive investment contracts (FBRICs) or synthetic guaranteed investment contracts (GICs), are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. If available, quoted market prices are used to value investments. If there is no quoted market price, investments are stated at estimated fair value as determined by independent investment brokerage firms.

The fair value of the Plan's interest in the Hallmark Cards, Incorporated Master Trust (Master Trust) is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net change in fair value of investments represents the difference between the aggregate fair value of investments at year-end and the values at the beginning of the year and includes any realized gains and losses in securities that were bought and sold during the year.

Contributions Receivable And Credit Loss Policy

Amounts due for contributions are stated at the amount management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate of amounts that will not be collected. This assessment considers historical experience, current conditions and, when appropriate, reasonable and supportable forecasts.

The Plan has concluded that no allowance for current expected credit losses was necessary at either December 31, 2024 or 2023.

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 based on the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the date as of which the benefit information is presented (the valuation date).

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

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements (*Continued*)

The significant actuarial assumptions used in the valuations were:

	December 31,	
	2024	2023
Mortality Rates	PRI-2012 Aggregate Table Generationally Projected from 2012 with Scale MP-2021	PRI-2012 Aggregate Table Generationally Projected from 2012 with Scale MP-2021
Retirement Rates	Varies by age beginning at age 50 with assumptions based on Hallmark experience.	Varies by age beginning at age 50 with assumptions based on Hallmark experience.
Withdrawal Rates	Varies by age, gender, and service with ultimate rates at 5 years of service. Assumptions are based on Hallmark experience.	Varies by age, gender, and service with ultimate rates at 5 years of service. Assumptions are based on Hallmark experience.
Cash Balance Interest Crediting Rate	5.00%	5.00%
Discount Rate	6.90%	6.50%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Administrative Expenses

The Plan pays certain investment expenses, which are netted against investment income. The Plan also pays certain other administrative expenses directly. The Company pays all other administrative costs of the Plan.

Payment Of Benefits

Benefit payments are recorded when paid.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Subsequent Events

Management evaluates subsequent events through the date the financial statements were available for issue, which is the date of the Independent Auditors' Report.

3. Funding Policy

The current funding policy of the Plan is to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law. At its discretion, the Company may contribute amounts in excess of the minimum required contribution.

Contributions for 2024 and 2023 were sufficient to meet the minimum funding requirements of ERISA.

4. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

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:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that 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.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements (*Continued*)

- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

5. Investment In Master Trust

The Plan's investments at December 31, 2024 and 2023 include an interest in the net assets of the Master Trust, which was established for the investment of assets of the Plan and several others sponsored by the Company and its subsidiaries. Each participating retirement plan has an interest in the Master Trust, which is held by State Street Bank & Trust Company (the Trustee) and consists of multiple investment pools. Each plan invests in some or all of these pools in varying numbers of units of participation. As of December 31, 2024 and 2023, all plans participating in the Master Trust and their proportional interests were as follows:

Plan	Interest In The Master Trust As Of December 31,	
	2024	2023
Business Performance Savings Plan of Hallmark Cards, Incorporated	65%	66%
Retail Service Group Savings Plan of Hallmark Cards, Incorporated	2%	2%
Hallmark Affiliates Employee Savings Plan	14%	13%
Cash Balance Retirement Plan of Hallmark Cards, Incorporated	14%	14%
Hallmark Retiree Pension Plan	0%	0%
Crayola LLC Employees' Retirement Plan	5%	5%

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements (*Continued*)

Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon units of participation held by each plan. Administrative and investment management expenses are paid from the Master Trust and are either allocated to the Plan as a reduction of investment income or funded from the sale of units from participants' accounts.

All transfers, withdrawals, and other transactions regarding the Master Trust are conducted in such a way that the proportionate interest of each plan with assets in the Master Trust and the fair market value of the plan's interest may be determined at any time. The undivided interest of each plan with assets in the Master Trust is debited or credited (as the case may be) (i) for the entire amount of every contribution received on behalf of the plan, every benefit payment or other expense attributable to the plan, and every other transaction relating only to the plan; and (ii) for the plan's proportionate share of every item of collected or accrued income, gain or loss, general expense and other transactions attributable to the Master Trust as a whole. As of each date when the fair market value of the investments held in the Master Trust are determined (a Valuation Date), the value of each plan's interest therein is adjusted to reflect the net increase or decrease in such values since the last such Valuation Date.

At December 31, 2024 and 2023, the Plan's interests in the Master Trust investment funds, which includes investments at fair value, investments at contract value, cash and any receivables or liabilities for pending securities transactions, were as follows:

	Net Asset Value	
	2024	2023
Investment Fund		
Private Equity Fund	\$ 345,476	\$ 553,040
State Street Bank & Trust Company		
Short-Term Investment Fund	5,396,139	6,951,379
Marketable Alternatives Fund	115,313,352	111,125,131
Defined Benefit Real Asset Fund	16,650,145	33,690,888
Defined Benefit Fixed Income Fund	36,315,397	96,513,891
NISA - Hedged Fixed Income Fund	163,561,161	95,764,712
Defined Benefit Global All Cap Equity Fund	72,519,845	78,545,603
	\$ 410,101,515	\$ 423,144,644

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements *(Continued)*

Master Trust

The following table presents the net assets of the Master Trust and the Plan's interest in those assets at December 31, 2024 and 2023.

	Master Trust		Plan's Interest	
	2024	2023	2024	2023
Assets				
Investments - At Fair Value				
Short-term investment funds	\$ 35,620,757	\$ 41,904,171	\$ 7,317,361	\$ 10,092,705
Common and preferred stocks	279,387,694	288,557,520	42,409,060	46,420,522
Common/collective trusts	1,690,298,644	1,693,284,582	62,637,692	108,207,834
Registered investment companies	58,510,321	80,656,524	—	17,713,181
Corporate debt securities	112,078,233	114,964,247	76,104,208	98,808,174
Government securities	131,659,252	30,120,089	70,475,844	529,269
Marketable alternative investments	156,199,099	154,353,122	115,313,199	111,125,131
Asset backed securities	32,366,203	49,138,632	15,916,691	27,902,013
Real estate investment trusts	8,464,999	11,444,970	—	—
Private real estate	—	6,905	—	4,973
Private equity	457,960	733,108	338,090	553,037
Collateral held under securities lending	37,443,815	13,824,155	17,801,301	279,384
Securities pledged to creditors:				
Registered investment companies	3,915,958	3,361,804	—	—
Common and preferred stocks	3,906,649	2,463,250	172,772	135,202
Corporate debt securities	1,274,038	1,741,595	—	135,327
Government securities	27,496,683	5,922,675	17,220,960	—
Total Investments - At Fair Value	2,579,080,305	2,492,477,349	425,707,178	421,906,752
Investments - At Contract Value				
Synthetic GICs	549,925,114	653,753,618	—	—
Total Receivables	55,577,362	47,217,876	19,456,218	11,813,351
Cash	261,089	151,195	118,293	309,209
Total Assets	3,184,843,870	3,193,600,038	445,281,689	434,029,312
Liabilities				
Liability for collateral deposits	37,443,815	13,824,155	17,801,301	279,384
Other liabilities	7,597,878	15,087,288	156,150	311,974
Total Liabilities	45,041,693	28,911,443	17,957,451	591,358
Net Assets	\$ 3,139,802,177	\$ 3,164,688,595	\$ 427,324,238	\$ 433,437,954

The Plan's interest in the Master Trust is driven by units of participation in the investment funds noted above along with any other assets or liabilities that are attributable to the Plan. Total receivables in the above table include employer contributions receivable as well as other receivables such as interest or dividends due to the Plan.

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements *(Continued)*

The change in net assets for the Master Trust for the years ended December 31 is as follows:

	<u>2024</u>	<u>2023</u>
Investment Income		
Net change in fair value of investments	\$ 285,858,099	\$ 335,777,138
Interest and dividends	38,723,275	42,870,827
Investment expenses	(15,303,279)	(14,718,893)
Net Investment Income	309,278,095	363,929,072
Interest Income On Notes Receivable From Participants	1,062,905	803,650
Net Transfers	(335,227,418)	(309,347,652)
Net Increase (Decrease)	(24,886,418)	55,385,070
Net Assets Available For Benefits - Beginning Of Year	3,164,688,595	3,109,303,525
Net Assets Available For Benefits - End Of Year	\$ 3,139,802,177	\$ 3,164,688,595

Funds

The following are descriptions of the various investment funds:

<u>Fund Name</u>	<u>Invests In</u>
US TIPS Fund	Government-issued US treasury bonds that are linked to the Consumer Price Index
Stable Income Fund	Bank investment contracts, government agency and corporate bonds, senior secured bank debt and mortgages
Standard & Poor's 500 Index Fund	Companies tracked by the Standard & Poor's 500 Stock Index
Global Index ex US Fund	Stocks of companies doing business in developed and emerging markets outside the United States
Developed International Fund	Stocks of companies doing business primarily in developed markets outside the United States

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements *(Continued)*

Fund Name	Invests In
Emerging Markets Fund	Stocks of companies doing business primarily outside the United States in non-developed countries
Diversified Bond Fund	Interest-bearing securities such as government bonds, corporate bonds and mortgages, senior secured debt, high yield bonds and emerging market debt.
Large Cap Value Fund	Large companies similar to those in the Standard & Poor's 500 Index, the Russell 1000 Growth Index and the Russell 1000 Value Index
Large Cap Growth Fund	Large companies similar to those in the Standard & Poor's 500 Index, the Russell 1000 Growth Index and the Russell 1000 Value Index
Mid Cap Blend Index Fund	The stocks of primarily medium-sized companies
Mid Cap Blend	The stocks of primarily medium-sized companies
Small Cap Blend Index Fund	The stocks of primarily small-sized companies
Small Cap Blend Fund	The stocks of primarily small-sized companies
Private Equity Fund	A globally diversified mixture of private funds that invest in leveraged buyouts, distressed equities or fixed income, and mezzanine funds
State Street Bank & Trust Company Short-Term Investment Fund	Various cash equivalent fixed income securities
Marketable Alternatives Fund	A globally diversified mixture of numerous hedge funds spread across a wide range of investment strategies
Defined Benefit Real Asset Fund	Real estate investments, energy MLPs, and a diversified mixture of investments intending to achieve a return in excess of inflation.
Defined Benefit Fixed Income Fund	Short maturity government agency and corporate bonds, mortgages, senior secured bank debt, emerging market debt, and high yield bonds
NISA/ Hedged Fixed Income Funds (2)	A portfolio of long duration US investment grade corporate debt securities

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements *(Continued)*

Fund Name	Invests In
Defined Benefit Global All Cap Equity Fund	Equities of all market cap sizes, both US and non-US, developed and non-developed (emerging market) countries
Defined Benefit Short-Term Government/Credit Bond Index Fund	Fund that seeks an investment return approximating the Barclays US 1-3 Year Government/Credit Bond Index over the long term by investing in collective investment funds
State Street Target Retirement Funds	Target-date portfolios providing diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind for retirement. The funds' underlying investments (stocks, bonds, and cash) automatically adjust based on an investor's age to help manage risk
International Equity Fund	Stocks of companies doing business in developed and emerging markets outside the United States

Derivatives

Within the Master Trust, a number of investment managers use derivative financial instruments to meet fund objectives and manage exposure to foreign currency, interest rate and market fluctuations. All derivatives in the Master Trust are subject to master netting arrangements. All master netting arrangements provide the Master Trust the option to settle through the maturity dates, all or a portion of its derivative obligations, by applying them against derivative assets. The Master Trust elects to offset in the statement of net assets available for benefits the fair value amounts of derivative assets and liabilities under master netting arrangements. The following table provides a summary of the fair value positions, as well as their reporting location in the Master Trust's statement of net assets available for benefits as of December 31, 2024 and 2023, and the Master Trust's statement of changes in net assets available for benefits for the years then ended:

Undesignated Contracts	Location	2024			Net Appreciation (Depreciation)
		Notional Value	Fair Value		
			Asset	Liability	
Interest rate contracts	Corporate Debt Securities	\$ 39,600,000	\$ 507,948	\$ (138,300)	\$ 369,648
Treasury contracts	Asset Backed Securities	97,200,000	309,802	(224,946)	84,856
Credit contracts	Corporate Debt Securities	9,000,000	527	(1,014)	(487)
		\$ 145,800,000	\$ 818,277	\$ (364,260)	\$ 454,017

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Undesignated Contracts	Location	2023			Net Appreciation (Depreciation)
		Notional Value	Fair Value		
			Asset	Liability	
Treasury contracts	Asset Backed Securities	\$ 41,700,000	\$ 1,405,229	\$ (293,313)	\$ 1,111,916
Foreign currency contracts	Asset Backed Securities	500,000	—	(25,601)	(25,601)
		\$ 42,200,000	\$ 1,405,229	\$ (318,914)	\$ 1,086,315

Interest Rate Contracts

Interest rate contracts are used to adjust interest rate and yield curve exposures and substitute for physical securities. Investment managers for the Master Trust use long swap positions to increase exposure to long-term interest rates and short positions to decrease exposure. The notional amount of these contracts is the amount of debt that is being influenced by these instruments.

Treasury Contracts

Investment managers purchase and sell treasury contracts for the Master Trust. These treasury contracts are exchange traded options utilized to adjust interest rate exposure and replicate government bond positions. For purchased options the maximum loss is premium paid. All written options are covered by purchased options to limit potential for loss.

Foreign Currency Contracts

A forward currency contract is a commitment to purchase or sell a foreign currency at a future settlement date at a negotiated rate. Forward currency contracts are utilized to hedge a portion of the currency exposure that results from the Master Trust's holdings of equity and fixed income securities denominated in foreign currencies.

Credit Contracts

Credit contracts are used to adjust credit exposures and substitute for physical securities. Investment managers for the Master Trust use long credit swap positions to increase exposure to long-term credit default rates and short positions to decrease exposure. The notional amount of these contracts is the amount of debt that is being influenced by these instruments.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

Securities Lending

The Master Trust's investment securities held for safekeeping may be loaned to third parties. The Trustee of the Master Trust administers this program. Loans are to be collateralized at a minimum of 100% of the current fair value. At December 31, 2024 and 2023, securities loaned by the Master Trust totaled \$36,593,328 and \$13,489,324, respectively, and were reported within the registered investment companies, common and preferred stocks, corporate debt securities, and government securities portfolios of the Master Trust. Collateral provided by counter-parties to the securities lending is invested in governmental securities and interest-bearing cash.

Synthetic Investment Contracts

The Master Trust holds synthetic GICs (SICs). The contract value of the SICs represents fair value of the underlying assets plus the adjustment to contract value of the wrapper contracts associated with the underlying assets. At December 31, 2024 and 2023, the Master Trust held SICs with a contract value of \$549,925,114 and \$653,753,618, respectively. Participants in the Company's defined contribution plans may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

For SICs, there are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rates were approximately 2.94% for 2024 and 2.76% for 2023. The rate is based on a formula that consists of the yield to maturity, duration, and the book and market values. The rate for SICs is periodically reset, usually quarterly, and cannot be reset below 0%.

Commitments

The investment strategy of the Master Trust includes investing in alternative investments, such as limited partnerships, hedge funds, private equity investments and real estate funds. Decisions regarding the selection of investment managers and investment activity within the portfolios are made by the Advisory Committee. The Master Trust's investments in these alternative investment funds include contractual commitments to provide capital contributions over periods of time. As of December 31, 2024, the remaining unfunded capital commitments of the Master Trust total approximately \$1.46 million.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

6. Investment Valuation And Income Recognition

The Plan and Master Trust utilize an established framework for measuring fair value. That framework 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 under this framework are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan and Master Trust have the ability to access.

Level 2 Inputs to the valuation methodology include:

- 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 value measurement.

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

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements *(Continued)*

Following is a description of the valuation methodologies used for assets measured at fair value:

Common And Preferred Stocks, Corporate Debt Securities, Government Securities, Short-Term Investment Funds, Asset Backed Securities And Real Estate Investment Trusts

Valued at either the closing price reported on the active market on which the individual securities are traded or valued by a pricing service which determines valuation of normal institutionalized trading units of such securities using methods based upon market transactions for comparable securities and various relationships between securities which are generally recognized by institutional traders.

Registered Investment Companies

Valued at the daily closing price as reported by the fund. Registered investment companies held by the Master Trust are open-end investment companies that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The registered investment companies held by the Master Trust are deemed to be actively traded.

Common/Collective Trusts

Valued at the NAV of units of the individual common/collective trusts, as provided by the trustee of each of the invested funds. The valuation techniques used to measure the fair value of the common/collective trust funds are based on quoted market prices, such as quoted net asset values published by the invested funds as supported in an active market. These assets are valued using Level 1 or Level 2 inputs.

Marketable Alternative Investments

Marketable alternative investments are primarily comprised of various limited partnerships and hedge funds. These investments are valued using the NAV, or NAV equivalent, as a practical expedient, of units held by the Master Trust at year-end. The NAV is determined by dividing the net assets of the limited partnership or hedge fund by the respective partnership interests or number of units outstanding on the day of valuation.

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements (*Continued*)

Private Real Estate And Private Equity Investments

Private real estate and private equity investments are estimated and valued using the NAV, or NAV equivalent, as a practical expedient, as provided by the investment advisors.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan and the Master Trust believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short-term investment funds	\$ —	\$ 35,620,757	\$ —	\$ 35,620,757
Common and preferred stocks	283,294,343	—	—	283,294,343
Common/collective trusts	1,667,182,084	23,116,560	—	1,690,298,644
Registered investment companies	62,426,279	—	—	62,426,279
Corporate debt securities	—	113,352,271	—	113,352,271
Government securities (U.S. and non-U.S.)	—	159,155,935	—	159,155,935
Asset backed securities	—	32,366,203	—	32,366,203
Real estate investment trusts	8,464,999	—	—	8,464,999
Collateral held under securities lending	—	37,443,815	—	37,443,815
Total Investments In The Fair Value Hierarchy	\$ 2,021,367,705	\$ 401,055,541	\$ —	2,422,423,246
Investments measured at net asset value (a)				<u>156,657,059</u>
Total Investments At Fair Value				<u>\$ 2,579,080,305</u>

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements *(Continued)*

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ —	\$ 41,904,171	\$ —	\$ 41,904,171
Common and preferred stocks	291,020,770	—	—	291,020,770
Common/collective trusts	1,666,169,442	27,115,140	—	1,693,284,582
Registered investment companies	84,018,328	—	—	84,018,328
Corporate debt securities	—	116,705,842	—	116,705,842
Government securities (U.S. and non-U.S.)	—	36,042,764	—	36,042,764
Asset backed securities	500,377	48,638,255	—	49,138,632
Real estate investment trusts	11,444,970	—	—	11,444,970
Collateral held under securities lending	—	13,824,155	—	13,824,155
Total Investments In The Fair Value Hierarchy	\$ 2,053,153,887	\$ 284,230,327	\$ —	2,337,384,214
Investments measured at net asset value (a)				155,093,135
Total Investments At Fair Value				\$ 2,492,477,349

- (a) Certain investments that are measured at fair value using the NAV per share/unit (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits of the Master Trust.

Fair Value Measurements Of Investments In Certain Entities That Calculate Net Asset Value Per Share

	Fair Value	Unfunded Commitments	Remaining Life	Redemption Frequency	Trade To Settlement Terms	Redemption Notice Period
Marketable alternative investments	\$ 156,199,099	\$ —	Not applicable	Monthly, Quarterly, Annually	10-30 days	20-90 days
Private equity	457,960	1,460,000	1 to 10 years	N/A	N/A	N/A
Total	\$ 156,657,059	\$ 1,460,000				

Marketable alternative investments are comprised of a globally diversified mixture of numerous hedge funds and hedge fund of funds spread across a wide range of investment strategies. Strategies include investments in U.S. and international equities plus relative value, event driven and arbitrage. The funds include both long positions and short positions and may use leverage.

There have been no changes in the methodologies used at December 31, 2024 or 2023.

CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INCORPORATED

Notes To Financial Statements (*Continued*)

7. Income Tax Status

The Plan is designed to be in compliance with applicable sections of the Internal Revenue Code (the IRC) such that the Plan and the related trust are exempt from taxation. The Plan obtained its latest determination letter on April 14, 2017, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC, and therefore not subject to tax. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, not subject to tax.

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.

8. Risks And Uncertainties

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

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

**CASH BALANCE RETIREMENT PLAN OF
HALLMARK CARDS, INCORPORATED**

Notes To Financial Statements *(Continued)*

9. Transactions With Parties In Interest

Certain Plan investments during the years ended December 31, 2024 and 2023 included shares of the Master Trust managed by the Trustee. These transactions qualify as allowable party in interest transactions under ERISA. The Trustee's fees are based on customary and reasonable amounts and are paid by the Master Trust.

10. Reconciliation Of Financial Statements To Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 427,324,238	\$ 433,437,954
Employer contributions attributed to 2024 and 2023 made in 2025 and 2024, respectively	—	2,570,000
Net Assets Available For Benefits Per Form 5500	\$ 427,324,238	\$ 436,007,954

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Net decrease per the financial statements	\$ (6,113,716)
Change in employer contributions timing difference	<u>(2,570,000)</u>
Net Loss Per Form 5500	<u>\$ (8,683,716)</u>

Schedule SB Attachment (Form 5500) –2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

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

Number of Participants, Average Accrued Benefit 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					4	1				
40-44				1	32 \$8,516	25 \$19,555				
45-49			1	3	34 \$10,823	103 \$29,172	62 \$39,114	1		
50-54			1		20 \$9,738	64 \$30,398	153 \$50,049	52 \$63,337	5	
55-59				3	15	75 \$29,730	84 \$51,819	153 \$81,284	74 \$90,489	
60-64		1	1		12	40 \$29,349	66 \$44,478	94 \$76,791	99 \$106,383	113 \$114,557
65-69		2	1		3	7	12	13	8	50 \$144,503
70+			1		2	3	2	5	3	5

N-1,511

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), 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	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Cash Balance Interest Crediting Rate	Hallmark: 5.00% Litho-Krome: N/A
Cash Balance Annuity Conversion Rate	Hallmark: Based on segment rates with a five-month lookback (as of August 2023) Litho-Krome: N/A
Optional Payment Form Election Percentage	Hallmark (Retirement Eligible): 90% Lump Sum Hallmark (Not Retirement Eligible): 100% Lump Sum Litho-Krome: 100% Single Life Annuity
Retirement Age	
Active Participants	Hallmark: See Table 1 Litho-Krome: Age 65
Terminated Vested Participants	Hallmark: Earliest Date Eligible Litho-Krome: Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	Hallmark: See Table 2 Litho-Krome: See Table 2

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses. Litho-Krome: It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
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	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	6.25%, limited to 5.92%
2023 Plan Year	6.25%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	\$6,810,899
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

Table 1

Retirement Rates

Age	Rate
50	5.00%
51	5.00%
52	5.00%
53	5.00%
54	5.00%
55	5.00%
56	5.00%
57	5.00%
58	7.00%
59	9.00%
60	9.00%
61	12.00%
62	12.00%
63	12.00%
64	25.00%
65	40.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

Table 2—Page 1 of 2

Withdrawal Rates—Male

Age	Rate
30	8.00%
31	8.00%
32	8.00%
33	8.00%
34	8.00%
35	5.00%
36	5.00%
37	5.00%
38	5.00%
39	5.00%
40	4.00%
41	4.00%
42	4.00%
43	4.00%
44	4.00%
45	2.00%
46	2.00%
47	2.00%
48	2.00%
49	2.00%
50	8.00%
51	8.00%
52	8.00%
53	8.00%
54	8.00%
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65+	10.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

Table 2—Page 2 of 2

Withdrawal Rates—Female

Age	Rate
30	8.00%
31	8.00%
32	8.00%
33	8.00%
34	8.00%
35	4.00%
36	4.00%
37	4.00%
38	4.00%
39	4.00%
40	4.00%
41	4.00%
42	4.00%
43	4.00%
44	4.00%
45	4.00%
46	4.00%
47	4.00%
48	4.00%
49	4.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	15.00%
63	15.00%
64	15.00%
65+	15.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
EIN: 44-0272180 PN: 002

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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


A Name of plan CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HALLMARK CARDS, INC.		D Employer Identification Number (EIN) 44-0272180	
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>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	435,840,887	
b Actuarial value	2b	454,906,130	
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	3,682	324,179,472	324,179,472
b For terminated vested participants	1,802	150,498,519	150,498,519
c For active participants	1,511	93,928,083	93,943,319
d Total	6,995	568,606,074	568,621,310
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	4.95%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	6,810,899	
c Target normal cost	6c	6,810,899	

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		08/18/2025
Jill C. Shaw	Signature of actuary	Date
Aon Consulting, Inc.	Firm name	2307861
4220 Duncan Avenue Suite 401 ST. LOUIS MO 63110	Address of the firm	Most recent enrollment number
		314-725-9966
		Telephone number (including area code)

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

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

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	7,925,070
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		7,925,070
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.47</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4,213,962
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>5.09</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		399,062
c	Total available at beginning of current plan year to add to prefunding balance		4,613,024
d	Portion of (c) to be added to prefunding balance		
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	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
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	80.09%
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		
04/15/2024	4,920,496	0					
07/15/2024	4,920,496	0					
10/11/2024	4,522,723	0					
01/15/2025	4,522,723	0					
03/31/2025	12,700,000	0					
			Totals ▶	18(b)	31,586,438	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	30,264,603
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
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	6,810,899	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	113,715,180	13,290,091	
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	20,100,990	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35).....	36	20,100,990	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	30,264,603	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10,163,613	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500) –2024 Plan Year
Cash Balance Retirement Plan
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Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 4.95%	Interest Adjusted Contribution
April 15, 2024	\$ 4,920,496	105	\$ 4,852,766
July 15, 2024	4,920,496	196	4,794,821
October 11, 2024	4,522,723	284	4,356,308
January 15, 2025	4,522,723	380	4,301,429
March 31, 2025	<u>12,700,000</u>	455	<u>11,959,279</u>
Total Contribution	\$ 31,586,438		\$ 30,264,603

Schedule SB Attachment (Form 5500) —2024 Plan Year
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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 beginning of year.

(a) Age	Cash Balance	Litho-Krome	(b) Average Rate	(c) Average Weight	(d) Product (a) × (b) × (c)
50	5.00%	0.00%	4.98%	1.0000	2.49
51	5.00%	0.00%	4.98%	0.9502	2.41
52	5.00%	0.00%	4.98%	0.9028	2.34
53	5.00%	0.00%	4.98%	0.8578	2.27
54	5.00%	0.00%	4.98%	0.8151	2.19
55	5.00%	0.00%	4.98%	0.7745	2.12
56	5.00%	0.00%	4.98%	0.7359	2.05
57	5.00%	0.00%	4.98%	0.6992	1.99
58	7.00%	0.00%	6.98%	0.6643	2.69
59	9.00%	0.00%	8.97%	0.6180	3.27
60	9.00%	0.00%	8.97%	0.5626	3.03
61	12.00%	0.00%	11.96%	0.5121	3.74
62	12.00%	0.00%	11.96%	0.4508	3.34
63	12.00%	0.00%	11.96%	0.3969	2.99
64	25.00%	0.00%	24.92%	0.3495	5.57
65	40.00%	100.00%	40.20%	0.2624	6.86
66	30.00%	0.00%	29.90%	0.1569	3.10
67	30.00%	0.00%	29.90%	0.1100	2.20
68	30.00%	0.00%	29.90%	0.0771	1.57
69	30.00%	0.00%	29.90%	0.0540	1.12
70	100.00%	0.00%	99.67%	0.0379	2.64
Weighted Average Retirement Age					59.98

Schedule SB Attachment (Form 5500) –2024 Plan Year

Cash Balance Retirement Plan

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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	9,027,667	24,856,044	31,198,048	65,081,759
2025	9,611,615	26,973,841	30,470,972	67,056,428
2026	9,962,389	28,567,421	30,373,152	68,902,962
2027	9,842,143	28,631,368	29,431,732	67,905,243
2028	9,432,071	30,373,168	28,385,597	68,190,836
2029	8,855,494	4,515,036	27,929,940	41,300,470
2030	8,397,212	3,482,873	26,740,952	38,621,037
2031	8,242,088	3,982,679	25,503,697	37,728,464
2032	7,298,793	3,132,909	24,776,120	35,207,822
2033	6,772,446	2,906,391	23,426,226	33,105,063
2034	5,990,687	2,418,259	22,039,988	30,448,934
2035	5,418,177	2,005,867	21,080,905	28,504,949
2036	4,931,278	2,438,014	19,641,633	27,010,925
2037	4,540,204	2,219,751	18,197,193	24,957,148
2038	3,913,907	2,050,737	17,100,663	23,065,307
2039	3,577,760	1,884,473	15,647,873	21,110,106
2040	3,052,882	1,513,657	14,226,740	18,793,279
2041	2,696,761	1,115,719	13,093,946	16,906,426
2042	2,149,661	823,333	11,731,622	14,704,616
2043	1,896,355	865,853	10,417,425	13,179,633
2044	1,637,277	866,310	9,350,848	11,854,435
2045	1,372,428	711,425	8,169,787	10,253,640
2046	1,171,677	601,054	7,073,376	8,846,107
2047	1,029,025	598,122	6,173,014	7,800,161
2048	883,520	519,884	5,241,502	6,644,906
2049	790,833	480,066	4,405,827	5,676,726
2050	688,277	439,986	3,726,758	4,855,021
2051	629,293	398,177	3,067,166	4,094,636
2052	578,132	357,083	2,497,433	3,432,648
2053	525,079	318,628	2,044,290	2,887,997
2054	476,582	280,455	1,628,812	2,385,849
2055	435,997	244,429	1,283,893	1,964,319
2056	395,753	210,911	1,017,118	1,623,782
2057	358,360	180,157	784,985	1,323,502
2058	322,109	152,320	599,742	1,074,171

Schedule SB Attachment (Form 5500) –2024 Plan Year
Cash Balance Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	287,884	127,457	460,879	876,220
2060	255,544	105,541	345,523	706,608
2061	225,215	86,478	256,794	568,487
2062	197,034	70,121	192,295	459,450
2063	171,093	56,282	140,708	368,083
2064	147,426	44,736	102,235	294,397
2065	126,025	35,243	74,995	236,263
2066	106,847	27,554	53,783	188,184
2067	89,815	21,416	38,310	149,541
2068	74,826	16,587	27,568	118,981
2069	61,759	12,839	19,354	93,952
2070	50,478	9,965	13,470	73,913
2071	40,837	7,783	9,460	58,080
2072	32,685	6,139	6,451	45,275
2073	25,868	4,903	4,344	35,115

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Cash Balance Retirement Plan
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Schedule SB, Part V — Summary of Plan Provisions

Summary of Plan Provisions

Coverage

An employee hired on or before December 31, 2005 became a participant on the last day of the calendar month following completion of a Year of Eligibility Service.

Prior to 1992, employees became participants immediately upon hire. If hired in 1992, employees became participants on January 1, 1993.

Normal Retirement

Eligibility

Age 65.

Benefit

Annual contributions as a percent of Total Earnings are based on years of credited service as shown below, increased with the 30-year Treasury rate each year.¹

Years of Service	Pay Credit Percentage
Less than 3	2.0%
3-4	2.5%
5-9	3.0%
10-14	4.0%
15-19	5.0%
20-24	6.0%
25-29	7.0%
30+	8.0%

Employees eligible to retire before January 1, 2007 may choose to receive benefits under the prior career average formula.

Early Retirement

Eligibility

Age 50 and 15 years of service.

Benefit

Account Balance at early retirement.

Late Retirement

Eligibility

Over age 65.

¹ Contribution levels no longer grow with additional service earned after December 31, 2005, and all annual contributions based on earnings stop as of January 1, 2010.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
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Benefit	Account Balance at late retirement.
Termination	
Eligibility	3 years of service, or age 65.
Benefit	Account Balance upon vested termination.
Disability	Not applicable.
Preretirement Death	
Eligibility	3 years of service.
Benefit	Account Balance payable to beneficiary at date of death.
Normal Forms of Payment	100% J&S if married. Life Annuity if not married.
Definitions	
Account Balance	Cash Balance account as of the date of separation; cannot be less than the accrued benefit at 12/31/1996 (12/31/2006 for eligible “grandfathered” employees) converted to a lump sum using Plan’s definition of actuarial equivalence.
Total Earnings	Total compensation including all commissions, bonuses, overtime pay, incentives, etc. Compensation in excess of the 401(a)(17) limit is not included in determining annual contributions to the Cash Balance Account.

Plan Changes Since the Prior Year

The funding valuations do not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
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Plan Provisions - Litho-Krome

Effective Date	January 1, 1968. Amended and restated January 1, 2010 (reflecting through amendment eight).
Participation	All employees are eligible to participate upon employment. Any employee whose Employment Date is after December 31, 2012, will be ineligible to participate in this Plan.
Normal Retirement	
Eligibility	Social Security Retirement Age.
Benefit	The sum of (a) plus (b) less (c): a. 1% of 2005-2009 Average Compensation, times service (no maximum) plus 3/4% of 2005-2009 Average Compensation in excess of covered compensation times service (maximum of 35 years). (Average pay, covered compensation and service are all determined as of December 31, 2009.) b. 1% of earnings up to covered compensation plus 1-3/4% of earnings in excess of covered compensation for each Plan Year of service after 2009 and before 2013. The sum of covered compensation service for (a) and (b) is a maximum of 35 years. c. Annuity under Aetna Pension Contract. All benefits will cease to accrue under this Plan effective at the close of the business on December 31, 2012.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Cash Balance Retirement Plan
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Early Retirement

Eligibility Within ten years of normal retirement with ten years of service.

Benefit Accrued normal retirement benefit actuarially reduced for early payment of benefits as follows:

Reduction

Year	
1	9%
2	8%
3	7%
4	6%
5	5%

Late Retirement

Eligibility Over Normal Retirement age.

Benefit The accrued benefit will be increased by 7/12% for each month after Normal Retirement age.

Termination

Eligibility Five years of service or age 65.

Benefit The accrued normal retirement benefit at date of termination. Benefits may commence as early as early retirement eligibility, reduced as for early retirement.

Preretirement Death

Eligibility Five years of service or age 65.

Benefit The amount the spouse would have been entitled to receive under a 100% joint and survivor annuity. This benefit is subsidized by the company for active and inactive vested participants.

Normal Forms of Payment

Married Participants 100% Joint and Survivor Annuity

Unmarried Participants Single Life Annuity

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
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Optional Forms of Payment

50%, 75% or 100% Joint and Survivor annuities.
10, 15, 20-year Certain and Life annuities.
Single Life Annuity.
Lump sum if less than \$25,000.

Definitions

Total Earnings

Total compensation including all commissions, bonuses, overtime pay, incentives, etc. Compensation in excess of the 401(a)(17) limit is not included for benefit determination purposes.

2005-2009 Average Compensation

The average of the Participant's annual Eligible Earnings for the Plan Years from 2005 through 2009, inclusive, or if the Participant was employed after 2005, his average annual Eligible Earnings during the period from his Employment Date through December 31, 2009.

Covered Compensation

Average of the Social Security maximum taxable wage base over the 35 years prior to normal retirement

Actuarial Equivalence

For purposes of adjusting benefits for optional forms of payment, the reduction factors in Section 5.5 of the plan document are used.

Plan Changes Since the Prior Year

The funding valuations do not reflect any plan changes.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
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**Other Information to Fully and Fairly Disclose the Actuarial Position of
the Plan**

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
Cash Balance Retirement Plan
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Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 98,117,099	January 1, 2019	10	\$ 12,025,472
Shortfall	\$ (10,569,154)	January 1, 2020	11	\$ (1,203,684)
Shortfall	\$ 5,722,304	January 1, 2021	12	\$ 610,485
Shortfall	\$ (15,025,379)	January 1, 2022	13	\$ (1,511,828)
Shortfall	\$ 31,943,298	January 1, 2023	14	\$ 3,048,757
Shortfall	\$ 3,527,012	January 1, 2024	15	\$ 320,889

Schedule SB Attachment (Form 5500) —2024 Plan Year
Cash Balance Retirement Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the retirement rates to better reflect plan experience.
- A change in the withdrawal rates to better reflect plan experience.
- A change in the payment form for retirement eligible participants to better reflect plan experience.

These changes were made to better reflect the anticipated plan experience. None of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.