

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">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>ACE RETAIL SAVINGS PLAN 401(K)</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>333</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>ACE HARDWARE CORPORATION</u></p> <p><u>2200 KENSINGTON COURT</u> <u>OAK BROOK, IL 60523</u></p>	<p>1c Effective date of plan <u>01/01/2015</u></p> <p>2b Employer Identification Number (EIN) <u>36-0700810</u></p> <p>2c Plan Sponsor's telephone number <u>630-990-6600</u></p> <p>2d Business code (see instructions) <u>813000</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.	10/15/2025	TARA EVANS, FOR TAG RESOURCES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES 6501 DEANE HILL DRIVE KNOXVILLE, TN 37919		3b Administrator's EIN 42-1484983
		3c Administrator's telephone number 865-670-1844
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	9574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	9574
6a(2) Total number of active participants at the end of the plan year	6a(2)	10227
b Retired or separated participants receiving benefits.....	6b	65
c Other retired or separated participants entitled to future benefits	6c	759
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	11051
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	1
f Total. Add lines 6d and 6e	6f	11052
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	3768
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	4122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2J 2K 2F 2G 3D 3H 2T

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan ACE RETAIL SAVINGS PLAN 401(K)</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>333</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION</p>	<p>D Employer Identification Number (EIN) 36-0700810</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	935088-00000	4122	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	7013735

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

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

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

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

6b	
6c	
6d	

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

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

b Balance at the end of the previous year	7b	124219
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	212
	7c(4)	
	7c(5)	57389
▶ EBA CREDITS		
(6) Total additions	7c(6)	57601
d Total of balance and additions (add lines 7b and 7c(6))	7d	181820
e Deductions:		
	7e(1)	0
	7e(2)	
	7e(3)	12502
	7e(4)	168051
▶ EBA WITHDRAWALS, FEES FOR SERVICE		
(5) Total deductions	7e(5)	180553
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1267

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan ACE RETAIL SAVINGS PLAN 401(K)	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION	D Employer Identification Number (EIN) 36-0700810	

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

TRANSAMERICA FINANCIAL LIFE INS

36-6071399

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORD KEEPER	618408	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA FINANCIAL LIFE

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORD KEEPER	150751	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CREATIVE PLANNING

84-4519624

(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	INVESTMENT ADVISORY PLAN	123292	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)

ADMIN. GROUP, LLC DBA TAG RESOURCES

62-1874769

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORD KEEPER	102338	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)

MESIROW FINANCIAL

36-3429599

(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	INVESTMENT ADVISORY PLAN	55238	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)

TEMPLETON & COMPANY

14-1918990

(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	AUDIT	17500	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)

BENSCH FRIEDLANDER COPLAN AND ARONF

34-6596918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	AUDIT	2480	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)

TRANSAMERICA TRUST CO

42-0947998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ACE RETAIL SAVINGS PLAN 401(K)</u>	B Three-digit plan number (PN) ▶ <u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ACE HARDWARE CORPORATION</u>	D Employer Identification Number (EIN) <u>36-0700810</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARTFORD MID CAP RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-726</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO DVFD DIV RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-574</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1190</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VAL TRUST RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-377</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4749</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JANUS HENDERSON TRITON RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-830</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>182</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN HI YLD RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-330</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>795</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS INTERNATIONAL DIVERSIFICATION R</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>83-1098532-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>268</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM TOTAL RET BD RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS CO</u>		
c EIN-PN <u>36-6071399-597</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1742</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE GROWTH STOCK RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-958	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 995
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 832
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-835	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5213
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-836	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14134
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-837	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3580
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-839	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7017
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-840	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9482
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-841	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13267
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RET WITH BLAC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47974

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PRTNRS STCK INDX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 740
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE CLASS I		
b Name of sponsor of entity listed in (a): INVESCO		
c EIN-PN 46-3793325-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6901153
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ACE RETAIL SAVINGS PLAN 401(K)	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ACE HARDWARE CORPORATION	D Employer Identification Number (EIN) 36-0700810

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	74726	234733
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	208994	598244
(2) Participant contributions	1b(2)	121009	140596
(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)	1485358	1921536
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	96130572	7013735
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	65269983	178298988
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	124219	1267
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	163414861	188209099
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	187159	174354
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	187159	174354
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	163227702	188034745

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)	5646766	
(B) Participants.....	2a(1)(B)	12764669	
(C) Others (including rollovers).....	2a(1)(C)	1181663	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19593098
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)	140290	
(F) Other.....	2b(1)(F)	212	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		140502
(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)	3834717	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3834717
(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)	2239
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	5092855
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	12656432
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	41319843

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16158495
(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)	16158495
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)	
(3) Recordkeeping fees	2i(3)	871497
(4) IQPA audit fees	2i(4)	17500
(5) Investment advisory and investment management fees	2i(5)	178530
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	2480
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	250
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1070257
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	17228752

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	24091091
l Transfers of assets:		
(1) To this plan.....	2l(1)	1559502
(2) From this plan	2l(2)	843550

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: **TEMPLETON & CO**

(2) EIN: **14-1918990**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	655865
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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)
STANDARD OF BEAVERDALE, INC. 401(K) PLAN	42-0933785	001

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 _____.

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>ACE RETAIL SAVINGS PLAN 401(K)</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ACE HARDWARE CORPORATION</u>	D Employer Identification Number (EIN) <u>36-0700810</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

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): 36-6071399 13-3689044

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	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 08 / 17 / 2021 (MM/DD/YYYY) and the Opinion Letter serial number Q704633A.

SCHEDULE MEP (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ACE RETAIL SAVINGS PLAN 401(K)	B Three-digit Plan number (PN)..... ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	D Administrator's EIN 42-1484983	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer 10TH STREET HARDWARE	2b EIN 47-5081395	2c Percentage of Total Contributions for the Plan Year 0.34	2d Aggregate Account Balances Attributable to Participating Employer 103321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2024)
v. 240311**

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

ACE RETAIL SAVINGS PLAN
REPORT ON AUDITS OF FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023
AND FOR THE YEAR ENDED DECEMBER 31, 2024

ACE RETAIL SAVINGS PLAN

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Independent Auditor's Report

To the Plan Administrator and Those Charged with Governance
ACE Retail Savings Plan
Oak Brook, Illinois

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

We have performed audits of the accompanying financial statements of ACE Retail Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from the qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Templeton & Company, LLP

Fort Lauderdale, Florida
October 14, 2025

ACE RETAIL SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
ASSETS		
Non-interest bearing cash	\$ 234,733	\$ 74,726
Investments:		
Investments, at fair value	185,312,723	161,400,555
Investment, at contract value	1,267	124,219
Total investments	185,313,990	161,524,774
Receivables:		
Notes receivable from participants	1,921,536	1,485,358
Employer contributions	598,244	208,994
Participant contributions	140,596	121,009
Total receivables	2,660,376	1,815,361
Total assets	188,209,099	163,414,861
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Liabilities:		
Refunds payable for excess contributions	174,354	187,159
Net assets available for benefits	\$ 188,034,745	\$ 163,227,702

See accompanying notes to financial statements.

ACE RETAIL SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 17,751,526
Interest and dividend income	<u>3,834,717</u>
Total net investment income	<u>21,586,243</u>
Interest income on notes receivable from participants	<u>140,502</u>
Contributions:	
Participants	12,764,669
Employer	5,646,766
Rollover	<u>1,181,663</u>
Total contributions	<u>19,593,098</u>
Total additions	<u>41,319,843</u>
Deductions from net assets attributed to:	
Benefits paid to participants	16,158,495
Administrative expenses	<u>1,070,257</u>
Total deductions	<u>17,228,752</u>
	24,091,091
Plan transfers:	
Transfers in from other qualified plans	1,559,502
Transfers out to other qualified plans	<u>(843,550)</u>
Change in net assets	24,807,043
Net assets available for benefits:	
Beginning of year	<u>163,227,702</u>
End of year	<u>\$ 188,034,745</u>

See accompanying notes to financial statements.

ACE RETAIL SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the ACE Retail Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan was established on January 1, 2015, as a multiple employer defined contribution plan, which was amended and restated on January 1, 2022 to comply with certain tax legislation. The Plan is sponsored by ACE Hardware Corporation (the Sponsor or Plan Sponsor) and covers the eligible employees of Adopting Employers (Participating Employers) who are members of the Sponsor's cooperative program. Employees of the Sponsor are specifically excluded from the Plan. With the consent of the Sponsor, an Adopting Employer may adopt the Plan by executing an adoption agreement. Each Adopting Employer (Participating Employer) establishes its eligibility requirements relating to age and length of service for its employees in accordance with the Plan and Internal Revenue Code (IRC). The Plan qualifies as a multiple employer plan as described in section 413(c) of the IRC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Each Adopting Employer may designate the parameters for eligibility requirements and participation in the Plan as well as employer contributions, if any. Eligible employees of Adopting Employers may enter the Plan on various entry dates coinciding with or following the date on which the employees meet the eligibility requirements as outlined within their respective Adopting Employer's specific terms and conditions. Entry dates can be immediately upon employment, monthly, quarterly or semi-annually.

The Plan's Benefits Committee is responsible for oversight of the Plan, determining the appropriateness of investment offerings and monitoring investment performance. The Plan had contracted with Reliance Trust Company (RTC) through June 30, 2024 for trust services, and effective July 1, 2024, entered into a trust agreement with Transamerica Trust Company (TTC) to provide trust services, (collectively the Trustees) and Transamerica Financial Life Insurance Company (the Custodian or Transamerica) as the Plan's Custodian and with Transamerica's affiliate, Transamerica Retirement Solutions (TRS), for recordkeeping services

Plan amendment

Effective July 1, 2024, the Plan was amended to replace Reliance Trust Company, as former trustee, with Transamerica Trust Company as the Plan's trustee.

Contributions

Participants may contribute an amount of annual compensation as defined by the Plan, subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan allows each Participating Employer to determine if its employees will be automatically enrolled for those employees hired after a specified date, as defined in their adoption agreement. Roth 401(k) deferrals are allowed under the Plan, if elected by Participating Employer.

Each Participating Employer elects the level of safe harbor, matching, and/or profit-sharing, or other discretionary contributions. Participating Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Participating Employer contributions for the year ended December 31, 2024 amounted to \$5,646,766. Participating Employer contributions are invested in funds in accordance with participant's directions and the Plan's provisions. Contributions are subject to certain IRS limitations.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Participant accounts

Each participant's account is credited with the participant's contributions and an allocation of: (a) their Participating Employer's contributions (if any), (b) Plan earnings or losses thereon. Participants are charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions, and their Adopting Employer's safe harbor contributions, if any, plus actual earnings or losses thereon. Vesting in the Adopting Employer's other contributions is based on years of credited service. A participant generally does not begin to vest until year two (2) and increases ratably over a period not to exceed five years, per the Plan document. However, vesting schedules vary based on the Participating Employer's elections. Participant accounts become fully vested upon reaching normal retirement age (65), death, or disability.

Forfeitures

Forfeited nonvested accounts may be used to offset certain Plan administrative expenses or reduce future Participating Employer contributions. As of December 31, 2024 and 2023, forfeited nonvested accounts available to be used approximated \$414,000 and \$317,000, respectively. Forfeitures utilized to reduce Participating Employer contributions and offset certain Plan administrative expenses for the year ended December 31, 2024, totaled \$2,550.

Notes receivable from participants

Participants are permitted to borrow from their account a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years unless the loan is used to acquire a principal residence of the participant which must be repaid in a reasonable period of time not to exceed thirty years. Loans are secured by the vested account balance in the participant's account, and bear interest at the prime rate plus 1%. A participant may only have one (1) loan outstanding at any time. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Principal and interest are repaid through regular payroll deductions.

Payment of benefits

On termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution, or in monthly installments. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed \$5,000 or elect a lump-sum distribution. Participants with vested amounts less than \$5,000 must elect a lump-sum distribution. Participants may elect to take an in-service distribution of their vested accounts if they meet certain defined requirements, including becoming disabled, early retirement (age 59½), or due to heavy financial hardship, as defined.

Plan administration

The Plan's Benefits Committee is responsible for oversight of the Plan, determining the appropriateness of investment offerings and monitoring investment performance. The Sponsor is the Plan Administrator, pursuant to the terms and conditions of the Plan and trust. Under the terms of the Plan, by action of the Plan Benefits Committee, the Sponsor may designate one or more of its employees to perform the duties of the Plan Administrator.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 1 – Description of Plan, Continued

Plan administration, continued

The investment assets are maintained by TTC from July 1, 2024 through December 31, 2024, and by RTC as of December 31, 2023 and from January 1, 2024 through June 30, 2024, and Transamerica as the Plan's custodian. Transamerica invests cash received, interest and dividend income, and makes distributions to participants (subject to the direction of the participants). Admin Group, LLC is the Plan's third-party administrator and is responsible for certain Plan accounting and compliance.

Plan expense reimbursement account

The Plan utilizes an expense budget account (EBA) to pay Plan related expenses. The EBA is funded by an annual charge to participant accounts specified in the agreements with the Plan's Custodian and TTC. EBA funds can be used to pay Plan-related expenses approved by the Plan Administrator or can be allocated to Plan participants at the end of the year.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract which is valued at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, the Custodian and the Trustee.

Interest income is recognized when earned. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences may be material.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, liquidity risk and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible changes in such risks in the near-term would materially affect participant account balances and the amounts reported in the financial statements.

Notes receivables from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual method. Related fees are charged directly to the borrowing participant's accounts and included as administrative expenses when incurred.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 2 – Summary of Significant Accounting Policies, Continued

Notes receivables from participants, continued

No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the note receivable is reduced and a benefit payment recorded.

Payment of benefits

The Plan records benefits when paid.

Plan expenses

The Sponsor may, at its discretion, pay the Plan's administrative expenses. Substantially all Plan expenses were paid by the Plan for the year ended December 31, 2024. Certain administrative fees are charged directly to participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation in fair value of investments.

Contributions

Contributions from Plan participants and the matching contributions from the Participating Employers are recorded in the year in which the employee contributions are withheld from compensation.

Uncertain tax positions

U.S. GAAP requires the Plan to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan has determined it does not have any positions at December 31, 2024, that it would be unable to substantiate.

Note 3 – Investment Information Certified by the Trustee and Custodian

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company as of December 31, 2023 and from January 1, 2024 through June 30, 2024, and Transamerica Trust Company as of December 31, 2024 and from July 1, 2024 through December 31, 2024, and Transamerica Financial Life Insurance Company, the qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2024 and 2023;
- Net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024; and
- Investment information included in the Schedule H, Line 4i – Schedule of Assets (held at end of year) as of December 31, 2024, as shown on the ERISA-required supplemental information.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

A financial investment's 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. There have been no changes in the methodologies used at December 31, 2024 and 2023. During the year ended December 31, 2024, there were no transfers of financial instruments into or out of Level 3.

The following is a description of the value methodologies used for assets measured at fair value:

Pooled separate accounts – Valued at net asset value (NAV) based upon the units of such pooled separate accounts held by the Plan at the year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based upon significant observable inputs but are not based upon quoted market prices in an active market and are therefore considered Level 2 investments within the fair value hierarchy.

Mutual funds – Valued at quoted market prices in an active market and classified as Level 1. The mutual funds are required to publish their daily net asset value (NAV) and to transact at that price.

The preceding methods described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value, on a recurring basis, as of December 31, 2024 and 2023.

	Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 7,013,735	\$ -	\$ 7,013,735
Mutual funds	<u>178,298,988</u>	<u>-</u>	<u>-</u>	<u>178,298,988</u>
Investments, at fair value	<u>\$ 178,298,988</u>	<u>\$ 7,013,735</u>	<u>\$ -</u>	<u>\$ 185,312,723</u>

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 4 – Fair Value Measurements, Continued

	Fair Value Measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 96,130,572	\$ -	\$ 96,130,572
Mutual funds	<u>65,269,983</u>	<u>-</u>	<u>-</u>	<u>65,269,983</u>
Investments, at fair value	<u>\$ 65,269,983</u>	<u>\$ 96,130,572</u>	<u>\$ -</u>	<u>\$ 161,400,555</u>

Note 5 – Guaranteed Investment Contract with Insurance Company

The Plan invests in a fully benefit-responsive investment contract issued and guaranteed by Transamerica (the issuer). Contract value, as reported by Transamerica, amounted to \$1,267 and \$124,219, as of December 31, 2024 and 2023, respectively. Contributions are maintained in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Transamerica is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The effective rate of interest is established every January 1 and July 1 and is based on the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest applicable for the six-month period. There is no stated minimum or maximum interest rate. The guaranteed investment contract does not permit Transamerica to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts, because it is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on Transamerica's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include amendments to the Plan documents (including complete or partial plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the Plan, the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or premature termination of the contract. The Plan Administrator does not believe any events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow Transamerica to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of a material obligation under the contract, a material misrepresentation or a material amendment to the agreement without the consent of Transamerica.

Based on ongoing credit evaluations of its guaranteed investment contract investments, Plan management does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for these investments as of December 31, 2024 and 2023.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 6 – Refunds Payable for Excess Contributions

During 2024 and 2023, the Plan received contributions from participants in excess of Plan and IRS limitations. Such excess contributions were refunded to participants in each subsequent year with a liability and corresponding reduction to contributions recorded in the year the excess contributions were received.

Note 7 – Party-In-Interest Transactions

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers and certain others. The Plan's investments are managed, held, or administered by TTC and Transamerica. Through June 30, 2024, RTC was the trustee of the Plan. Admin Group, LLC (AG) is the Plan's third-party administrator. Therefore, transactions with Transamerica, TTC, RTC and AG qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transaction rules under ERISA.

The Plan utilizes an expense budget account (EBA). Fees for the EBA, such as investment management fees, are included in net investment income as they are paid through revenue sharing, rather than a direct payment. The EBA is used to pay Plan expenses, as needed. The balance of the EBA as of December 31, 2024 and 2023, was approximately \$137,000 and \$198,000, respectively. During 2024, approximately, \$319,000 of funds in the EBA were utilized to pay Plan expenses.

Transamerica receives revenue from service providers for services Transamerica provides to the pooled separate accounts and mutual funds. This revenue is used to offset certain amounts owed to Transamerica for its administrative services. If revenue received by Transamerica from such service providers exceeds the amount owed, Transamerica remits the excess to the Plan's trust. Such amounts may be applied to pay administrative expenses or allocated to accounts of the participants. Fees incurred for the Plan for investment management services are included in net appreciation in fair value of investments, which were not covered by revenue sharing.

Certain administrative functions are performed by officers and employees of the Sponsor. No officer or employee receives compensation from the Plan for these services.

Note 8 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, all participants' accounts will become 100% vested in their Adopting Employer's contribution portion of their accounts.

Note 9 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the added Adopting Employers previously sponsored are transferred into the Plan, when administratively feasible to do so. Likewise, as Adopting Employers leave the Plan and adopt different qualified plans, assets attributable to these outgoing Adopting Employers are transferred out of the Plan.

Note 10 – Tax Status

On August 17, 2021, the IRS stated that the non-standardized pre-approved profit-sharing plan adopted by the Plan, as then designed, qualifies under Section 401(a) of the IRC and, therefore, the related trust is tax-exempt. The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended since adoption, however, the Plan Administrator and the Plan's tax counsel believe that the Plan is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ACE RETAIL SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS, CONTINUED

Note 10 – Tax Status, Continued

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

Note 12 – Delinquent Participant Contributions

During the Plan years ended December 31, 2024, and 2023, participant contributions and loan repayments totaling \$641,042 and \$14,823, respectively, were not remitted to the Plan within the period prescribed by DOL regulations. These transactions constitute prohibited transactions as defined by ERISA. The Adopting Employers and the Plan's third-party administrator have corrected and remitted 2024 contributions and lost earnings totaling \$591,357 and are in the process of correcting the remaining 2024 transactions. The Adopting Employers and the Plan's third-party administrator have corrected and remitted 2023 contributions and lost earnings totaling \$14,823.

Note 13 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2024 through October 14, 2025, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

ACE RETAIL SAVINGS PLAN

SPONSOR'S EIN: 36-0700810

PLAN NUMBER: 333

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2024**

Year	Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024	✓	\$ 641,042	\$ 49,685	\$ 591,357	\$ -	\$ -
2023	✓	\$ 14,823	\$ -	\$ 14,823	\$ -	\$ -

ACE RETAIL SAVINGS PLAN

SPONSOR'S EIN: 36-0700810

PLAN NUMBER: 333

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

December 31, 2024

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Century	Mid Cap Value Fund	**	\$ 2,564,639
	American Funds	New World Fund	**	546,748
*	Transamerica	BlackRock LifePath Index 2030 Fund	**	19,737,751
*	Transamerica	BlackRock LifePath Index 2035 Fund	**	17,544,042
*	Transamerica	BlackRock LifePath Index 2040 Fund	**	13,613,008
*	Transamerica	BlackRock LifePath Index 2045 Fund	**	9,795,566
*	Transamerica	BlackRock LifePath Index 2050 Fund	**	7,528,650
*	Transamerica	BlackRock LifePath Index 2055 Fund	**	6,149,143
*	Transamerica	BlackRock LifePath Index 2060 Fund	**	3,801,003
*	Transamerica	BlackRock LifePath Index 2065 Fund	**	370,712
*	Transamerica	BlackRock LifePath Index Retirement Fund	**	26,091,949
*	Transamerica	BlackRock Total Return Institutional Fund	**	7,298,911
	Fidelity	Growth Company Fund	**	20,283,368
	MFS	International Diversification Fund	**	4,688,167
	MassMutual	Mid Cap Growth Fund	**	1,617,157
	Robeco	Boston Partners All Cap Value Institutional Fund	**	3,922,715
	T. Rowe Price	Small-Cap Stock Fund	**	3,333,071
	Vanguard	500 Index Admiral Fund	**	20,621,856
	Vanguard	Mid Cap Index Admiral Fund	**	3,747,806
	Vanguard	Real Estate Index Admiral Fund	**	989,621
	Vanguard	Small Cap Growth Index Admiral Fund	**	2,201,488
	Vanguard	Small Cap Value Index Admiral Fund	**	<u>1,851,617</u>
	Total mutual funds			<u>178,298,988</u>
	Pooled separate accounts:			
*	Transamerica	Hartford Mid Cap Retirement Account Fund	**	152
*	Transamerica	Invesco Dvfd Div Retirement Account Fund	**	1,190
*	Transamerica	Janus Henderson Triton Retirement Account Fund	**	182
*	Transamerica	JPMorgan High Yield Retirement Account Fund	**	795
*	Transamerica	MFS International Diversification Retirement Account Fund	**	268
*	Transamerica	PGIM Total Return Bond Retirement Account Fund	**	1,742
*	Transamerica	State Street Russell Small Cap Index Retirement Account Fund	**	229
*	Transamerica	T. Rowe Price Growth Stock Retirement Account Fund	**	995
*	Transamerica	TA Vanguard REIT Index Retirement Account Fund	**	832
*	Transamerica	BlackRock LifeGoal Index 2025 Retirement Account Fund	**	5,213
*	Transamerica	BlackRock LifeGoal Index 2030 Retirement Account Fund	**	14,134
*	Transamerica	BlackRock LifeGoal Index 2035 Retirement Account Fund	**	3,580
*	Transamerica	BlackRock LifeGoal Index 2045 Retirement Account Fund	**	7,017
*	Transamerica	BlackRock LifeGoal Index 2050 Retirement Account Fund	**	9,482
*	Transamerica	BlackRock LifeGoal Index 2055 Retirement Account Fund	**	13,267
*	Transamerica	BlackRock LifeGoal Index Retirement Account Fund	**	47,974
*	Transamerica	Partners Stock Index Retirement Account Fund	**	740
*	Transamerica	Invesco Stable Value Option	**	<u>6,905,943</u>
	Total pooled separate accounts			<u>7,013,735</u>
	Non-interest bearing cash			
*	Transamerica	Cash holding account	**	<u>234,733</u>

ACE RETAIL SAVINGS PLAN

SPONSOR'S EIN: 36-0700810

PLAN NUMBER: 333

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2024**

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Guaranteed investment contract:			
*	Transamerica Financial Life Insurance Company	Stable Value Account	**	\$ 1,267
	Total investments			185,548,723
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities	-	1,921,536
	Total assets held			\$ 187,470,259

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

Plan Name: ACE RETAIL SAVINGS PLAN
 Contract Number: 932398
 Employer Identification Number: 36-0700810
 Plan Identification Number: 333
 Plan Year End: December 31, 2024

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions	(d) Aggregate Account Balances
10TH STREET HARDWARE, INC.	47-5081395	0.34%	\$ 103,321
A & A KINDER HARDWARE LLC DBA A-WON ACE HARDWARE	83-2055823	0.08%	63,895
ACE HARDWARE #152 CORP. DBA OLSON'S ACE HARDWARE	36-2105318	0.32%	140,499
ACE HARDWARE HOME CENTERS, INC.	83-0269971	1.49%	3,128,763
ACE HARDWARE OF BUCKHANNON, LLC	47-4935807	0.01%	13,411
ACE HARDWARE OF HILTON HEAD	47-5576910	0.39%	190,394
ACE HARDWARE OF WATSONVILLE INC	35-2622879	0.15%	107,437
ACE HARDWARE OF WOODBURY	06-1104419	0.68%	813,525
ACE HARDWARE, MUD BUG OIL FIELD SUPPLY	20-4494611	0.36%	427,670
ACE PROGRESS, LLC	45-2853171	0.45%	262,714
AG DISTRIBUTORS & SUPPLIES CORPORATION	11-3482147	0.68%	1,713,550
ALBERTVILLE HARDWARE INC. DBA ACE OF ALBERTVILLE	82-2604259	0.23%	184,500
ALLEGHENY HARDWARE, INC.	20-3929236	0.27%	573,389
AMERICAN RIVER ACE HARDWARE, INC. DBA AMERICAN RIVE	68-0402275	0.19%	66,717
ANNIE'S HARDWARE, LLC	27-2665426	0.31%	269,690
ARJAY INC. DBA ARJAY ACE HARDWARE	02-0395345	0.27%	238,432
ARROW HARDWARE INC. DBA ARROW ACE HARDWARE	41-1523879	0.08%	669,358
BALTIMORE BUILDERS SUPPLY & MILLWORK INC. DBA BALTIM	31-1579493	0.33%	284,807
BBCO, LLC	47-2547976	0.15%	136,898
BEAR ROOT, INC.	83-0248024	0.01%	26,957
BELL HARDWARE AND SUPPLY INC.	23-2573118	0.28%	509,488
BELLMORE HOME CENTER INC	11-3611331	5.12%	6,777,734
BIG TOOL BOX INC	84-0777258	0.53%	1,033,900
BOULINEAU'S, INC.	57-0515461	2.07%	5,312,181
BRADLEY ACE HARDWARE	20-5499449	0.14%	74,247
BUCK ELECTRIC, INC.	91-1730915	0.75%	397,251
BUILD A MOUNTAIN, INC. DBA TIMBERLINE ACE HARDWARE	84-0834207	0.20%	505,632
BUILDERS SUPPLY, INC. DBA FARMERS & BUILDERS ACE HARD	58-1640426	0.74%	678,157
C&H MANAGEMENT, INC. DBA STAYTON ACE HARDWARE	90-0350459	0.10%	869,875
C AMIR, INC. dba VILLAGE ACE HARDWARE	20-4370179	1.25%	1,526,158
CELINA ACE HARDWARE	81-0844160	0.01%	7,356
CHRISTY JOHNSON HARDWARE, INC.	34-1316768	0.09%	60,648
CLAYTON L. WATSON INC. DBA ACADEMY HARDWARE	94-2704684	0.00%	2,388
CONSOLIDATED ACE HARDWARE OF NAVARRE, INC.	20-5732145	0.69%	545,950
COUNTY ACE HARDWARE	74-2075145	0.29%	389,719

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions	(d) Aggregate Account Balances
CROWN ACE HARDWARE	95-3170532	0.93%	\$ 2,477,467
D & L DISTRIBUTING, INC.	86-5447535	0.54%	1,611,480
DK MOUNTAIN ENTERPRISES DBA LAKE DRIVE HARDWARE	33-0879687	0.25%	52,147
EASTHAM HARDWARE INC.	04-3164949	0.14%	337,321
EBEL'S HARDWARE #4, INC. DBA EBEL'S ACE HARDWARE	36-3908600	0.00%	16,592
EL CENTRO ACE HARDWARE LLC	84-3928548	0.16%	114,757
ELLIOTT HARDWARE, INC. DBA ELLIOTT ACE HARDWARE	39-0987608	2.13%	4,313,994
EMIGH HARDWARE COMPANY	94-1276542	1.32%	3,566,790
EVANS HOME CENTER OF BAY COUNTY, INCORPORATED DBA	59-2510579	0.55%	259,812
FARLEY'S ACE HARDWARE AND BUILDING PRODUCTS INC.	62-1374837	0.02%	3,017
FCI IND, INC. DBA SALIDA ACE HARDWARE	82-3385911	0.52%	453,409
FL DAVIS DEVELOPMENT, INC.	71-0699515	0.66%	1,705,792
FRANK VISIONS, INC.	20-8028424	0.28%	477,365
G & S HARDWARE PURCHASING, INC.	94-2777253	0.06%	42,095
G. BREWER CO., INC. OF FAISON DBA BREWER COMPANY ACE	56-1535636	0.04%	14,750
GAZAWAY LUMBER CO., INC.	71-0487814	0.77%	541,624
GBK CORPORATION DBA HARDWARE EXPRESS	68-0465866	0.83%	1,212,349
GORDON'S HARDWARE DBA ACE HARDWARE PAYSON	47-1042969	0.32%	1,216,767
GREATWOOD LUMBER & HARDWARE, LLC DBA MOORE LUMBER	84-1558092	0.18%	322,558
GRIFFIN HARDWARE CO.	95-2668930	0.61%	1,287,181
GUST FAMILY ENTERPRISES INC	84-1145593	0.30%	972,502
HAGAN ACE HARDWARE	59-1970179	2.11%	4,597,454
HANSON HARDWARE INC.	46-4037703	0.32%	479,625
HILLCREST HARDWARE	33-0906402	0.00%	1,646
HILL'S SUPPLY CO. INC. DBA HILL'S ACE HARDWARE AND LUMBER	58-0684647	1.84%	2,358,451
HOBART LUMBER INC. DBA HOBART ACE HARDWARE	35-0384530	0.25%	338,046
HOMETOWN HARDWARE, LLC DBA ACE HARDWARE BEN FRA	82-1435106	0.49%	350,897
HOOD'S ACE HARDWARE, INC.	37-0923669	0.00%	97
HORSESHOE BAY ACE HARDWARE, L.P. DBA HORSESHOE BAY	46-4271332	0.06%	28,093
HURST SALES CORPORATION DBA BUCK'S ACE HARDWARE	87-0400262	0.31%	161,062
INLAND BUILDERS SUPPLY, INC.	95-3665124	0.44%	2,110,415
JABLONOWSKI ENTERPRISES, INC. DBA JABO'S ACE HARDWARE	20-2761199	0.56%	1,209,485
JACK ENTERPRISES, INC. DBA ABERDEEN'S ACE HARDWARE	45-4296542	0.19%	150,404
JH HARDWARE, INC. DBA OLSON'S ACE HARDWARE	45-2642185	0.20%	110,455
K&S HARDWARE LLC DBA GOPHER ACE	27-3739174	0.17%	99,601
KB HARDWARE, LLC.	27-4102994	0.19%	197,995
KENNARD ACE HARDWARE CORP	59-1638615	0.24%	154,891
KIMPS CORPORATION DBA KIMPS ACE HARDWARE	39-1646297	1.90%	1,809,757
KIN-KO ACE STORES, INC. DBA KIN-KO ACE HARDWARE	36-2704888	0.00%	60,771
KORTENDICK HARDWARE, INC.	39-1174356	0.22%	90,257
L.R. HART HARDWARE, INC. DBA HART'S ACE HARDWARE	04-2631567	0.06%	117,048

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions	(d) Aggregate Account Balances
LAGRANGE PARK ACE HARDWARE, INC.	36-3384021	0.24%	\$ 194,465
LAMONT HOLDINGS, LLC DBA ACE HARDWARE OF PALM HAR	27-2900890	0.25%	287,891
LANKEN ENTERPRISES, LLC DBA LELAND ACE HARDWARE	27-3985451	0.57%	370,225
LARAMIE ACE HARDWARE LLC	83-0325014	0.68%	2,306,483
LARSON & SON HARDWARE	47-2526550	0.00%	14,073
LIFESTYLE HUI HOLDINGS, LLC	82-2408518	0.33%	701,154
LM ENTERPRISES, INC DBA OCEANSIDE ACE HARDWARE	87-4810181	0.05%	17,252
LOUIE 'S HOME CENTER	88-0252932	0.25%	331,746
MM HARDWARE DBA MARICOPA HARDWARE	27-2542760	0.00%	3,921
MADLE'S HARDWARE INC. DBA MADLE'S ACE HARDWARE	23-2779422	0.28%	250,196
MADRONA HILLS ACE HARDWARE INC	75-3212802	0.52%	857,537
MARMAC INC	99-0145363	0.19%	358,680
MAYFIELD HARDWARE COMPANY, INC	58-1264295	0.89%	843,326
MERCERSBURG BUILDER'S SUPPLY INC. DBA MERCERSBURG A	23-0867600	0.24%	101,076
MILLER HARDWARE INC. DBA MILLER'S ACE HARDWARE	54-1806019	0.20%	48,525
MINER'S ACE HARDWARE	95-2900041	2.06%	4,240,365
MIRAMAR HARDWARE LLC DBA MARK'S ACE HARDWARE	46-1351090	0.18%	223,229
MITCHELL HARDWARE OREGON, INC.	20-5634422	0.44%	121,784
MOORE LUMBER & HARDWARE, INC.	84-0826445	0.89%	2,222,406
MOUNTAIN HARDWARE AND SPORTS, INC.	94-2605583	2.32%	2,263,539
MOUNTAIN VIEW MERCANTILE, INC DBA ACE HARDWARE - B	81-0527883	0.70%	376,636
NAN-TOM INC. DBA MILLER ACE HARDWARE	25-1196471	0.17%	100,985
NENA HARDWARE INC. DBA NENA ACE HARDWARE	37-1067067	0.64%	531,442
NORWALK HARDWARE LTD DBA ACE HARDWARE	46-1808567	0.39%	287,788
OGDEN HARDWARE, INC. DBA OGDEN'S ACE HARDWARE	81-4810455	0.05%	197,820
OKLAHOMA HOME CENTERS LLC	73-1422983	0.39%	1,113,235
ONE HARDWARE INC. DBA LOOMIS ACE HARDWARE	85-1462050	0.06%	19,971
OUT 4 FUN FRANCHISES DBA ACE HARDWARE SOUTH FULTON	83-3991137	0.00%	-
P.B. HAHN & COMPANY, INC.	39-1958757	1.43%	3,939,963
PAGE HARDWARE & APPLIANCE CO.	06-0790184	0.42%	3,613,723
PALOS HARDWARE, LLC DBA PALOS ACE HARDWARE	41-2075709	0.37%	424,223
PARIS ACE HARDWARE, INC. DBA PARIS ACE HARDWARE	46-3319115	0.60%	361,970
PAUL'S SCOTTSDALE HARDWARE, INC.	86-0266569	0.98%	2,194,072
PEARLAND LUMBER & ACE HARDWARE	74-1269545	0.54%	1,303,035
PORTER'S ACE HARDWARE INCORPORATED DBA PORTER'S AC	76-0611012	0.17%	114,414
RAMSHAWS ACE HARDWARE INCORPORATED	94-2300140	0.73%	272,677
RED LODGE HOME & HARDWARE, INC DBA RED LODGE ACE H	83-2431503	0.36%	252,256
REDD, INC.	87-0490516	0.36%	235,827
RETAIL RECLAIMERS	84-3034273	0.03%	24,854
RICHLAND HARDWARE INC. DBA RICHLAND ACE HARDWARE	82-3837983	0.07%	60,023
RIG RENTALS, INC. DBA GREEN'S ACE HARDWARE	03-0343303	0.04%	33,726
RJL VENTURE MANAGEMENT, INC. DBA NEWPORT ACE HARD	83-0579050	0.28%	178,934
ROBERTS ACE HARDWARE	46-3816229	0.15%	247,829
RODS ACE HARDWARE	86-0729341	0.36%	426,465
RYLEE'S ACE HARDWARE	38-1522966	0.00%	56,889

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions	(d) Aggregate Account Balances
SOUTHERN HOME & RANCH CENTER	27-3264305	0.00%	468
SPALDING HARDWARE CO, INC.	16-0802390	0.26%	533,246
STANDARD OF BEVERDALE, INC.	42-0933785	0.28%	-
STEINMAN INC DBA PARK ACE HARDWARE	36-2974394	0.02%	13,664
STERLING DEVELOPMENT GROUP, LTD	84-1288531	0.14%	133,997
STEWARD'S HARDWARE COMPANY	20-8490186	0.27%	595,775
TEPHRA, INC. DBA FILBIN'S ACE HARDWARE	27-0359153	0.00%	3,580
TGP OPERATIONS INCORPORATED DBA BRAZIL HARDWARE	47-4223325	0.18%	71,737
THE GRANITE GROUP, LLC DBA CROSSROADS ACE HARDWARE	51-0445551	0.58%	243,723
THE HELPFUL HARDWARE CO., LLC	84-2418548	0.56%	158,221
THE KARSTEN CORPORATON DBA KARSTEN'S ACE HARDWARE	86-1030271	0.69%	844,572
TRIPLE D HARDWARE, INC. DBA DAVIS ACE HARDWARE	86-0754073	0.09%	58,609
TUDORS HARDWARE, INC. DBA TUDORS ACE HARDWARE	54-1837572	0.17%	115,065
TURNER ACE HODGES LLC DBA TURNER ACE HARDWARE	81-3811193	0.12%	125,406
TURNER ACE ST. AUGUSTINE, INC. DBA TURNER ACE HARDWARE	47-2046375	0.02%	27,105
TURNER ACE WGV MONUMENT	82-2023850	0.01%	10,632
TURNER HARDWARE BEACHES, INC. DBA TURNER ACE HARDWARE	59-3344351	0.11%	83,176
TWINS ACE ARLINGTON LLC	81-1480323	0.17%	524,165
VAN'S ACE HARDWARE	94-3289718	0.00%	27,595
VASHON MERCANTILE COMPANY DBA VASHON ACE HARDWARE	91-0990200	0.23%	136,861
VINE HILL HARDWARE	94-1574537	1.63%	6,950,626
VISION ACE	59-3680544	2.10%	2,693,916
VOLGA HARDWARE LLC DBA VOLGA ACE HARDWARE	86-2412353	0.03%	17,772
WALNUT CREEK HARDWARE, INC.	26-2376875	0.14%	180,087
WESLEYAN ACE HARDWARE INC.	58-1592830	0.10%	20,462
WEST PACES ACE HARDWARE LLC DBA WEST PACES ACE HARDWARE	86-2788724	0.16%	60,576
WESTBURY'S HARDWARE OF HARLEYVILLE, INC. DBA WESTBURY'S	57-0564449	0.27%	507,679
WHITMORE INVESTMENTS INC.	36-2878359	3.12%	1,931,940
ZAREMBA HARDWARE LLC DBA SANTA CRUZ HARDWARE	81-2808337	0.18%	131,645
ZMAC, INC. DBA DOWNTOWN ACE HARDWARE	84-0858074	0.34%	111,429
BOMBERGER'S STORE, INC.	23-2002142	2.86%	11,171,073
GREAT LAKES HARDWARE INC.	38-1723474	7.53%	19,234,706
WESTLAKE HARDWARE, INC.	48-1040978	16.27%	33,885,255
Z HARDWARE CO.	36-2437138	0.85%	7,262,494
HARDWARE PARTNERS LLC	85-3793164	0.01%	1,011
SMALL TOWN SUPPLY INC	82-0881020	0.25%	49,130
H.L. TILLSON & CO	01-0171920	0.08%	15,585
BERGER HARDWARE, LLC	20-0346101	0.15%	30,122
ANDREWS HARDWARE CO	63-0009830	0.41%	78,499
RON ERWIN, INC	84-1183030	0.01%	2,552
PICKETT'S, INC	59-1491175	0.08%	15,112
GRANITE BAY ACE HARDWARE, INC	35-2226395	0.27%	1,158,715
HW HENKLE ENTERPRISES INC	74-2805381	0.05%	8,834
SUNNYSIDE HARDWARE, INC	91-1134728	0.11%	21,327
BLUE SKY HARDWARE, LLC	931962853	0.01%	-
RUTLAND ACE HARDWARE, LLC	01-0742390	0.01%	30,260

ACE RETAIL SAVINGS PLAN

SPONSOR'S EIN: 36-0700810

PLAN NUMBER: 333

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

December 31, 2024

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
	American Century	Mid Cap Value Fund	**	\$ 2,564,639
	American Funds	New World Fund	**	546,748
*	Transamerica	BlackRock LifePath Index 2030 Fund	**	19,737,751
*	Transamerica	BlackRock LifePath Index 2035 Fund	**	17,544,042
*	Transamerica	BlackRock LifePath Index 2040 Fund	**	13,613,008
*	Transamerica	BlackRock LifePath Index 2045 Fund	**	9,795,566
*	Transamerica	BlackRock LifePath Index 2050 Fund	**	7,528,650
*	Transamerica	BlackRock LifePath Index 2055 Fund	**	6,149,143
*	Transamerica	BlackRock LifePath Index 2060 Fund	**	3,801,003
*	Transamerica	BlackRock LifePath Index 2065 Fund	**	370,712
*	Transamerica	BlackRock LifePath Index Retirement Fund	**	26,091,949
*	Transamerica	BlackRock Total Return Institutional Fund	**	7,298,911
	Fidelity	Growth Company Fund	**	20,283,368
	MFS	International Diversification Fund	**	4,688,167
	MassMutual	Mid Cap Growth Fund	**	1,617,157
	Robeco	Boston Partners All Cap Value Institutional Fund	**	3,922,715
	T. Rowe Price	Small-Cap Stock Fund	**	3,333,071
	Vanguard	500 Index Admiral Fund	**	20,621,856
	Vanguard	Mid Cap Index Admiral Fund	**	3,747,806
	Vanguard	Real Estate Index Admiral Fund	**	989,621
	Vanguard	Small Cap Growth Index Admiral Fund	**	2,201,488
	Vanguard	Small Cap Value Index Admiral Fund	**	1,851,617
	Total mutual funds			178,298,988
	Pooled separate accounts:			
*	Transamerica	Hartford Mid Cap Retirement Account Fund	**	152
*	Transamerica	Invesco Dvfd Div Retirement Account Fund	**	1,190
*	Transamerica	Janus Henderson Triton Retirement Account Fund	**	182
*	Transamerica	JPMorgan High Yield Retirement Account Fund	**	795
*	Transamerica	MFS International Diversification Retirement Account Fund	**	268
*	Transamerica	PGIM Total Return Bond Retirement Account Fund	**	1,742
*	Transamerica	State Street Russell Small Cap Index Retirement Account Fund	**	229
*	Transamerica	T. Rowe Price Growth Stock Retirement Account Fund	**	995
*	Transamerica	TA Vanguard REIT Index Retirement Account Fund	**	832
*	Transamerica	BlackRock LifeGoal Index 2025 Retirement Account Fund	**	5,213
*	Transamerica	BlackRock LifeGoal Index 2030 Retirement Account Fund	**	14,134
*	Transamerica	BlackRock LifeGoal Index 2035 Retirement Account Fund	**	3,580
*	Transamerica	BlackRock LifeGoal Index 2045 Retirement Account Fund	**	7,017
*	Transamerica	BlackRock LifeGoal Index 2050 Retirement Account Fund	**	9,482
*	Transamerica	BlackRock LifeGoal Index 2055 Retirement Account Fund	**	13,267
*	Transamerica	BlackRock LifeGoal Index Retirement Account Fund	**	47,974
*	Transamerica	Partners Stock Index Retirement Account Fund	**	740
*	Transamerica	Invesco Stable Value Option	**	6,905,943
	Total pooled separate accounts			7,013,735
	Non-interest bearing cash			
*	Transamerica	Cash holding account	**	234,733

ACE RETAIL SAVINGS PLAN

SPONSOR'S EIN: 36-0700810

PLAN NUMBER: 333

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED
December 31, 2024**

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Guaranteed investment contract:			
*	Transamerica Financial Life Insurance Company	Stable Value Account	**	\$ 1,267
	Total investments			185,548,723
*	Notes receivable from participants	Loans to participants, interest rates ranging from 4.25% - 9.50%, various maturities	-	1,921,536
	Total assets held			\$ 187,470,259

* A party-in-interest, as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.