

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN GREETINGS CORPORATION WELFARE BENEFITS PLAN
1b Three-digit plan number (PN): 556
1c Effective date of plan: 02/28/1990
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: AMERICAN GREETINGS CORPORATION, ONE AMERICAN BOULEVARD, CLEVELAND, OH 44145
2b Employer Identification Number (EIN): 34-0065325
2c Plan Sponsor's telephone number: 216-252-7300
2d Business code (see instructions): 323100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 12/15/2025, CHRIS HAFFKE; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 12/15/2025, ERIN LOSCHETTER; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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 AMERICAN GREETINGS CORPORATION c Plan Name AMERICAN GREETINGS CORPORATION CONSOLIDATED WELFARE BENEFITS PLAN	4b EIN 34-0065325	
	4d PN 556	
5 Total number of participants at the beginning of the plan year	5	2017
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1908
	6a(2)	2050
	6b	11
	6c	0
	6d	2061
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan AMERICAN GREETINGS CORPORATION WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	556
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN GREETINGS CORPORATION	D Employer Identification Number (EIN) 34-0065325	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AMWINS

05-0461576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	CONTRACT ADMINISTRATOR	10494	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)

UMR, INC.

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	CLAIMS PROCESSING	6462	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	846	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

USI INSURANCE SERVICES LLC

13-3771734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50 70	ACTUARY	5000	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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan AMERICAN GREETINGS CORPORATION WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 556
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN GREETINGS CORPORATION	D Employer Identification Number (EIN) 34-0065325

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

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	4504246	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4504246	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	62021	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		62021
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	218	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		218
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		62239

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4542932	
(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)		4542932
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)	17455	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1073	
(7) Actuarial fees	2i(7)	5000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	25	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		23553
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4566485

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4504246
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**American Greetings Corporation
Welfare Benefits Plan**
(formerly American Greetings Corporation
Consolidated Welfare Benefits Plan)

Financial Statements
and ERISA-Required Supplemental Schedule
As of February 28, 2025 and February 29, 2024
and for the Year Ended February 28, 2025

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of
BDO International Limited, a UK company limited by guarantee.



American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Financial Statements
and ERISA-Required Supplemental Schedule
As of February 28, 2025 and February 29, 2024
and for the Year Ended February 28, 2025

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

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Independent Auditor's Report

Benefits Advisory Committee of the
American Greetings Corporation
Welfare Benefits Plan
Cleveland, Ohio

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

We have performed audits of the financial statements of American Greetings Corporation Welfare Benefits Plan (formerly American Greetings Corporation Consolidated Welfare Benefits 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). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of February 28, 2025 and February 29, 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended February 28, 2025, and the related notes to the financial statements (modified cash basis).

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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of February 28, 2025 and February 29, 2024, and for the year ended February 28, 2025, 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 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2; and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meet 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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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 within one year after the date that the financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4(j)- Schedule of Reportable Transactions (Modified Cash Basis) for the Year Ended February 28, 2025 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule (modified cash basis), we evaluated whether the supplemental schedule (modified cash basis), other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BDO USA, P.C.

December 15, 2025

Financial Statements

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Statements of Net Assets Available for Benefits (Modified Cash Basis)

	February 28, 2025		February 29, 2024
Assets			
Investments, at fair value			
Money market funds	\$	-	\$ 4,504,246
Total Investments, at fair value		-	4,504,246
Net Assets Available for Benefits	\$	-	\$ 4,504,246

See accompanying notes to financial statements.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year ended February 29, 2025

Additions

Net investment income:

Dividend	\$	218
Interest		62,021

Total Additions		62,239
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Deductions

Claims paid		4,542,932
Administrative expenses		23,553

Total Deductions		4,566,485
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Net Decrease		(4,504,246)
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Net Assets Available for Benefits, beginning of year		4,504,246
-------------------------------------------------------------	--	------------------

Net Assets Available for Benefits, end of year	\$	-
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See accompanying notes to financial statements.

American Greetings Corporation Welfare Benefits Plan (formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

1. Description of the Plan

The American Greetings Corporation Welfare Benefits Plan (formerly the "American Greetings Corporation Consolidated Welfare Benefits Plan") was established to provide medical benefits to active employees of American Greetings Corporation (the "Corporation", "Company" or "Plan Sponsor"), as described in the American Greetings Corporation Welfare Benefits Plan Agreement ("Plan Agreement").

Effective March 1, 2023, the Company merged (the "Plan Merger") the American Greetings Corporation Welfare Benefits Plan for Post-Retirement Medical Benefits Plan (the "Postretirement Plan") providing post-retirement benefits to certain retirees and the plan for active medical benefits (the "Active Employee Plan") into a single plan (the American Greetings Corporation Consolidated Welfare Benefits Plan, the "Merged Plan") so as to permit the Merged Plan's assets to be used for the purpose of providing health and welfare benefits to the Company's active employees. In addition, the Corporation maintained a voluntary employees' beneficiary association trust fund (the "VEBA Trust") to fund the health benefits provided to the Corporation's eligible retirees through the Postretirement Benefits Plan. This Merged Plan shall be the exclusive source of health and welfare benefits for eligible retirees, employees and their dependents and all prior plans, insurance contracts, or other arrangements through which benefits could have been provided are hereby superseded. In conjunction with the Plan Merger, the Postretirement Benefits Plan's existing investments in the amount of \$20.4 million that were held as of March 1, 2023 in the VEBA Trust could now be used by the Corporation for the sole purpose of settling medical claims of the active employees and substantially all retirees covered by the Merged Plan. Accordingly, the fair value of the VEBA Trust assets is no longer included in the Postretirement Benefits Plan's actuarially-determined funded status; rather classified as money market funds on the Statement of Net Assets Available for Benefits at February 29, 2024.

Effective December 31, 2023, the Merged Plan was amended to terminate retiree coverage for all retirees other than the Corban Union retirees and other retirees who are current Plan participants and who have not yet reached the age of 65.

As of July 23, 2024, the VEBA Trust no longer held any plan assets, and the VEBA Trust consequently was terminated. Effective January 1, 2025, the Corporation amended and restated the American Greetings Consolidated Welfare Benefits Plan to update certain eligibility provisions, in particular to provide benefits only to active employees; henceforth referred to as the American Greetings Corporation Welfare Benefits Plan. In addition, the Corporation established the American Greetings Corporation Retiree Welfare Benefits Plan, which provides benefits to certain retirees and their eligible dependents. Each plan has a measurement date of February 28 or 29.

All benefits under the Plan shall be paid exclusively by an insurer, a trust established for purposes of paying benefits under the Plan, or by the Company out of its general assets. The Company shall have no duty to make any contributions except those required.

The Company contributes such amounts as are necessary to fund the current benefits under the Plan. The Company may also contribute additional amounts necessary to fund incurred claim reserves and to prefund benefits for plan participants, as permitted and limited by the Internal Revenue Code (the "Code"). No contributions were made by the Company during the year ended February 28, 2025.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

The preceding brief description of the Plan provides only general information. Participants should refer to the various Plan documents which are available from the Company's Human Resources Department for more complete information on the Plan's provisions.

The Plan operates on a fiscal year, which begins March 1 and ends on February 29 or 28.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the modified cash basis of accounting. Contributions are recorded when received, rather than when earned, and expenses are recorded when paid, rather than when the obligation is incurred. Accordingly, the financial statements are not intended to be in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a settlement-date basis. Interest and dividend income are recorded when received. See Note 4 for fair value measurements. Net appreciation (depreciation) in fair value of investments include 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 requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through December 15, 2025, the date the financial statements were available to be issued.

3. Certified Investment Information

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, KeyBank National Association, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule are complete and accurate:

- Investments shown in the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024.
- Net appreciation in fair value of investments, and interest income as shown on the statements of changes in net assets available for benefits for the year ended February 28, 2025.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

- Investment information included in the supplemental Schedule H - Line 4(j) Schedule of Reportable Transactions for the year ended February 28, 2025, as shown on the ERISA-required supplemental schedule.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.

4. Fair Value Measurements

Assets and liabilities measured at fair value are classified using the fair value hierarchy based upon the transparency of inputs as of the measurement date. The classification of fair value measurements within the hierarchy is based upon the lowest level of input that is significant to the measurement. The three levels are defined as follows:

Level 1 - Valuation is based upon quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 - Valuation is based upon quoted prices for similar assets and liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 - Valuation is based upon unobservable inputs that are significant to the fair value measurement.

A financial instrument'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used as of February 28, 2025 or February 29, 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

The Plan's valuation methodology used to measure the fair value of the exchange traded equity funds was derived from quoted market prices on the active market on which the funds are traded and are classified as Level 1. U.S. government securities, corporate bonds, and foreign bonds are valued using evaluated prices provided by a recognized pricing service. Because the evaluated prices are based on observable inputs, such as dealer quotes, available trade information, spread, bids and offers, prepayment speeds, U.S. Treasury curves and interest rate movements, securities in this category are classified as Level 2. The money market fund is classified as Level 2 as substantially all of the fund's investments were determined using amortized cost.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

The following tables summarize the assets measured at fair value on a recurring basis as of the measurement dates, February 28, 2025, and February 29, 2024, and the basis for that measurement, by level within the fair value hierarchy:

February 28, 2025

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ -	\$ -	\$ -
Total Investments , in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -

February 29, 2024

	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 4,504,246	\$ -	\$ 4,504,246
Total Investments , in the fair value hierarchy	\$ -	\$ 4,504,246	\$ -	\$ 4,504,246

5. Postretirement Benefit Obligation

Effective January 1, 2025, the Corporation amended and restated the American Greetings Consolidated Welfare Benefits Plan to update certain eligibility provisions, in particular to provide benefits only to active employees; henceforth referred to as the American Greetings Corporation Welfare Benefits Plan. In addition, the Corporation established the American Greetings Corporation Retiree Welfare Benefits Plan, which provides benefits to certain retirees and their eligible dependents. As a result, the American Greetings Corporation Welfare Benefits Plan has no postretirement benefits obligation as of February 28, 2025.

The postretirement benefit obligation for the American Greetings Corporation Consolidated Welfare Benefits Plan for the year ended February 29, 2024 as actuarially determined, principally for health benefits related to the following categories of participants (including their beneficiaries and dependents), is as follows:

	February 28, 2025	February 29, 2024
Retired employees	\$ -	\$ 5,323,053
Total	\$ -	\$ 5,323,053

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to February 29, 2024, reduced by the actuarial present value of contributions expected to be received in the future from current participants. Postretirement benefits include future benefits expected to be paid for active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing assets.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

The actuarial present value of the expected postretirement benefit obligation is determined by an independent actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers. The net actuarial gain is primarily due to changes in the actuarial assumptions related to enrollment rates, mortality, demographic changes, and the discount rate. The following were other significant assumptions used in the actuarial valuations at:

February 29, 2024

Weighted-average discount rate	5.00%
Assumed retirement age rates:	
Age 55-58	5%
Age 59-60	10%
Age 61-64	15%
Age 65	40%
Age 66-69	25%
Age 70	100%
Mortality	Pri-2012 Headcount- Weighted Total Dataset mortality tables by participant status projected generationally using the MP- 2021 scale.

For measurement purposes at February 29, 2024, the assumed health care cost trend rates were as follows:

February 29, 2024

Trend rate assumed for next year	6.00%
Ultimate trend rate	4.00%
Year the rate reaches the ultimate trend rate	2075-2076

6. Claims Incurred but not Reported

Plan obligations at February 29 or 28 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

As of the date of the financial statements, there are certain claims incurred but not yet reported to the Plan, and some of these may not be reported for an extended period of time. Claims of this

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

nature cannot be determined on an individual basis, but the aggregate amount of such claims has been estimated on the basis of past experience and subsequent claims reported by the claims administrator. Total estimated claims incurred but not reported are approximately \$2,120,000 and \$1,853,000 at February 28, 2025 and February 29, 2024, respectively.

7. Income Tax Status

The Trust funding the Plan received an exemption letter from the Internal Revenue Service ("IRS") dated December 3, 2004, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Code as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust is tax-exempt. Thus, no provision for income taxes has been included in the Plan's financial statements.

The Plan administrator is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate risk, credit risks, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements (modified cash basis).

Plan contributions are determined and the actuarial present value of the accumulated postretirement benefit obligation is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Transactions with Parties-in-Interest and Related Parties

During the year ended February 28, 2025, certain legal and accounting fees were paid by the Company on behalf of the Plan. Such fees paid for services rendered by parties-in-interest were based on customary and reasonable rates. Fees paid by the Plan to the trustee for administrative services provided were \$1,073 for the year ended February 28, 2025. These transactions are party-in-interest transactions which are exempt from prohibited transaction rules.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Notes to Financial Statements (Modified Cash Basis)

10. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

ERISA-Required Supplemental Schedule

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Schedule H, Line 4(j) - Schedule of Reportable Transactions (Modified Cash Basis)

EIN: 34-0065325

Plan No: 556

Year ended February 28, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
Federated Treasury Obligations Institutional Shares	14 Purchases (2,240,924 shares)	\$ 2,240,924	\$ -	\$ 2,240,924	\$ 2,240,924	\$ -
Federated Treasury Obligations Institutional Shares	34 Sales (5,048,638 shares)	-	5,048,638	5,048,638	5,048,638	-
Vanguard Prime Money Market Fund Instl Cl	13 Purchases (17,966,753 shares)	17,966,753	-	17,966,753	17,966,753	-
Vanguard Prime Money Market Fund Instl Cl	12 Sales (16,277,354 shares)	-	16,277,354	16,277,354	16,277,354	-
Vanguard S&P 500 Closed-End Fund	3 Purchases (14,338 shares)	14,338	-	14,338	14,338	-
Vanguard S&P 500 Closed-End Fund	3 Sales (17,683 shares)	-	1,710,870	1,710,870	1,710,870	-

There were no category (i), (ii), or (iv) reportable transactions.

American Greetings Corporation Welfare Benefits Plan
(formerly American Greetings Corporation Consolidated Welfare Benefits Plan)

Schedule H, Line 4(j) - Schedule of Reportable Transactions (Modified Cash Basis)

EIN: 34-0065325

Plan No: 556

Year ended February 28, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
Federated Treasury Obligations Institutional Shares	14 Purchases (2,240,924 shares)	\$ 2,240,924	\$ -	\$ 2,240,924	\$ 2,240,924	\$ -
Federated Treasury Obligations Institutional Shares	34 Sales (5,048,638 shares)	-	5,048,638	5,048,638	5,048,638	-
Vanguard Prime Money Market Fund Instl Cl	13 Purchases (17,966,753 shares)	17,966,753	-	17,966,753	17,966,753	-
Vanguard Prime Money Market Fund Instl Cl	12 Sales (16,277,354 shares)	-	16,277,354	16,277,354	16,277,354	-
Vanguard S&P 500 Closed-End Fund	3 Purchases (14,338 shares)	14,338	-	14,338	14,338	-
Vanguard S&P 500 Closed-End Fund	3 Sales (17,683 shares)	-	1,710,870	1,710,870	1,710,870	-

There were no category (i), (ii), or (iv) reportable transactions.