

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/01/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE TRUTH RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>335</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>TRUTH PUBLISHING COMPANY, INC.</u></p> <p><u>245 W EDISON RD, SUITE 250</u> <u>MISHAWAKA, IN 46545</u></p>	<p>1c Effective date of plan <u>08/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>62-1179461</u></p> <p>2c Plan Sponsor's telephone number <u>888-333-6133</u></p> <p>2d Business code (see instructions) <u>511110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/27/2026	ANNA TRIM
	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 RETIREMENT COMMITTEE TRUTH PUBLISHING COMPANY, INC. 245 W EDISON RD, SUITE 250 MISHAWAKA, IN 46545	3b Administrator's EIN 62-1179461 3c Administrator's telephone number 888-333-6133
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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
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5 Total number of participants at the beginning of the plan year	5	173
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
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)	
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)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 **08/01/2024** and ending **07/01/2025**

A Name of plan THE TRUTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	335
C Plan sponsor's name as shown on line 2a of Form 5500 TRUTH PUBLISHING COMPANY, INC.	D Employer Identification Number (EIN) 62-1179461	

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)

NYHART ACTUARY AND EMPLOYEE BENEFIT

707 LAKE COOK ROAD
SUITE 250
DEERFIELD, IL 60015

(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	ACTUARY	178083	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)

OXFORD FINANCIAL GROUP

980 N. MICHIGAN AVENUE
SUITE 1500
CHICAGO, IL 60611-4521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	13470	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/01/2025	
A Name of plan THE TRUTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 335
C Plan sponsor's name as shown on line 2a of Form 5500 TRUTH PUBLISHING COMPANY, INC.	D Employer Identification Number (EIN) 62-1179461

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	150000	0
(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)	344576	0
(2) U.S. Government securities	1c(2)	2761722	0
(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)	4093769	0
(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	7350067	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	7350067	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)	2005000	
(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)		2005000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42180	
(B) U.S. Government securities.....	2b(1)(B)	37468	
(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)	8722	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		88370
(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)	90504	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		90504
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12287809	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12299998	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-12189
(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)		-40504
c Other income	2c		67367
d Total income. Add all income amounts in column (b) and enter total	2d		2198548

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1625763	
(2) To insurance carriers for the provision of benefits	2e(2)	7575000	
(3) Other	2e(3)	140002	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9340765
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)	4867	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	13470	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	178083	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	11430	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		207850
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9548615

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7350067
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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 0.

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 _____.

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.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **08/01/2024** and ending **07/01/2025**

A Name of plan THE TRUTH RETIREMENT PLAN	B Three-digit plan number (PN)	335
C Plan sponsor's name as shown on line 2a of Form 5500 TRUTH PUBLISHING COMPANY, INC.	D Employer Identification Number (EIN) 62-1179461	

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): 34-1784820

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	35
--	----------	-----------

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

The Truth Retirement Plan

Financial Report
July 1, 2025

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Independent Auditor's Report

Truth Retirement Plan Committee
The Truth Retirement Plan

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

We have performed audits of the financial statements of The Truth Retirement 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 and accumulated plan benefits as of July 1, 2025 (in liquidation) and July 31, 2024 (ongoing), the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the period ended July 1, 2025 (in liquidation) and the year ended July 31, 2024 (ongoing), 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of July 1, 2025 and July 31, 2024, and for the period ended July 1, 2025 and year ended July 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of its knowledge.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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—Plan Termination and Liquidation Basis

As discussed in Note 6 to the financial statements, the Board of Directors of Truth Publishing Company, Inc., the Plan's sponsor, voted on September 17, 2024 to terminate the Plan, and management determined liquidation was imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. 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 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 within one year after the date that the financial statements are issued or 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 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.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions for the period ended July 1, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 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 schedule 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, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are 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, 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 information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP

Mishawaka, Indiana
February 19, 2026

The Truth Retirement Plan

**Statements of Net Assets Available for Benefits
July 1, 2025 (In Liquidation) and July 31, 2024 (Ongoing)**

	2025 (In Liquidation)	2024 (Ongoing)
<hr/>		
Assets		
Investments, at fair value	<u>\$ -</u>	<u>\$ 7,200,067</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>\$ 7,200,067</u></u>

See notes to financial statements.

The Truth Retirement Plan

Statements of Changes in Net Assets Available for Benefits Period Ended July 1, 2025 (In Liquidation) and Year Ended July 31, 2024 (Ongoing)

	2025 (In Liquidation)	2024 (Ongoing)
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (52,693)	\$ 509,138
Dividends and interest	178,874	213,419
Total investment income	126,181	722,557
Other income and employer contribution		
Other income	67,367	-
Employer contribution	2,155,000	420,000
Other income and employer contribution	2,222,367	420,000
Total additions	2,348,548	1,142,557
Deductions from net assets attributed to:		
Benefits paid to participants	1,625,763	804,143
Purchase of annuity contract	7,575,000	-
Administrative expenses	207,850	225,180
Other expenses and deductions	140,002	-
Total deductions	9,548,615	1,029,323
Net (decrease) increase	(7,200,067)	113,234
Net assets available for benefits:		
Beginning of year	7,200,067	7,086,833
End of year	\$ -	\$ 7,200,067

See notes to financial statements.

The Truth Retirement Plan

**Statements of Accumulated Plan Benefits
July 1, 2025 (In Liquidation) and July 31, 2024 (Ongoing)**

	2025	2024
	(In Liquidation)	(Ongoing)
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ 6,844,234
Other participants	-	1,593,302
	<hr/>	<hr/>
Total actuarial present value of accumulated plan benefits	\$ -	\$ 8,437,536
	<hr/> <hr/>	<hr/> <hr/>

See notes to financial statements.

The Truth Retirement Plan

Statements of Changes In Accumulated Plan Benefits Period Ended July 1, 2025 (In Liquidation) and Year Ended July 31, 2024 (Ongoing)

	2025 (In Liquidation)	2024 (Ongoing)
Actuarial present value of accumulated plan benefits, beginning of year	\$ 8,437,536	\$ 8,685,308
Increase (decrease) during the year attributable to:		
Increase for interest	234,250	497,346
Benefits paid to participants	(1,625,763)	(804,143)
Purchase of annuity contract	(7,575,000)	-
Plan experience	528,977	59,025
Net decrease	(8,437,536)	(247,772)
Actuarial present value of accumulated plan benefits, end of year	\$ -	\$ 8,437,536

See notes to financial statements.

The Truth Retirement Plan

Notes to Financial Statements

Note 1. Plan Description

The following brief description of The Truth Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined-benefit plan covering all full-time employees, all regular part-time employees who work at least on a half-time basis, and account executives of Truth Publishing Company, Inc. (the Company or Plan Sponsor). In addition, certain employees and retirees of Pathfinder Communications Corporation and Talking Stick, LLC (collectively Pathfinder) are participants in the Plan. Effective August 1, 2003, future benefit accruals were frozen for the Pathfinder salaried employees. Effective December 31, 2004, the Plan was closed to new participants although benefit accruals continued for certain participants.

Effective July 31, 2008, the Plan was amended to freeze benefit accruals with regards to service and compensation earned after July 31, 2008, for the chief executive officer and September 30, 2008, for all other active plan participants and offered an early retirement window to certain groups of employees who had attained age 58 by July 31, 2008. Participants will continue to earn vesting under the Plan during their employment with the Company, effective September 30, 2008. On April 29, 2016, Truth Publishing Company, Inc. sold significantly all of the Company's operating assets.

On September 17, 2024, the Company adopted a resolution to terminate the Plan, with a proposed termination date of November 30, 2024.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits: Prior to the Plan's termination, hourly employees with at least one year of service were entitled to monthly pension benefits beginning at normal retirement age (65) at \$12.00 multiplied by the participant's number of years of credited service for hourly employees. Salaried employees were entitled to monthly pension benefits beginning at normal retirement age (65) at four-tenths of 1% of compensation (as defined in the Plan) in excess of \$750 multiplied by the number of years of credited service as a salaried employee (up to a maximum of 30 years) plus 1% of compensation multiplied by the number of years of credited service. Employees became fully vested upon completing five years of service. The Plan also permitted early retirement as early as age 58 for employees with at least 10 years of service, with pension benefits reduced by 1/2 of 1% for each month that benefits commence prior to the first of the month following attainment of age 65. Also, terminated employees with at least five years of service were entitled to a deferred vested benefit. Employees terminating employment prior to rendering five years of service forfeited the right to receive accumulated plan benefits. Participants could elect to receive benefits as monthly annuities or lump-sum payments.

The Plan provided for monthly benefit payments to a surviving spouse upon the death of an employee eligible for a vested benefit, regardless of the deceased employee's employment status. The monthly benefit received by the surviving spouse was generally equal to 50% of the monthly benefit the deceased employee would have received, assuming the employee retired the day before death. The monthly benefit payments commenced the day the deceased employee would have been entitled to receive them and shall continue for the remaining life of the surviving spouse.

Disability retirement benefits: Prior to the Plan's termination, salaried participants with at least 10 years of service were entitled to disability benefits. A disabled participant's monthly benefit was determined in the same manner as a normal retirement benefit. Disability benefits were paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits. The Plan contained no provision for the early payment of monthly benefits in the event an hourly employee becomes disabled prior to retirement.

The Truth Retirement Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Pension Protection Act: The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The “At-Risk” status is referred to as the Funding Target Attainment Percentage. A plan’s funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The 2024 AFTAP for the Plan is 80.19%. Because the Plan’s AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Note 2. Significant Accounting Policies

Basis of accounting: The Plan’s financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) and are presented on the accrual basis of accounting. Due to the decision to terminate the Plan, as discussed in Note 1 and further at Note 6, management determined that liquidation of the Plan was imminent and the financial statements as of and for the period ended July 1, 2025, have been prepared using the liquidation basis of accounting. The financial statements as of and for the year ended July 31, 2024, were prepared using the accrual basis of accounting for a going concern.

Use of estimates: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and revenue recognition: The Plan did not hold any investments as of July 1, 2025. The Plan’s investments at July 31, 2024 are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Retirement Committee determines the Plan’s valuation policies utilizing information provided by the trustee.

Purchases and sales of securities for the period ended July 1, 2025 are recorded on a settlement-date basis. Purchases and sales of securities for the year ended July 31, 2024 are recorded on a trade date basis. Interest income for the period ended July 1, 2025 is recorded on the liquidation basis. For the year ended July 31, 2024, interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investment bought and sold as well as held during the year.

Fair value measurement: The Plan adopted an accounting standard that provides a framework for measuring fair value. That framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

The Truth Retirement Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodology used for assets measured at fair value at July 31, 2024. There are no assets measured at fair value at July 1, 2025.

Shares of registered investment companies: Valued at the closing price as reported by the fund. Mutual funds held by the Plan were open-end mutual funds that were registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded and are classified as Level 1 investments.

United States (U.S.) government obligations: U.S. government obligations were valued using pricing models based on credit quality, time to maturity, stated interest rates, and market-rate assumptions, and are classified within Level 2.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries, when applicable.

Benefits under the Plan are accumulated for hourly employees based on years of credited service. For salaried employees, benefits under the Plan are accumulated based on employee's compensation during each year of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee credited service rendered to the valuation date. Benefits to be provided via annuity contracts that have been purchased are excluded from accumulated plan benefits and plan assets.

The Truth Retirement Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 31, 2024 were (a) life expectancy of participants using the PRI-2012 mortality table with projections from 2012 based on SOA improvement scale MP-2021, (b) retirement age assumptions (the assumed average retirement age was 65) and (c) interest rate of 6.00%. The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Nyhart, as of August 1, 2024, on the ongoing basis. Had the valuation been performed as of July 31, 2024, there would be no material differences.

During the period ended July 1, 2025, the Company terminated the Plan. All plan assets were distributed during the period ended July 1, 2025, and all benefit obligations were settled by July 1, 2025. The actuarial present value of plan benefits was determined as of July 1, 2025, and based on the assumptions that the Plan was terminating and liquidation was determined to be imminent. Previously, the actuarial present value of accumulated plan benefits was determined as of the beginning of the plan year using going concern assumptions. Due to the plan termination and determination that liquidation was imminent, the valuation date and assumptions were changed. Participants' lump sum obligations were revalued in accordance with the Plan's document utilizing the 2024 Internal revenue Service (IRS) applicable mortality table and the July 2024 IRS segment rates under Section 417(e)(3). Participants whose accrued benefits were settled through annuity purchases were settled via market transaction with the Midland National Life Insurance Company (Midland). Following management's determination that liquidation was imminent, the revalued obligations were rolled forward to July 1, 2025. The final settlement liability was \$7,575,000.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administration: Certain administrative functions are performed by officers or employees of Pathfinder. No such officer or employee receives compensation from the Plan. Administrative expenses for the trustee's fees are paid by the Plan.

Subsequent events: The Plan has evaluated subsequent events through February 19, 2026, the date the financial statements were available to be issued.

Note 3. Information Certified by KeyBank National Association (KeyBank)

The following is a summary of the Plan's asset information as of July 1, 2025 and July 31, 2024, and for the period ended July 1, 2025 and year ended July 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate to the best of their knowledge by KeyBank, a qualified institution:

	2025 (In Liquidation)	2024 (Ongoing)
Investments at fair value:		
Registered investment companies	\$ -	\$ 4,438,345
U.S. government securities	-	2,761,722
Total investments	<u>\$ -</u>	<u>\$ 7,200,067</u>

The Truth Retirement Plan

Notes to Financial Statements

Note 3. Information Certified by KeyBank National Association (KeyBank) (Continued)

KeyBank also certified to the completeness and accuracy of net (depreciation) appreciation of (\$52,693) and \$509,138 as well as \$178,874 and \$213,419 of dividends and interest related to the aforementioned investments for the period ended July 1, 2025 and for the year ended July 31, 2024, respectively.

Note 4. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of July 1, 2025 and July 31, 2024:

	2025 (in Liquidation)			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ -	\$ -	\$ -	\$ -
U.S. government securities	-	-	-	-
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
	2024 (Ongoing)			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 4,438,345	\$ -	\$ -	\$ 4,438,345
U.S. government securities	-	2,761,722	-	2,761,722
	<u>\$ 4,438,345</u>	<u>\$ 2,761,722</u>	<u>\$ -</u>	<u>\$ 7,200,067</u>

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluated the significant transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the period ended July 1, 2025 and the year ended July 31, 2024, there were no transfers in or out of Level 3.

Note 5. Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, the Company made contributions of \$2,155,000 and \$420,000, respectively. The Company's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

The Truth Retirement Plan

Notes to Financial Statements

Note 6. Plan Termination

The Board of Directors of the Company voted on September 17, 2024, to terminate the Plan, with a proposed termination date of November 30, 2024. In connection with the plan termination, the Plan was amended effective November 30, 2024, to permit distributions to a participant who has not separated from employment if the participant attains the age of 60. All participants became fully vested in their accumulated benefits upon plan termination. The Plan applied with the PBGC on September 27, 2024. In connection with this planned termination an amendment was executed to allow for lump sum payments during the plan termination window. As a result of the resolution to terminate the Plan, the participants who started their annuity benefits prior to the plan termination will receive their monthly annuity payments from the insurance company selected by the Plan, after the settlement date. The participants whose monthly annuity benefits had not commenced at the time of termination will have the following choices to receive the present value of their accrued benefit: (a) monthly annuity payments made by an insurance company selected by the Plan or (b) distributed to them in a single cash payment.

The notice of plan benefits is a statement of a participant's accrued benefit under the Plan, including an estimate of the amount of a single cash payment to which the participant would be entitled. All participants received this statement, and were required to return the signed form stating their choice of a monthly annuity payment or a distribution in the form of a single cash payment. Action taken as a result of participants returning this form resulted in approximately \$1,200,000 of lump sum distributions paid in December 2024, which is included within benefits paid to participants in the Statement of Changes in Net Assets Available for Benefits for the period ended July 1, 2025.

On January 31, 2025, the Plan entered into a single premium group annuity contract with Midland. The contract provides for the payment of annuities to those participants, and their beneficiaries, who elected an annuity distribution option. In February 2025, the Plan paid \$7,575,000 to Midland for the purchase of the annuities included as a settlement with the insurance company in the Statements of Changes in Net Assets Available for Benefits and Changes in Accumulated Plan Benefits for the period ended July 1, 2025. This amount was funded from the sale of the investments held by the Plan, as well as the Plan Sponsor remitting a total of approximately \$1,900,000.

Midland assumed the obligation to make benefit payments under the contract commencing March 1, 2025. The financial statements as of July 1, 2025, include neither the assets transferred nor the obligations assumed by Midland for payment of retiree vested benefits as they are no longer associated with the Plan. All of the Plan assets were either distributed directly to participants or used to purchase annuity contracts from Midland during the period ended July 1, 2025.

Upon Plan termination, the net assets of the Plan are allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency, up to the applicable limitations.
- c. All other vested benefits; that is, vested benefits not insured by the PBGC.
- d. All non-vested benefits.

The Truth Retirement Plan

Notes to Financial Statements

Note 6. Plan Termination (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Note 7. Related-Party and Party-in-Interest Transactions

Certain Plan investments were managed by KeyBank, the trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid to the trustee by the Plan for the period ended July 1, 2025 and for the year ended July 31, 2024 were approximately \$4,900 and \$5,700, respectively.

Note 8. Income Tax Status

The IRS has determined and informed the Plan Sponsor, by a letter dated December 28, 2017, that the Plan, as designed, is qualified under the appropriate section(s) of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes the Plan is qualified, and the related trust is tax-exempt.

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

Note 9. Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

The Truth Retirement Plan

Notes to Financial Statements

Note 10. Reconciliation of Differences Between These Financial Statements and the Financial Information Required on Form 5500

The following is a reconciliation of the differences between these financial statements and the financial information shown on Form 5500:

	July 1, 2025 (In Liquidation)	July 31, 2024 (Ongoing)
Net assets available for benefits per financial statements	\$ -	\$ 7,200,067
Employer contribution receivable	-	150,000
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 7,350,067</u>
		Period Ended July 1, 2025 (In Liquidation)
Decrease in changes in net assets available for benefits per the financial statements		\$ (7,200,067)
Change in employer contribution receivable		<u>(150,000)</u>
Net decrease in changes in net assets available for benefits per Form 5500		<u>\$ (7,350,067)</u>

The Truth Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions Period Ended July 1, 2025 (In Liquidation)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions over 5% of net assets available for benefits								
DODGE & COX	INCOME FD OPE-END FUND	\$ 45,218	\$ -	N/A	\$ -	\$ 45,218	\$ 45,218	\$ -
DODGE & COX	INCOME FD OPE-END FUND	-	2,182,326	N/A	-	2,419,301	2,182,326	(236,975)
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	9,193,700	-	N/A	-	9,193,700	9,193,700	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	9,538,276	N/A	-	9,538,276	9,538,276	-
JP MORGAN	INFLATION MANAGED BOND EXCHANGE-TRADED FUND	-	408,642	N/A	-	421,059	408,642	(12,417)
LORD ABBETT	ULTRA SHORT BOND OPEN END FUND CL I	-	1,507,515	N/A	-	1,500,000	1,507,515	7,515
UNITED STATES TREASURY SECURITIES	UNITED STATES TREAS BILLS DTD 10/5/2023 DUE 10/3/2024	-	2,749,533	N/A	-	2,749,533	2,749,533	-
Single transactions over 5% of net assets available for benefits								
DODGE & COX	INCOME FD OPE-END FUND	\$ -	\$ 2,182,326	N/A	\$ -	\$ 2,419,301	\$ 2,182,326	\$ (236,975)
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	2,788,278	-	N/A	-	2,788,278	2,788,278	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	1,230,335	N/A	-	1,230,335	1,230,335	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	4,098,483	-	N/A	-	4,098,483	4,098,483	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	1,900,000	-	N/A	-	1,900,000	1,900,000	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	7,575,000	N/A	-	7,575,000	7,575,000	-
UNITED STATES TREASURY SECURITIES	UNITED STATES TREAS BILLS DTD 10/5/2023 DUE 10/3/2024	-	2,749,533	N/A	-	2,749,533	2,749,533	-
JPMORGAN	INFLATION MANAGED BOND EXCHANGE-TRADED FUND	-	385,055	N/A	-	396,790	385,055	(11,735)
LORD ABBETT	ULTRA SHORT BOND OPEN END FUND CL I	-	1,507,515	N/A	-	1,500,000	1,507,515	7,515

The above information has been certified by KeyBank National Association, the trustee, to be complete and accurate to the best of their knowledge.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/01/2025

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [x] the final return/report [] an amended return/report [x] a short plan year return/report... 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... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan THE TRUTH RETIREMENT PLAN 1b Three-digit plan number (PN) 335 1c Effective date of plan 08/01/1999 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) TRUTH PUBLISHING COMPANY, INC. 245 W EDISON RD, SUITE 250 MISHAWAKA IN 46545 2b Employer Identification Number (EIN) 62-1179461 2c Plan Sponsor's telephone number 888-333-6133 2d Business code (see instructions) 511110

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. Row 1: ANNA TRIM, 2/27/26. Row 2: TIM GRAY, 2/27/26. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

The Truth Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions Period Ended July 1, 2025 (In Liquidation)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions over 5% of net assets available for benefits								
DODGE & COX	INCOME FD OPE-END FUND	\$ 45,218	\$ -	N/A	\$ -	\$ 45,218	\$ 45,218	\$ -
DODGE & COX	INCOME FD OPE-END FUND	-	2,182,326	N/A	-	2,419,301	2,182,326	(236,975)
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	9,193,700	-	N/A	-	9,193,700	9,193,700	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	9,538,276	N/A	-	9,538,276	9,538,276	-
JP MORGAN	INFLATION MANAGED BOND EXCHANGE-TRADED FUND	-	408,642	N/A	-	421,059	408,642	(12,417)
LORD ABBETT	ULTRA SHORT BOND OPEN END FUND CL I	-	1,507,515	N/A	-	1,500,000	1,507,515	7,515
UNITED STATES TREASURY SECURITIES	UNITED STATES TREAS BILLS DTD 10/5/2023 DUE 10/3/2024	-	2,749,533	N/A	-	2,749,533	2,749,533	-
Single transactions over 5% of net assets available for benefits								
DODGE & COX	INCOME FD OPE-END FUND	\$ -	\$ 2,182,326	N/A	\$ -	\$ 2,419,301	\$ 2,182,326	\$ (236,975)
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	2,788,278	-	N/A	-	2,788,278	2,788,278	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	1,230,335	N/A	-	1,230,335	1,230,335	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	4,098,483	-	N/A	-	4,098,483	4,098,483	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	1,900,000	-	N/A	-	1,900,000	1,900,000	-
FEDERATED	GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	-	7,575,000	N/A	-	7,575,000	7,575,000	-
UNITED STATES TREASURY SECURITIES	UNITED STATES TREAS BILLS DTD 10/5/2023 DUE 10/3/2024	-	2,749,533	N/A	-	2,749,533	2,749,533	-
JPMORGAN	INFLATION MANAGED BOND EXCHANGE-TRADED FUND	-	385,055	N/A	-	396,790	385,055	(11,735)
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The above information has been certified by KeyBank National Association, the trustee, to be complete and accurate to the best of their knowledge.