

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan TRUE VALUE COMPANY DEFINED LUMP SUM PENSION PLAN
1b	Three-digit plan number (PN) ▶ 125
1c	Effective date of plan 01/01/1958
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) TRUE VALUE COMPANY 8600 W. BRYN MAWR CHICAGO, IL 60631
2b	Employer Identification Number (EIN) 36-2099896
2c	Plan Sponsor's telephone number 773-695-5000
2d	Business code (see instructions) 423700

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.	07/01/2026	MICHAEL GOLDBERG
	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 ☐ Same as Plan Sponsor RETIREMENT COMMITTEE FOR TRUEVALUE COMPANY 8600 W. BRYN MAWR CHICAGO, IL 60631	3b Administrator's EIN 36-2099896 3c Administrator's telephone number 773-695-5000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 652
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) 277 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
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 Characteristic Codes in the instructions:

1A 1C 1H 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan TRUE VALUE COMPANY DEFINED LUMP SUM PENSION PLAN	B Three-digit plan number (PN) ▶	125
C Plan sponsor's name as shown on line 2a of Form 5500 TRUE VALUE COMPANY	D Employer Identification Number (EIN) 36-2099896	

Part I	Service Provider Information (see instructions)
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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	
IVY FUNDS	PO BOX 29217 SHAWNEE MISSION, KS 66201

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP	P.O. BOX 2900 711 HIGH STREET VALLEY FORGE, PA 19482-2900

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NUVEEN INVESTMENTS, LLC	333 WEST WACKER DRIVE CHICAGO, IL 60606-1218

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DIMENSIONAL FUND ADVISORS	
22-2370029	

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

CRDT SUISSE COMMODITY RTRN STRATEGY

ELEVEN MADISON AVENUE
NEW YORK, NY 10017-3147

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

CAUSEWAY CAPITAL MANAGEMENT LLC

11111 SANTA MONICA BLVD
1500
LOS ANGELES, CA 90025

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	378293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLAZESKA BENEFIT PLAN SERVICES, P.C

99-0643952

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS (FORMERLY DIMEO)

500 W MADISON ST STE 1700
CHICAGO, IL 60661

(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?
16 27 50	NONE	13288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SAGE ADVISORY SERVICES

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	12053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL TRUST COMPANY

711 HIGH ST.
DES MOINES, IA 50392

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	5439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan TRUE VALUE COMPANY DEFINED LUMP SUM PENSION PLAN	B Three-digit plan number (PN) ▶	125
C Plan sponsor's name as shown on line 2a of Form 5500 TRUE VALUE COMPANY	D Employer Identification Number (EIN) 36-2099896	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	10978
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	116496	7
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	238336	0
(2) U.S. Government securities	1c(2)	2993577	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7954529	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2550	0
(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)	10414999	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	798942	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	22519429	10985
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	131111	10985
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	131111	10985
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	22388318	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)	20139	
(B) U.S. Government securities	2b(1)(B)	338034	
(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)		358173
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	90	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	23378	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		23468
(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:	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)		2319370
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2701011

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	917528	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	23874541	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24792069
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)	24000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	267821	
(6) Bank or trust company trustee/custodial fees	2i(6)	5439	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		297260
j Total expenses. Add all expense amounts in column (b) and enter total	2j		25089329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-22388318
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: **BLAZESKA BENEFIT PLAN SERVICES, P.C**

(2) EIN: **99-0643952**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan TRUE VALUE COMPANY DEFINED LUMP SUM PENSION PLAN		B Three-digit plan number (PN) ▶ 125
C Plan sponsor's name as shown on line 2a of Form 5500 TRUE VALUE COMPANY		D Employer Identification Number (EIN) 36-2099896
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063		
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 0
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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_____.

TRUE VALUE COMPANY

DEFINED LUMP SUM PENSION PLAN

FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULES

AS OF DECEMBER 31, 2025 AND 2024
AND FOR THE YEARS THEN ENDED

with

INDEPENDENT AUDITOR'S REPORT

Employer Identification Number 36-2099896

Plan Number - 125

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Supplemental Schedule:

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Blazeska Benefit Plan Services, P.C.
1415 W. 22nd Street, Tower Floor
Oak Brook, IL 60523
www.blazebps.com

INDEPENDENT AUDITOR'S REPORT

Plan Participants and Retirement Committee
True Value Company Defined Lump Sum Pension Plan
Chicago, Illinois

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

We have performed an audit of the financial statements of True Value Company Defined Lump Sum Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certification from a qualified institution as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audit 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.
- 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 on the Financial Statements

We conducted our audit 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 audit. 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 Basis of Accounting

As described in Notes 1 and 2, pursuant to the Notice of Determination dated April 1, 2025, issued by the Pension Benefit Guaranty Corporation (PBGC), the Plan was terminated effective November 30, 2024. As a result of the Plan's termination, the liquidation basis of accounting is being used for the year ended December 31, 2025 and December 31, 2024. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental 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 Department of Labor'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).



Blazeska Benefit Plan Services, P.C.

TRUE VALUE COMPANY
DEFINED LUMP SUM PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2025 AND 2024

	2025 <u>(In liquidation)</u>	2024 <u>(In liquidation)</u>
Assets:		
Investments, at fair value:		
Interest in registered investment companies	\$ -	\$ 10,653,336
Common stock	-	2,550
Fixed income securities	<u>-</u>	<u>11,747,047</u>
Total investments	<u>-</u>	<u>22,402,932</u>
Cash	10,978	-
Receivables:		
Investment income	<u>7</u>	<u>116,496</u>
Total receivables	<u>7</u>	<u>116,496</u>
Total assets	<u>10,985</u>	<u>22,519,429</u>
Liabilities:		
Accrued expenses	-	131,111
Plan termination transfer out (Note 1)	<u>10,985</u>	<u>-</u>
Total liabilities	<u>10,985</u>	<u>131,111</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 22,388,318</u>

The accompanying notes are an integral part of these financial statements.

TRUE VALUE COMPANY
DEFINED LUMP SUM PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2025 AND 2024

	2025 <u>(In liquidation)</u>	2024 <u>(In liquidation)</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,319,370	\$ 1,081,087
Interest and Dividends	<u>381,641</u>	<u>627,705</u>
	2,701,011	1,708,792
Contributions	-	1,043,000
Total	<u>2,701,011</u>	<u>2,751,792</u>
Deductions:		
Benefit payments	(917,528)	(2,295,973)
Administrative expenses	<u>(297,260)</u>	<u>(678,679)</u>
Total deductions	<u>(1,214,788)</u>	<u>(2,974,652)</u>
Increase (decrease) prior to transfers	1,486,223	(222,860)
Plan termination transfer out (Note 1)	(23,874,541)	-
Net (decrease)	(22,388,318)	(222,860)
Net assets available for benefits:		
Beginning of year	<u>22,388,318</u>	<u>22,611,178</u>
End of year	<u>\$ -</u>	<u>\$ 22,388,318</u>

The accompanying notes are an integral part of these financial statements.

TRUE VALUE COMPANY
DEFINED LUMP SUM PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The True Value Company Defined Lump Sum Pension Plan (the "Plan") was amended to freeze participation and benefit accruals effective with the Company's fiscal year ended 2006 except with respect to certain participants covered by certain collective bargaining agreements, which were frozen as of December 31, 2008.

Pursuant to the Notice of Determination dated April 1, 2025, issued by the Pension Benefit Guaranty Corporation ("PBGC"), the Plan was terminated effective November 30, 2024. Cash and securities were transferred to the PBGC during the Plan year of approximately \$23.8 million with the remaining amount of approximately \$11,000 being transferred by the end of March 2026.

As a result of the Plan's discontinuance, the Plan provides that the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in accordance with Section 4044 of ERISA in the following order:

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

Any residual assets remaining after the above allocation shall be distributed to the Company.

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

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

The Plan is a noncontributory defined-benefit pension plan covering substantially all regular employees of True Value Company and its participating subsidiaries and affiliated corporations (the "Company" or "Plan Sponsor"), who were hired and active prior to the freeze date and are not covered by union-sponsored plans. Union employees are not participants in the Plan unless participation is specifically provided for in the collective bargaining agreements. The Plan is administered by the Retirement Committee appointed by the Company from among its employees. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors. The Plan is subject to the provisions of the Employee Retirement Income and Security Act of 1974 ("ERISA"), as amended.

Plan participants are entitled to receive (1) an immediate lump-sum payment, or (2) a reduced annuity payable on the first day of the month coinciding with or immediately following the participants termination of employment, or (3) a reduced deferred annuity payment commencing after the participant has reached age 55, but before reaching normal retirement age, or (4) a deferred retirement income commencing on his or her normal retirement age.

Participants received a pension credit percentage based on age attained during each year of service. For years of service prior to 1/1/2002, the participant earned credit percentages ranging from 2% to 12%; for years after 1/1/2002,

participants earned credit percentages ranging from 1% to 9%, with the exception of union participants at the Company's Manchester facility who didn't change to the new schedule until 11/1/2002, per arbitration. At the time of termination or retirement with at least five years of service, the sum of the earned credit percentages is multiplied by the employee's Final Average Pay to determine the benefit amount. Final Average Pay is defined as the average of the three highest consecutive years' wages earned in the prior 10-year period prior to the plan freeze date. Participants who had attained age 50 with at least fifteen years of service as of January 1, 1996 for the Cotter & Company Defined Lump Sum Pension and as of January 1, 1998 for the ServiStar Coast to Coast Corporation Retirement Income Plan receive an additional 25% of their average compensation. The benefits determined under the Plan cannot be less than benefits already earned by the participant under the Plan as it existed prior to its freeze amendment. Lump sum benefits are converted to a single life annuity (and, in the case of Minimum Benefits, annuity benefits are converted to lump sums) based on the GAR 94 Mortality Table and an interest rate equal to the average yield of the 30-year U.S. Treasury bond for the month of November preceding the year of payment.

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. For Plan years 2025 and 2024, the Company contributed \$0. The Company has met the funding requirements of ERISA for Plan years 2025 and 2024.

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 (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). No AFTAP is required for 2025 as the Plan was terminated in 2024.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the liquidation basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (see Note 3 – Fair Value Measurements for additional information). Fair value is defined as 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by the trustee.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent estimated future periodic benefit payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits are comprised of benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries.

Benefits for retired or terminated employees or their beneficiaries are based on their final average pay (average of the highest three consecutive years of employees' compensation during their last ten years of credited service). The accumulated plan benefits for active employees are based on their final average pay during the ten years preceding the plan freeze date. Benefits payable under all circumstances (retirement, death and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits, determined by an independent actuary, represents 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 benefit payments (by means of reductions due to death, disability, termination or retirement) between the valuation date and the expected date of payment.

The significant assumptions used in the actuarial valuations as of January 1, 2025 are:

Long-term rate of return	3.75%	
Mortality:	Pri-2012 Generational, Mortality Table with Scale MP-2021	
Retirement (Rates varying by age):	<u>Age</u>	<u>Rate</u>
	55-60	10.0%
	61-63	18.0%
	64	25.0%
	65-69	35.0%
	70+	100.0%

These actuarial assumptions are based on the Plan's termination.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in investment income (loss) in the accompanying statements of changes in net assets available for benefits.

Use of Estimates

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

Subsequent Events

The Plan has evaluated subsequent events through June 30, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

FASB Accounting Standards Codification 820, "*Fair Value Measurements and Disclosures*" (ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10-35 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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Interest in registered investment companies:

Shares of registered investment companies are valued based on quoted net asset value ("NAV") of the fund in active markets and classified within Level 1 of the fair value hierarchy. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the plan are deemed to be actively traded.

Common stock:

Investments in common stock are valued at the quoted prices in active markets are classified within Level 1 of the fair value hierarchy.

Fixed income securities:

Corporate bonds and US Municipal bonds are valued using recently executed transactions in securities of the issuer or comparable issuers, market price quotations, bond spreads and fundamental data relating to the issuer, which are classified within Level 2 of the fair value hierarchy.

Investments in U.S. government bonds and agency debt are valued using the quoted prices for identical assets in active markets are classified within Level 1 of the fair value hierarchy. U.S. agency securities are valued using market observable data such as reported sales of similar securities, broker quotes, yields, bids and offers are classified within Level 1 of the fair value hierarchy.

The Plan did not hold any investments at fair value as of December 31, 2025.

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

<u>Investments at Fair Value at December 31, 2024</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest in registered investment companies	\$10,653,336	--	--	\$10,653,336
Common stock	2,550	--	--	2,550
Fixed income securities:				
Corporate bonds	--	7,802,889	--	7,802,889
US government bonds and agency debt	3,279,661	--	--	3,279,661
US municipal bonds	--	664,497	--	664,497
	-----	-----	-----	-----
Total investments at fair value	<u>\$13,935,547</u>	<u>\$8,467,386</u>	<u>\$ --</u>	<u>\$22,402,933</u>

4. Risks and Uncertainties

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan 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.

5. Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest and dividends, for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank, the trustee of the Plan.

6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits at January 1, 2025 is as follows:

Vested benefits:	
Participants currently receiving payments	\$8,147,553
Other Participants	<u>21,013,361</u>
	29,160,914
Non-vested benefits	--

Total actuarial present value of accumulated plan benefits	<u>\$29,160,914</u>

Changes occurred in the actuarial present value of accumulated plan benefits for the year ended January 1, 2025 are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$30,750,541</u>
Increase for interest	962,378
Benefits paid	(2,295,973)
Changes in actuarial assumptions (1)	<u>(255,942)</u>
Net change	<u>(1,589,537)</u>
Actuarial present value of accumulated plan benefits at January 1, 2025	<u>\$29,160,914</u>
(1) Changes in actuarial assumptions include the following:	
A change in the long-term rate of return from 3.25% to 3.75%	

7. Income Tax Status

The IRS has determined and informed the Company by a letter dated February 1, 2018, that the Plan qualified under Section 401(a) of the Internal Revenue Code ("IRC") and, therefore, the related trust is not subject to tax under present income tax law.

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 by the IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Party-In-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

Plan assets are held and invested by Principal Bank. Certain Plan investments include interest in registered investment companies managed by Principal. During 2025 and 2024, the Plan paid expenses related to plan operations and investment activity to various Plan service providers. These transactions are party-in-interest transactions under ERISA and are reflected in the statements of changes in net assets available for benefits.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as of December 31, 2025 and 2024, per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	<u>\$ -</u>	<u>\$ 22,388,318</u>
Net assets available for benefits per Form 5500	<u>\$ -</u>	<u>\$ 22,388,318</u>

The following is a reconciliation of the change in net assets available for benefits for the years ended December 31, 2025 and 2024, per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Change in net assets available for benefits prior to transfers per the financial statements	\$ 1,486,223	\$ (222,860)
Plan termination transfer out	(23,874,541)	-
Company Contributions	-	(393,000)
Change in net assets available for benefits per Form 5500	<u>\$ (22,388,318)</u>	<u>\$ (615,860)</u>

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a Name of plan TRUE VALUE COMPANY DEFINED LUMP SUM PENSION PLAN	1b Three-digit plan number (PN) ▶ 125
	1c Effective date of plan 01/01/1958
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) TRUE VALUE COMPANY 8600 W. BRYN MAWR CHICAGO IL 60631	2b Employer Identification Number (EIN) 36-2099896
	2c Plan Sponsor's telephone number 773-695-5000
	2d Business code (see instructions) 423700

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		7/1/20	Michael Goldberg
	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

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT COMMITTEE FOR TRUEVALUE COMPANY 8600 W. BRYN MAWR CHICAGO IL 60631	3b Administrator's EIN 36-2099896 3c Administrator's telephone number 773-695-5000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 652
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) 277 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
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 Characteristic Codes in the instructions: 1A 1C 1H 1I	

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information) - Number Attached _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

True Value Company Defined Lump Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2025

PAGE 287

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		22,519,428.88			
		COMPARATIVE VALUE (5%)		1,125,971.44			
		-----		-----			
25961001	ISSUE: VP7000061 - ALLSPRING TREAS PLUS MM FD-INST #793 11/25/25 B	11,907,225	1.000	0	11,907,225*	11,907,225	
25961001	ISSUE: VP7000061 - ALLSPRING TREAS PLUS MM FD-INST #793 12/01/25 S	11,920,011	1.000	0	11,920,011 *	11,920,011	0
25961001	ISSUE: 14949P208 - CAUSEWAY INTL VALUE FD-I #1271 11/24/25 S	70,403	23.770	0	1,673,488 *	1,123,702	549,786
25961001	ISSUE: 298706821 - EUPAC FUND-R6 11/24/25 S	25,639	64.010	0	1,641,134 *	1,363,801	277,333
25961001	ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361 11/24/25 S	32,976	184.370	0	6,079,838 *	3,193,048	2,886,791
25961001	ISSUE: 48121L122 - JPMORGAN EMERG MRKT EQ-R6 11/24/25 S	41,130	40.370	0	1,660,436 *	1,364,086	296,350
	GRAND TOTAL			0	34,882,132	30,871,873	4,010,259

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
 ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		22,519,428.88			
		COMPARATIVE VALUE (5%)		1,125,971.44			
		-----		-----			

*** NO TRANSACTIONS QUALIFIED FOR THIS REPORT ***

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
		BEGINNING MARKET VALUE		22,519,428.88			
		COMPARATIVE VALUE (5%)		1,125,971.44			
		-----		-----			
ISSUE: VP7000061 - ALLSPRING TREAS PLUS MM FD-INST #793							
25961000	01/09/25 B	100,000	1.000	0	100,000-	100,000	
25961000	01/10/25 B	750	1.000	0	750-	750	
25961000	01/24/25 B	300,000	1.000	0	300,000-	300,000	
25961000	02/04/25 B	375	1.000	0	375-	375	
25961000	03/11/25 B	341	1.000	0	341-	341	
25961000	03/17/25 B	30	1.000	0	30-	30	
25961000	04/08/25 B	200,000	1.000	0	200,000-	200,000	
25961000	04/16/25 B	200,000	1.000	0	200,000-	200,000	
25961000	05/02/25 B	2,500	1.000	0	2,500-	2,500	
25961000	05/15/25 B	150,000	1.000	0	150,000-	150,000	
25961000	06/16/25 B	30	1.000	0	30-	30	
25961000	06/24/25 B	7,007	1.000	0	7,007-	7,007	
25961000	07/03/25 B	16,123	1.000	0	16,123-	16,123	
25961000	07/07/25 B	1,401	1.000	0	1,401-	1,401	
25961000	07/08/25 B	1,048	1.000	0	1,048-	1,048	
25961000	07/22/25 B	22,704	1.000	0	22,704-	22,704	
25961000	07/30/25 B	300,000	1.000	0	300,000-	300,000	
25961000	08/11/25 B	9,823	1.000	0	9,823-	9,823	
25961000	09/16/25 B	30	1.000	0	30-	30	
25961000	12/01/25 B	30	1.000	0	30-	30	
25961000	12/05/25 B	21	1.000	0	21-	21	
25961001	01/02/25 B	11	1.000	0	11-	11	
25961001	01/09/25 B	100,000	1.000	0	100,000-	100,000	
25961001	01/23/25 B	300,000	1.000	0	300,000-	300,000	
25961001	02/03/25 B	46	1.000	0	46-	46	
25961001	03/03/25 B	10	1.000	0	10-	10	
25961001	03/05/25 B	539	1.000	0	539-	539	
25961001	04/01/25 B	12	1.000	0	12-	12	
25961001	04/02/25 B	343	1.000	0	343-	343	
25961001	05/01/25 B	13	1.000	0	13-	13	
25961001	05/02/25 B	110	1.000	0	110-	110	
25961001	06/02/25 B	14	1.000	0	14-	14	
25961001	06/04/25 B	385	1.000	0	385-	385	
25961001	07/01/25 B	15	1.000	0	15-	15	
25961001	07/03/25 B	106	1.000	0	106-	106	
25961001	08/01/25 B	16	1.000	0	16-	16	
25961001	08/04/25 B	123	1.000	0	123-	123	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----	-----
25961001	09/02/25 B	16	1.000	0	16-	16	
25961001	10/01/25 B	16	1.000	0	16-	16	
25961001	10/02/25 B	203	1.000	0	203-	203	
25961001	11/03/25 B	16	1.000	0	16-	16	
25961001	11/04/25 B	364	1.000	0	364-	364	
25961001	11/25/25 B	11,907,225	1.000	0	11,907,225-*	11,907,225	
25961001	12/01/25 B	7,505	1.000	0	7,505-	7,505	
25961001	12/02/25 B	210	1.000	0	210-	210	
25961001	12/02/25 B	210	1.000	0	210-	210	
25961002	01/02/25 B	4,858	1.000	0	4,858-	4,858	
25961002	01/15/25 B	56,932	1.000	0	56,932-	56,932	
25961002	01/15/25 B	379	1.000	0	379-	379	
25961002	01/21/25 B	4,729	1.000	0	4,729-	4,729	
25961002	01/22/25 B	2,688	1.000	0	2,688-	2,688	
25961002	01/24/25 B	1,262	1.000	0	1,262-	1,262	
25961002	01/27/25 B	4,989	1.000	0	4,989-	4,989	
25961002	01/28/25 B	1,656	1.000	0	1,656-	1,656	
25961002	01/31/25 B	785,363	1.000	0	785,363-	785,363	
25961002	02/03/25 B	1,660	1.000	0	1,660-	1,660	
25961002	02/04/25 B	2,456	1.000	0	2,456-	2,456	
25961002	02/05/25 B	960	1.000	0	960-	960	
25961002	02/06/25 B	182,776	1.000	0	182,776-	182,776	
25961002	02/12/25 B	5,847	1.000	0	5,847-	5,847	
25961002	02/13/25 B	1,423	1.000	0	1,423-	1,423	
25961002	02/14/25 B	15,440	1.000	0	15,440-	15,440	
25961002	02/18/25 B	18,575	1.000	0	18,575-	18,575	
25961002	02/21/25 B	2,669	1.000	0	2,669-	2,669	
25961002	02/24/25 B	4,979	1.000	0	4,979-	4,979	
25961002	02/26/25 B	530	1.000	0	530-	530	
25961002	02/27/25 B	1,460	1.000	0	1,460-	1,460	
25961002	03/03/25 B	10,607	1.000	0	10,607-	10,607	
25961002	03/06/25 B	1,533	1.000	0	1,533-	1,533	
25961002	03/10/25 B	1,125	1.000	0	1,125-	1,125	
25961002	03/14/25 B	69,804	1.000	0	69,804-	69,804	
25961002	03/17/25 B	34,688	1.000	0	34,688-	34,688	
25961002	03/19/25 B	406	1.000	0	406-	406	
25961002	03/25/25 B	5,458	1.000	0	5,458-	5,458	
25961002	03/25/25 B	60,606	1.000	0	60,606-	60,606	
25961002	03/28/25 B	44,809	1.000	0	44,809-	44,809	
25961002	03/31/25 B	1,098	1.000	0	1,098-	1,098	
25961002	04/01/25 B	428	1.000	0	428-	428	
25961002	04/04/25 B	114,360	1.000	0	114,360-	114,360	
25961002	04/07/25 B	412	1.000	0	412-	412	
25961002	04/14/25 B	175,286	1.000	0	175,286-	175,286	
25961002	04/15/25 B	12,700	1.000	0	12,700-	12,700	
25961002	04/15/25 B	1,125	1.000	0	1,125-	1,125	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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25961002	04/21/25 B	2,398	1.000	0	2,398-	2,398	
25961002	04/22/25 B	1,124	1.000	0	1,124-	1,124	
25961002	04/22/25 B	1,166	1.000	0	1,166-	1,166	
25961002	04/23/25 B	13,585	1.000	0	13,585-	13,585	
25961002	04/25/25 B	6,286	1.000	0	6,286-	6,286	
25961002	04/28/25 B	94,011	1.000	0	94,011-	94,011	
25961002	04/28/25 B	638	1.000	0	638-	638	
25961002	04/30/25 B	3,401	1.000	0	3,401-	3,401	
25961002	05/01/25 B	65,830	1.000	0	65,830-	65,830	
25961002	05/02/25 B	14,583	1.000	0	14,583-	14,583	
25961002	05/05/25 B	2,131	1.000	0	2,131-	2,131	
25961002	05/07/25 B	1,412	1.000	0	1,412-	1,412	
25961002	05/12/25 B	106	1.000	0	106-	106	
25961002	05/13/25 B	550	1.000	0	550-	550	
25961002	05/14/25 B	2,060	1.000	0	2,060-	2,060	
25961002	05/15/25 B	234,195	1.000	0	234,195-	234,195	
25961002	05/19/25 B	3,159	1.000	0	3,159-	3,159	
25961002	05/19/25 B	1,463	1.000	0	1,463-	1,463	
25961002	05/22/25 B	1,366	1.000	0	1,366-	1,366	
25961002	05/27/25 B	5,646	1.000	0	5,646-	5,646	
25961002	05/30/25 B	2,739	1.000	0	2,739-	2,739	
25961002	06/02/25 B	7,075	1.000	0	7,075-	7,075	
25961002	06/03/25 B	188	1.000	0	188-	188	
25961002	06/09/25 B	1,938	1.000	0	1,938-	1,938	
25961002	06/10/25 B	1,361	1.000	0	1,361-	1,361	
25961002	06/16/25 B	9,183	1.000	0	9,183-	9,183	
25961002	06/20/25 B	4,616	1.000	0	4,616-	4,616	
25961002	06/20/25 B	870	1.000	0	870-	870	
25961002	06/25/25 B	3,421	1.000	0	3,421-	3,421	
25961002	06/30/25 B	641	1.000	0	641-	641	
25961002	07/01/25 B	4,641	1.000	0	4,641-	4,641	
25961002	07/15/25 B	13,337	1.000	0	13,337-	13,337	
25961002	07/21/25 B	2,749	1.000	0	2,749-	2,749	
25961002	07/21/25 B	1,988	1.000	0	1,988-	1,988	
25961002	07/22/25 B	2,688	1.000	0	2,688-	2,688	
25961002	07/25/25 B	3,443	1.000	0	3,443-	3,443	
25961002	07/28/25 B	3,053	1.000	0	3,053-	3,053	
25961002	07/29/25 B	1,466	1.000	0	1,466-	1,466	
25961002	07/30/25 B	2,644	1.000	0	2,644-	2,644	
25961002	08/01/25 B	10,937	1.000	0	10,937-	10,937	
25961002	08/01/25 B	1,073	1.000	0	1,073-	1,073	
25961002	08/04/25 B	3,183	1.000	0	3,183-	3,183	
25961002	08/05/25 B	480	1.000	0	480-	480	
25961002	08/11/25 B	930	1.000	0	930-	930	
25961002	08/11/25 B	3,705	1.000	0	3,705-	3,705	
25961002	08/13/25 B	1,423	1.000	0	1,423-	1,423	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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25961002	08/14/25 B	505	1.000	0	505-	505	
25961002	08/15/25 B	15,238	1.000	0	15,238-	15,238	
25961002	08/21/25 B	3,057	1.000	0	3,057-	3,057	
25961002	08/22/25 B	3,593	1.000	0	3,593-	3,593	
25961002	08/25/25 B	5,547	1.000	0	5,547-	5,547	
25961002	08/26/25 B	530	1.000	0	530-	530	
25961002	09/02/25 B	9,799	1.000	0	9,799-	9,799	
25961002	09/08/25 B	788	1.000	0	788-	788	
25961002	09/09/25 B	338	1.000	0	338-	338	
25961002	09/15/25 B	14,230	1.000	0	14,230-	14,230	
25961002	09/19/25 B	406	1.000	0	406-	406	
25961002	09/22/25 B	612	1.000	0	612-	612	
25961002	09/25/25 B	5,509	1.000	0	5,509-	5,509	
25961002	09/30/25 B	1,098	1.000	0	1,098-	1,098	
25961002	10/01/25 B	11,281	1.000	0	11,281-	11,281	
25961002	10/06/25 B	990	1.000	0	990-	990	
25961002	10/06/25 B	412	1.000	0	412-	412	
25961002	10/14/25 B	1,371	1.000	0	1,371-	1,371	
25961002	10/15/25 B	14,666	1.000	0	14,666-	14,666	
25961002	10/21/25 B	2,398	1.000	0	2,398-	2,398	
25961002	10/22/25 B	2,289	1.000	0	2,289-	2,289	
25961002	10/23/25 B	3,861	1.000	0	3,861-	3,861	
25961002	10/27/25 B	6,958	1.000	0	6,958-	6,958	
25961002	10/30/25 B	3,401	1.000	0	3,401-	3,401	
25961002	10/31/25 B	13,250	1.000	0	13,250-	13,250	
25961002	11/03/25 B	6,002	1.000	0	6,002-	6,002	
25961002	11/03/25 B	1,744	1.000	0	1,744-	1,744	
25961002	11/07/25 B	1,412	1.000	0	1,412-	1,412	
25961002	11/10/25 B	106	1.000	0	106-	106	
25961002	11/13/25 B	574	1.000	0	574-	574	
25961002	11/14/25 B	2,060	1.000	0	2,060-	2,060	
25961002	11/17/25 B	17,303	1.000	0	17,303-	17,303	
25961002	11/19/25 B	3,397	1.000	0	3,397-	3,397	
25961002	11/24/25 B	1,366	1.000	0	1,366-	1,366	
25961002	11/25/25 B	6,476	1.000	0	6,476-	6,476	
25961002	12/01/25 B	8,184	1.000	0	8,184-	8,184	
25961002	12/01/25 B	3,113	1.000	0	3,113-	3,113	
SUB-TOTAL OF BUYS # 166				0	15,984,543	15,984,543	
25961000	01/02/25 S	59,147	1.000	0	59,147	59,147	0
25961000	01/10/25 S	9,416	1.000	0	9,416	9,416	0
25961000	01/13/25 S	802	1.000	0	802	802	0
25961000	01/14/25 S	750	1.000	0	750	750	0
25961000	01/21/25 S	116,272	1.000	0	116,272	116,272	0
25961000	01/22/25 S	2,500	1.000	0	2,500	2,500	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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25961000	02/03/25 S	60,624	1.000	0	60,624	60,624	0
25961000	02/06/25 S	375	1.000	0	375	375	0
25961000	02/19/25 S	11,818	1.000	0	11,818	11,818	0
25961000	02/20/25 S	5,054	1.000	0	5,054	5,054	0
25961000	02/21/25 S	266	1.000	0	266	266	0
25961000	02/28/25 S	2,500	1.000	0	2,500	2,500	0
25961000	03/03/25 S	62,611	1.000	0	62,611	62,611	0
25961000	03/04/25 S	2,500	1.000	0	2,500	2,500	0
25961000	03/05/25 S	5,685	1.000	0	5,685	5,685	0
25961000	03/06/25 S	1,951	1.000	0	1,951	1,951	0
25961000	03/06/25 S	9,823	1.000	0	9,823	9,823	0
25961000	03/06/25 S	17,287	1.000	0	17,287	17,287	0
25961000	03/12/25 S	3,046	1.000	0	3,046	3,046	0
25961000	03/13/25 S	341	1.000	0	341	341	0
25961000	03/14/25 S	6,965	1.000	0	6,965	6,965	0
25961000	03/24/25 S	24,000	1.000	0	24,000	24,000	0
25961000	04/01/25 S	65,430	1.000	0	65,430	65,430	0
25961000	04/02/25 S	12,972	1.000	0	12,972	12,972	0
25961000	04/08/25 S	9,823	1.000	0	9,823	9,823	0
25961000	04/08/25 S	17,287	1.000	0	17,287	17,287	0
25961000	04/08/25 S	20,460	1.000	0	20,460	20,460	0
25961000	04/08/25 S	3,288	1.000	0	3,288	3,288	0
25961000	04/11/25 S	4,924	1.000	0	4,924	4,924	0
25961000	04/15/25 S	2,500	1.000	0	2,500	2,500	0
25961000	04/23/25 S	216,950	1.000	0	216,950	216,950	0
25961000	04/24/25 S	3,056	1.000	0	3,056	3,056	0
25961000	04/25/25 S	8,997	1.000	0	8,997	8,997	0
25961000	05/01/25 S	70,587	1.000	0	70,587	70,587	0
25961000	05/05/25 S	8,359	1.000	0	8,359	8,359	0
25961000	05/19/25 S	7,220	1.000	0	7,220	7,220	0
25961000	05/21/25 S	1,665	1.000	0	1,665	1,665	0
25961000	06/02/25 S	76,427	1.000	0	76,427	76,427	0
25961000	06/18/25 S	385	1.000	0	385	385	0
25961000	06/20/25 S	27,857	1.000	0	27,857	27,857	0
25961000	06/26/25 S	7,007	1.000	0	7,007	7,007	0
25961000	07/01/25 S	79,207	1.000	0	79,207	79,207	0
25961000	07/08/25 S	1,401	1.000	0	1,401	1,401	0
25961000	07/10/25 S	1,048	1.000	0	1,048	1,048	0
25961000	07/22/25 S	22,704	1.000	0	22,704	22,704	0
25961000	08/01/25 S	79,658	1.000	0	79,658	79,658	0
25961000	08/12/25 S	2,313	1.000	0	2,313	2,313	0
25961000	08/13/25 S	1,939	1.000	0	1,939	1,939	0
25961000	08/14/25 S	2,011	1.000	0	2,011	2,011	0
25961000	08/18/25 S	280	1.000	0	280	280	0
25961000	09/02/25 S	80,162	1.000	0	80,162	80,162	0
25961000	09/23/25 S	801	1.000	0	801	801	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
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TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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25961000	10/01/25 S	80,578	1.000	0	80,578	80,578	0
25961000	11/03/25 S	80,857	1.000	0	80,857	80,857	0
25961000	12/10/25 S	4,009	1.000	0	4,009	4,009	0
25961001	01/09/25 S	100,000	1.000	0	100,000	100,000	0
25961001	01/24/25 S	300,000	1.000	0	300,000	300,000	0
25961001	12/01/25 S	11,920,011	1.000	0	11,920,011 *	11,920,011	0
25961001	12/02/25 S	210	1.000	0	210	210	0
25961001	12/03/25 S	210	1.000	0	210	210	0
25961002	01/07/25 S	68,485	1.000	0	68,485	68,485	0
25961002	01/29/25 S	5,701	1.000	0	5,701	5,701	0
25961002	01/30/25 S	67,261	1.000	0	67,261	67,261	0
25961002	02/03/25 S	750,212	1.000	0	750,212	750,212	0
25961002	02/07/25 S	519	1.000	0	519	519	0
25961002	02/10/25 S	129,333	1.000	0	129,333	129,333	0
25961002	02/19/25 S	2,236	1.000	0	2,236	2,236	0
25961002	02/25/25 S	31,419	1.000	0	31,419	31,419	0
25961002	03/14/25 S	59,528	1.000	0	59,528	59,528	0
25961002	03/20/25 S	586	1.000	0	586	586	0
25961002	03/27/25 S	124,873	1.000	0	124,873	124,873	0
25961002	04/01/25 S	45,300	1.000	0	45,300	45,300	0
25961002	04/08/25 S	200,000	1.000	0	200,000	200,000	0
25961002	04/16/25 S	709	1.000	0	709	709	0
25961002	04/16/25 S	200,000	1.000	0	200,000	200,000	0
25961002	04/30/25 S	95,404	1.000	0	95,404	95,404	0
25961002	05/02/25 S	55,270	1.000	0	55,270	55,270	0
25961002	05/15/25 S	150,000	1.000	0	150,000	150,000	0
25961002	05/20/25 S	1,676	1.000	0	1,676	1,676	0
25961002	07/30/25 S	300,000	1.000	0	300,000	300,000	0
25961002	12/01/25 S	204,918	1.000	0	204,918	204,918	0
25961002	12/10/25 S	3,113	1.000	0	3,113	3,113	0
SUB-TOTAL OF SALES # 82				0	16,222,869	16,222,869	0
SUB-TOTAL				0	32,207,412	32,207,412	0
ISSUE: 14949P208 - CAUSEWAY INTL VALUE FD-I #1271							
25961001	01/22/25 S	1,360	19.120	0	26,000	21,704	4,296
25961001	11/24/25 S	70,403	23.770	0	1,673,488 *	1,123,702	549,786
SUB-TOTAL OF SALES # 2				0	1,699,488	1,145,406	554,082
SUB-TOTAL				0	1,699,488	1,145,406	554,082

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

TRUE VALUE PENSION - CONSOLIDATION
ACCOUNT NUMBER 25961099

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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ISSUE: 298706821 - EUPAC FUND-R6							
25961001	06/09/25 R	697	59.550	0	41,508-	41,508	
	SUB-TOTAL OF REINVS # 1			0	41,508	41,508	
25961001	01/22/25 S	481	56.090	0	27,000	25,520	1,480
25961001	11/24/25 S	25,639	64.010	0	1,641,134 *	1,363,801	277,333
	SUB-TOTAL OF SALES # 2			0	1,668,134	1,389,321	278,813
	SUB-TOTAL			0	1,709,642	1,430,829	278,813
ISSUE: 315911693 - FIDELITY TOTAL MKT IDX-FAI #2361							
25961001	04/11/25 R	24	146.140	0	3,559-	3,559	
	SUB-TOTAL OF REINVS # 1			0	3,559	3,559	
25961001	01/08/25 S	616	162.410	0	100,000	59,597	40,403
25961001	01/22/25 S	1,231	167.380	0	206,000	119,125	86,875
25961001	11/24/25 S	32,976	184.370	0	6,079,838 *	3,193,048	2,886,791
	SUB-TOTAL OF SALES # 3			0	6,385,838	3,371,770	3,014,068
	SUB-TOTAL			0	6,389,397	3,375,329	3,014,068
ISSUE: 481211122 - JPMORGAN EMERG MKT EQ-R6							
25961001	01/22/25 S	798	31.340	0	25,000	26,456	-1,456
25961001	11/24/25 S	41,130	40.370	0	1,660,436 *	1,364,086	296,350
	SUB-TOTAL OF SALES # 2			0	1,685,436	1,390,542	294,894
	SUB-TOTAL			0	1,685,436	1,390,542	294,894
	GRAND TOTAL			0	43,691,375	39,549,518	4,141,857