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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [X] 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:
- [X] 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
HALLMARK RETIREE PENSION PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/2018

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)
HALLMARK CARDS, INC.

2501 MCGEE TRAFFICWAY
KANSAS CITY, MO 64108

2b Employer Identification Number (EIN)
44-0272180

2c Plan Sponsor's telephone number
816-545-2709

2d Business code (see instructions)
424100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	DAN PANNULLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

HALLMARK BENEFIT PLANS ADVISORY COMMITTEE
MATT ELLIS
2501 MCGEE ST
MAIL DROP 852
KANSAS CITY, MO 64108

3b Administrator's EIN: 43-1669047

3c Administrator's telephone number: 816-274-3698

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**	393
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1C 3F 3H

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_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
HALLMARK RETIREE PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HALLMARK CARDS, INC.

D Employer Identification Number (EIN)
44-0272180

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4789244
b Actuarial value	**2b**	4737189

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	399	5913170	5913170
b For terminated vested participants	0	0	0
c For active participants	0	0	0
d Total	399	5913170	5913170

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	161054
c Target normal cost	**6c**	161054

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/25/2026
Date

JILL C. SHAW
Type or print name of actuary

26-07861
Most recent enrollment number

AON CONSULTING, INC.
Firm name

314-725-9966
Telephone number (including area code)

4220 DUNCAN AVENUE
SUITE 401
ST. LOUIS, MO 63110
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.77 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		166775
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90 %		8172
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		174947
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11 %
15	Adjusted funding target attainment percentage	15	80.11 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	69580	0			
07/15/2025	69580	0			
10/15/2025	63064	0			
01/15/2026	63064	0			
04/15/2026	25317	0			
			Totals ► 18(b)	290605	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	280285

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22**

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	161054
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1175981	119231
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 280285

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	280285
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	280285

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
HALLMARK RETIREE PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
HALLMARK CARDS, INC.

D Employer Identification Number (EIN)
44-0272180

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	35922	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 18 19 25 50 62 99	CONTRACT ADMIN/CUSTODIAN	15013	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PENSION BENEFIT INFORMATION, LLC

333 S. 7TH STREET, SUITE 2400
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9651	Yes [ ] No [X]	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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
HALLMARK RETIREE PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HALLMARK CARDS, INC.

D Employer Identification Number (EIN)
44-0272180

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HMK MSTR TRST-RETIREE DB FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3328262-039	M	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
HALLMARK RETIREE PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
HALLMARK CARDS, INC.

D Employer Identification Number (EIN)
44-0272180

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	230447	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4560948	0
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	4791395	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4791395	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)	202224	
(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)		202224
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		288801
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		491025
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	816523	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		816523
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)	11804	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3209	
(7) Actuarial fees	2i(7)	35922	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	111205	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		162140
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		978663
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-487638
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		4303757

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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: RUBINBROWN LLP **(2)** EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
CASH BALANCE RETIREMENT PLAN OF HALLMARK CARDS, INC.	44-0272180	002

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584605.

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
HALLMARK RETIREE PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
HALLMARK CARDS, INC.

D Employer Identification Number (EIN)
44-0272180

Part I 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): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 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

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_____.

HALLMARK RETIREE PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

Contents

Page

Independent Auditors' Report ..... 1 - 3

Financial Statements

Statement Of Net Assets Available For Benefits 4

Statement Of Changes In Net Assets Available For Benefits 5

Notes To Financial Statements ..... 6 - 24

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CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

Independent Auditors' Report

Hallmark Benefit Plans Advisory Committee
Hallmark Retiree Pension Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of Hallmark Retiree Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Hallmark Retiree Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities For The Audit Of The Financial Statements section of our report. We are required to be independent of Hallmark Retiree Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis Of Matter – Plan Merger

As further discussed in Note 1 to the financial statements, effective December 31, 2025, the Plan was merged into another plan. In connection with this merger, the Plan transferred all assets and obligations to the successor plan as of the effective merger date. Our opinion is not modified with respect to this matter.

RubinBrown LLP is a member of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities.

Responsibilities Of Management For The Financial Statements

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

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

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

Auditors' Responsibilities For The Audit Of The Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

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

RubinBrown LLP

October 15, 2026

HALLMARK RETIREE PENSION PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
Assets		
Investments - At Fair Value		
Plan interest in Hallmark Cards, Incorporated Master Trust	**$ —**	$ 4,560,948
Receivables		
Employer contributions receivable	—	230,447
Net Assets Available For Benefits	**$ —**	$ 4,791,395

HALLMARK RETIREE PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended December 31,	
	2025	2024
Additions To Net Assets Attributable To:		
Contributions		
Employer contributions	**$ 202,224**	$ 463,506
Deductions From Net Assets Attributable To:		
Benefits paid to participants	**816,523**	1,064,652
Administrative expenses	**162,140**	198,994
Total Deductions	**978,663**	1,263,646
Investment Income		
Plan interest in Hallmark Cards, Incorporated Master Trust	**288,801**	175,058
Net Decrease	**(487,638)**	(625,082)
Transfers Out	**(4,303,757)**	—
Net Assets Available For Benefits - Beginning Of Year	**4,791,395**	5,416,477
Net Assets Available For Benefits - End Of Year	**$ —**	$ 4,791,395

1. Organization

The following brief description of the Hallmark Retiree Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

Effective as of the close of business on December 31, 2017, Hallmark Cards, Incorporated (the Company or Plan Sponsor) established the Hallmark Retiree Pension Plan and spun-off from the Cash Balance Plan of Hallmark Cards, Incorporated (the Cash Balance Plan) to the Plan those participants (and corresponding assets) of the Cash Balance Plan that were retired or beneficiaries with an Annuity Starting Date on or before January 1, 2017, who were receiving an annuity as of December 31, 2017, whose present value of accrued benefits as of December 31, 2017, was $32,000 or less, and who are not former participants in the Retirement Plan of Litho-Krome Company, LLC.

Effective at the close of business on December 31, 2025, the Plan was merged into, and all assets and liabilities were transferred to, the Cash Balance Retirement Plan of Hallmark Cards, Incorporated (the Hallmark Plan). As a result of this merger, the plan's remaining assets of $4,303,757 were transferred out. The accrued benefit of each participant in the Plan prior to the merger is the participant's accrued benefit in the Hallmark Plan. All distribution options and other rights and features continue in the Hallmark Plan.

Cash Balance Account

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

Account Credits

"Account credits" are added to a participant's hypothetical Cash Balance Account at a rate that is established at the beginning of each year and applies for the entire calendar year. The account crediting rate is equal to the interest rate on 30-year U.S. Treasury bonds in August of the year preceding the January 1 effective date. The minimum account crediting rate is 5.00% per annum. Account credits are added monthly to participants' Cash Balance Accounts based on their balances at the beginning of the calendar year. Account credits are added for any participant with a Cash Balance Account, regardless of employment status. Account credits cease when benefit payments begin, whether in a lump sum or monthly annuity. There were no account credits added to participants' accounts during the years ended December 31, 2025 or 2024 as all participants are already receiving an annuity.

Benefit Payments

The monthly benefit payable under this Plan to a Participant or Beneficiary shall be equal to the monthly pension the individual was receiving under the Cash Balance Plan immediately prior to the effective date of the Plan. Such monthly benefit shall be made in the same form and manner that payment was made under the Cash Balance Plan, which is equal to the actuarial equivalent of the participant's Cash Balance Account at retirement, and may not be modified by the Participant or Beneficiary.

Married participants are receiving their pension benefits in the form of a joint and 100% survivor annuity unless the participant elected, with the spouse's consent, an alternative form of benefit payment. Benefits for an unmarried participant are being paid in the form of a single life annuity unless the participant elected an optional form of benefit payment. Optional forms of benefit include a lump-sum payment; a single life annuity; a 50%, 66-2/3%, or 75% joint and survivor annuity (if married) and 10, 15 or 20-year period certain and life annuity.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

Estimates And Assumptions

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

Investment Valuation And Income Recognition

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

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

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

Contributions Receivable And Credit Loss Policy

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

The Plan has concluded that no allowance for current expected credit losses was necessary at either December 31, 2025 or 2024.

Administrative Expenses

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

Payment Of Benefits

Benefit payments are recorded when paid.

Subsequent Events

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

3. Actuarial Present Value Of Accumulated Plan Benefits

The Actuarial Present Value Of Accumulated Plan Benefits as of December 31, 2024 is as follows:

Actuarial Present Value Of Accumulated Plan Benefits	
Vested Benefits	
Participants currently receiving payments	$ 5,873,593
Total Actuarial Present Value Of Accumulated Plan Benefits	$ 5,873,593

The changes in the actuarial present value of accumulated plane benefits for the year ended December 31, 2024 is as follows:

Actuarial Present Value Of Accumulated Plan Benefits - Beginning Of Year	$ 6,826,515
Increase (Decrease) During The Year Attributable To:	
Change in actuarial assumptions	(178,537)
Benefits accumulated	(24,767)
Interest accumulation	315,034
Benefits paid	(1,064,652)
Net Decrease	(952,922)
Actuarial Present Value Of Accumulated Plan Benefits - End Of Year	$ 5,873,593

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

Since the plan was merged into the Cash Balance Plan of Hallmark Cards, Incorporated on December 31, 2025, the information on the changes in accumulated plan benefits for the year ended December 31, 2025 is not included. As a result, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status of the plan is presented as of December 31, 2024.

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

	December 31, 2024
Mortality Rates	PRI-2012 Aggregate Table Generationally Projected from 2012 with Scale MP-2021
Discount Rate	5.60%, net of plan expenses

The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

4. Funding Policy

The current funding policy of the Plan is to contribute no less frequently than annually an amount at least equal to the minimum contribution required by law.

Contributions for 2025 and 2024 were sufficient to meet the minimum funding requirements of ERISA.

5. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

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

(d) All nonvested benefits.

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

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

6. Investment In Master Trust

The Plan's investments at December 31, 2024, and during the year ended December 31, 2025 prior to the merger date, included an interest in the net assets of the Master Trust, which was established for the investment of assets of the Plan and several others sponsored by the Company and its subsidiaries. Each participating retirement plan has an interest in the Master Trust, which is held by State Street Bank & Trust Company (the Trustee) and consists of multiple investment pools. Each plan invests in some or all of these pools in varying numbers of units of participation. As of December 31, 2025 and 2024, all plans participating in the Master Trust and their proportional interests were as follows:

	Interest In The Master Trust As Of December 31,	
Plan	**2025**	2024
Business Performance Savings Plan of Hallmark Cards, Incorporated	**64%**	65%
Retail Service Group Savings Plan of Hallmark Cards, Incorporated	**2%**	2%
Hallmark Affiliates Employee Savings Plan	**15%**	14%
Cash Balance Retirement Plan of Hallmark Cards, Incorporated	**14%**	14%
Hallmark Retiree Pension Plan	—	0%
Crayola LLC Employees' Retirement Plan	**5%**	5%

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

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

At December 31, 2025 and 2024, the Plan's interests in the Master Trust investment funds were as follows:

	Net Asset Value	
	2025	2024
Investment Fund		
Hallmark Retiree DB Fund	**$ —**	$ 4,560,948

Master Trust

The following table presents the net assets of the Master Trust and the Plan's interest in those assets at December 31, 2025 and 2024.

	Master Trust		Plan's Interest	
	2025	2024	**2025**	2024
Assets				
Investments - At Fair Value				
Short-term investment funds	**$ 27,129,785**	$ 35,620,757	**$ —**	$ 299,989
Common and preferred stocks	**217,765,235**	279,387,694	**—**	—
Common/collective trusts	**2,189,625,821**	1,690,298,644	**—**	—
Registered investment companies	**67,714,649**	58,510,321	**—**	343,549
Corporate debt securities	**11,346,746**	112,078,233	**—**	—
Government securities	**32,790,888**	131,659,252	**—**	—
Marketable alternative investments	**102,441,571**	156,199,099	**—**	—
Asset backed securities	**8,347,014**	32,366,203	**—**	—
Real estate investment trusts	**8,122,878**	8,464,999	**—**	—
Private equity	**89,760**	457,960	**—**	—
Collateral held under securities lending	**10,904,920**	37,443,815	**—**	4,012,340
Securities pledged to creditors:				
Registered investment companies	**—**	3,915,958	**—**	3,915,958
Common and preferred stocks	**7,651,392**	3,906,649	**—**	—
Corporate debt securities	**498,710**	1,274,038	**—**	—
Government securities	**2,439,378**	27,496,683	**—**	—
Total Investments - At Fair Value	**2,686,868,747**	2,579,080,305	**—**	8,571,836
Investments - At Contract Value				
Synthetic GICs	**493,812,040**	549,925,114	**—**	—
Total Receivables	**51,670,777**	55,577,362	**—**	231,899
Cash	**21,596**	261,089	**—**	—
Total Assets	**3,232,373,160**	3,184,843,870	**—**	8,803,735
Liabilities				
Liability for collateral deposits	**10,904,920**	37,443,815	**—**	4,012,340
Other liabilities	**7,634,312**	7,597,878	**—**	—
Total Liabilities	**18,539,232**	45,041,693	**—**	4,012,340
Net Assets	**$ 3,213,833,928**	$ 3,139,802,177	**$ —**	$ 4,791,395

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

The change in net assets for the Master Trust for the years ended December 31, 2025 and 2024 is as follows:

	2025	2024
Investment Income		
Net change in fair value of investments	**$ 329,473,373**	$ 285,858,099
Interest and dividends	**39,786,180**	38,723,275
Investment expenses	**(14,160,837)**	(15,303,279)
Net Investment Income	**355,098,716**	309,278,095
Interest Income On Notes Receivable From Participants	**1,209,314**	1,062,905
Net Transfers	**(282,276,279)**	(335,227,418)
Net Increase (Decrease)	**74,031,751**	(24,886,418)
Net Assets Available For Benefits - Beginning Of Year	**3,139,802,177**	3,164,688,595
Net Assets Available For Benefits - End Of Year	**$ 3,213,833,928**	$ 3,139,802,177

Funds

The following are descriptions of the various investment funds:

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

Fund Name	Invests In
Developed International Fund	Stocks of companies doing business primarily in developed markets outside the United States
Emerging Markets Fund	Stocks of companies doing business primarily outside the United States in non-developed countries
Diversified Bond Fund	Interest-bearing securities such as government bonds, corporate bonds and mortgages, senior secured debt, high yield bonds and emerging market debt.
State Street Global Advisors Trust Company Target Retirement Securities Lending Funds	Target date funds with both equity securities and interest-bearing securities, such as government bonds, corporate bonds and mortgages
Large Cap Value Fund	Large companies similar to those in the Standard & Poor's 500 Index, the Russell 1000 Growth Index and the Russell 1000 Value Index
Large Cap Growth Fund	Large companies similar to those in the Standard & Poor's 500 Index, the Russell 1000 Growth Index and the Russell 1000 Value Index
Mid Cap Blend Index Fund	The stocks of primarily medium-sized companies
Mid Cap Blend	The stocks of primarily medium-sized companies
Small Cap Blend Index Fund	The stocks of primarily small-sized companies
Small Cap Blend Fund	The stocks of primarily small-sized companies
Private Equity Fund	A globally diversified mixture of private funds that invest in leveraged buyouts, distressed equities or fixed income, and mezzanine funds
State Street Bank & Trust Company Short-Term Investment Fund	Various cash equivalent fixed income securities
Marketable Alternatives Fund	A globally diversified mixture of numerous hedge funds spread across a wide range of investment strategies

Fund Name	Invests In
Defined Benefit Real Asset Fund	Real estate investments, energy MLPs, and a diversified mixture of investments intending to achieve a return in excess of inflation.
Defined Benefit Fixed Income Fund	Short maturity government agency and corporate bonds, mortgages, senior secured bank debt, emerging market debt, and high yield bonds
NISA/ Hedged Fixed Income Funds (2)	A portfolio of long duration US investment grade corporate debt securities
Defined Benefit Global All Cap Equity Fund	Equities of all market cap sizes, both US and non-US, developed and non-developed (emerging market) countries
Defined Benefit Short-Term Government/Credit Bond Index Fund	Fund that seeks an investment return approximating the Barclays US 1-3 Year Government/Credit Bond Index over the long term by investing in collective investment funds
State Street Target Retirement Funds	Target-date portfolios providing diversified exposure to stocks, bonds, and cash for those investors who have a specific date in mind for retirement. The funds' underlying investments (stocks, bonds, and cash) automatically adjust based on an investor's age to help manage risk
International Equity Fund	Stocks of companies doing business in developed and emerging markets outside the United States
Hallmark Retiree DB Fund	Invests in (1) hedged fixed income index funds seeking to track the performance of market-weighted corporate bond indexes with short-term dollar-weighted average maturities, intermediate-term dollar-weighted average maturities, and long-term dollar-weighted average maturities, (2) the Standard & Poor's 500 Index Fund, and (3) the State Street Bank & Trust Company Short-Term Investment Fund
Russell Investment Fund – Cash Balance Russell Investment Fund – Crayola Russell Investment Fund – Retiree	Various funds invested in broad fixed income and equity asset classes. Fixed income funds consist of U.S. government, U.S. Treasury Strips, and target duration investments. Equity funds consist of Russell 1000 index, small cap, international, emerging markets, world equity, and global listed infrastructure investments.

Derivatives

Within the Master Trust, a number of investment managers use derivative financial instruments to meet fund objectives and manage exposure to foreign currency, interest rate and market fluctuations. All derivatives in the Master Trust are subject to master netting arrangements. All master netting arrangements provide the Master Trust the option to settle through the maturity dates, all or a portion of its derivative obligations, by applying them against derivative assets. The Master Trust elects to offset in the statement of net assets available for benefits the fair value amounts of derivative assets and liabilities under master netting arrangements. The following table provides a summary of the fair value positions, as well as their reporting location in the Master Trust's statement of net assets available for benefits as of December 31, 2025 and 2024, and the Master Trust's statement of changes in net assets available for benefits for the years then ended:

		2025			
		Notional	Fair Value		Net Appreciation
Undesignated Contracts	Location	Value	Asset	Liability	(Depreciation)
Interest rate contracts	Corporate Debt Securities	$ 33,200,000	$ 364,028	$ (187,265)	$ 176,763
Treasury contracts	Asset Backed Securities	85,500,000	100,674	(46,288)	54,386
European Government contracts	Asset Backed Securities	200,000	1,390	—	1,390
Credit contracts	Corporate Debt Securities	4,000,000	741	(260)	481
		$ 122,900,000	$ 466,833	$ (233,813)	$ 233,020

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

Interest Rate Contracts

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

Treasury Contracts

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

Foreign Currency Contracts

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

Credit Contracts

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

Securities Lending

The Master Trust's investment securities held for safekeeping may be loaned to third parties. The Trustee of the Master Trust administers this program. Loans are to be collateralized at a minimum of 100% of the current fair value. At December 31, 2025 and 2024, securities loaned by the Master Trust totaled $10,589,480 and $36,593,328, respectively, and were reported within the registered investment companies, common and preferred stocks, corporate debt securities, and government securities portfolios of the Master Trust. Collateral provided by counter-parties to the securities lending is invested in governmental securities and interest-bearing cash.

Synthetic Investment Contracts

The Master Trust holds synthetic GICs (SICs). The contract value of the SICs represents fair value of the underlying assets plus the adjustment to contract value of the wrapper contracts associated with the underlying assets. At December 31, 2025 and 2024, the Master Trust held SICs with a contract value of $493,812,040 and $549,925,114, respectively. Participants in the Company's defined contribution plans may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

For SICs, there are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rates were approximately 2.94% for 2025 and 2.76% for 2024. The rate is based on a formula that consists of the yield to maturity, duration, and the book and market values. The rate for SICs is periodically reset, usually quarterly, and cannot be reset below 0%.

Commitments

The investment strategy of the Master Trust includes investing in alternative investments, such as limited partnerships, hedge funds, private equity investments and real estate funds. Decisions regarding the selection of investment managers and investment activity within the portfolios are made by the Advisory Committee. The Master Trust's investments in these alternative investment funds include contractual commitments to provide capital contributions over periods of time. As of December 31, 2025, the remaining unfunded capital commitments of the Master Trust total approximately $163,474.

7. Investment Valuation And Income Recognition

The Plan and Master Trust utilize an established framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this framework are described below:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

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

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

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

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

Registered Investment Companies

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

Common/Collective Trusts

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

Marketable Alternative Investments

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

Private Real Estate And Private Equity Investments

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

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

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Short-term investment funds	$ —	$ 27,129,785	$ —	$ 27,129,785
Common and preferred stocks	225,416,627	—	—	225,416,627
Common/collective trusts	1,718,775,759	470,850,062	—	2,189,625,821
Registered investment companies	67,714,649	—	—	67,714,649
Corporate debt securities	—	11,845,456	—	11,845,456
Government securities (U.S. and non-U.S.)	—	35,230,266	—	35,230,266
Asset backed securities	—	8,347,014	—	8,347,014
Real estate investment trusts	8,122,878	—	—	8,122,878
Collateral held under securities lending	—	10,904,920	—	10,904,920
Total Investments In The Fair Value Hierarchy	$ 2,020,029,913	$ 564,307,503	$ —	2,584,337,416
Investments measured at net asset value (a)				102,531,331
Total Investments At Fair Value				$ 2,686,868,747

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

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

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

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

	Fair Value	Unfunded Commitments	Remaining Life	Redemption Frequency	Trade To Settlement Terms	Redemption Notice Period
Marketable alternative investments	$ 102,441,571	$ —	Not applicable	Monthly, Quarterly, Annually	10-30 days	20-90 days
Private equity	89,760	163,400	1 to 10 years	N/A	N/A	N/A
Total	$ 102,531,331	$ 163,400				

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

There have been no changes in the methodologies used at December 31, 2025 or 2024.

8. Income Tax Status

The Plan is designed to be in compliance with applicable sections of the Internal Revenue Code (the IRC) such that the Plan and the related trust are exempt from taxation. The Plan obtained its latest determination letter on November 15, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC, and therefore not subject to tax. Although the Plan has been amended since applying for the determination letter, the Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, not subject to tax.

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

9. Risks And Uncertainties

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

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

10. Transactions With Parties In Interest

Certain Plan investments during the year ended December 31, 2025 and 2024 included shares of the Master Trust managed by the Trustee. These transactions qualify as allowable party in interest transactions under ERISA. The Trustee's fees are based on customary and reasonable amounts and are paid by the Master Trust.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
EIN: 44-0272180 PN: 009

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Mortality Rates	
Healthy and Disabled	2025 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Trust Expenses Included in Target Normal Cost	$161,054
Expected Return on Assets	
2023 Plan Year	4.75%
2024 Plan Year	5.00%
Actuarial Method	Standard unit credit cost method

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
EIN: 44-0272180 PN: 009

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
Hallmark Retiree Pension Plan

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Hallmark Cards, Inc.

D Employer Identification Number (EIN)
44-0272180

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4,789,244
b Actuarial value	**2b**	4,737,189

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	399	5,913,170	5,913,170
b For terminated vested participants	0	0	0
c For active participants	0	0	0
d Total	399	5,913,170	5,913,170

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.27%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	161,054
c Target normal cost	**6c**	161,054

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jill C. Shaw JS (Initial)

Signature of actuary — 09/25/2026 Date

Jill C. Shaw
Type or print name of actuary

2607861
Most recent enrollment number

Aon Consulting, Inc.
Firm name

314-725-9966
Telephone number (including area code)

4220 Duncan Avenue
Suite 401
St. Louis MO 63110
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.77%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		166,775
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.90%		8,172
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		174,947
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.11%
15	Adjusted funding target attainment percentage	15	80.11%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.14%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	69,580	0			
07/15/2025	69,580	0			
10/15/2025	63,064	0			
01/15/2026	63,064	0			
04/15/2026	25,317	0			
			Totals ► 18(b)	290,605	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	280,285

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	161,054
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,175,981	119,231
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	280,285

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	280,285
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	280,285

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
EIN: 44-0272180 PN: 009

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.27%	Interest Adjusted Contribution
April 15, 2025	$ 69,580	104	$ 68,565
July 15, 2025	$ 69,580	195	$ 67,690
October 15, 2025	$ 63,064	287	$ 60,559
January 15, 2026	$ 63,064	379	$ 59,777
April 15, 2026	$ 25,317	469	$ 23,694
Total Contribution	$ 290,605		$ 280,285

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
EIN: 44-0272180 PN: 009

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,063,754	January 1, 2023	13	$ 109,328
Shortfall	$ (127,164)	January 1, 2024	14	$ (12,418)
Shortfall	$ 239,391	January 1, 2025	15	$ 22,321

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Mortality Rates	
Healthy and Disabled	2025 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Trust Expenses Included in Target Normal Cost	$161,054
Expected Return on Assets	
2023 Plan Year	4.75%
2024 Plan Year	5.00%
Actuarial Method	Standard unit credit cost method

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Hallmark Retiree Pension Plan
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Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Summary of Plan Provisions

Coverage

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

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

Normal Retirement

Eligibility

Age 65.

Benefit

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

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

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

Early Retirement

Eligibility

Age 50 and 15 years of service.

Benefit

Account Balance at early retirement.

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

Late Retirement	
Eligibility	Over age 65.
Benefit	Account Balance at late retirement.
Termination	
Eligibility	3 years of service, or age 65.
Benefit	Account Balance upon vested termination.
Disability	Not applicable.
Preretirement Death	
Eligibility	3 years of service.
Benefit	Account Balance payable to beneficiary at date of death.
Normal Forms of Payment	100% J&S if married. Life Annuity if not married.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Effective December 31, 2025, the Hallmark Retiree Pension Plan was merged with the Cash Balance Retirement Plan of Hallmark Cards, Inc.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Hallmark Retiree Pension Plan
EIN: 44-0272180 PN: 009

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