

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>12/01/2018</u> and ending <u>11/30/2019</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>016</u>
		1c	Effective date of plan <u>08/07/1998</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INFORMA MEDIA, INC.</u> <u>1100 SUPERIOR</u> <u>8TH FLOOR</u> <u>CLEVELAND, OH 44114</u>	2b	Employer Identification Number (EIN) <u>36-2875386</u>
		2c	Plan Sponsor's telephone number <u>216-696-7000</u>
		2d	Business code (see instructions) <u>511120</u>

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.	09/09/2020	STEVE MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1175
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 76 6a(2) 59 6b 161 6c 853 6d 1073 6e 49 6f 1122 6g 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 Characteristics Codes in the instructions:

1A 1I 3H

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019	
A Name of plan PENTON MEDIA, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 INFORMA MEDIA, INC.	D Employer Identification Number (EIN) 36-2875386

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

(a) Name of insurance carrier NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA36005		12/01/2018	11/30/2019

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 11346558**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 76529
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 76529**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 11423087**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)** 1052(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 11422035

▶ YEAR END PAYOUT, EPENSES & RELATED CHARGE AND ADJUSTMENT

(5) Total deductions **7e(5)** 11423087**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019	
▶ 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 PENTON MEDIA, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INFORMA MEDIA, INC.	D Employer Identification Number (EIN) 36-2875386
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 12 Day 01 Year 2018			
2	Assets:			
a	Market value.....	2a	40878344	
b	Actuarial value	2b	40387977	
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	201	9752514	9752514
b	For terminated vested participants	898	29451851	29451851
c	For active participants	76	3222908	3222908
d	Total	1175	42427273	42427273
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	5.78 %	
6	Target normal cost	6	454524	

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	
BRYAN P. ANDERSON	09/08/2020
Type or print name of actuary	Date
AON CONSULTING, INC.	20-07659
Firm name	Most recent enrollment number
1111 METROPOLITAN AVENUE, SUITE 400	704-343-4100
CHARLOTTE, NC 28204	Telephone number (including area code)
Address of the firm	

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 <u>3.80</u> %	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)		371842
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 <u>5.97</u> %		22199
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		394041
d Portion of (c) to be added to prefunding balance		393881
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	393881

Part III Funding Percentages

14 Funding target attainment percentage	14	94.26%
15 Adjusted funding target attainment percentage	15	94.26%
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	97.09%
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
03/13/2019	203200	0			
06/12/2019	203200	0			
09/08/2020	850000	0			
Totals ▶			18(b)	1256400	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	1166883

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ N/A, full yield curve used		
b	Applicable month (enter code).....	21b	0	
22	Weighted average retirement age	22	62	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☒ Prescribed - separate
			☐ Substitute	☐ 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	Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	454524
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	2433177	464374
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	918898
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	0	384433
36	Additional cash requirement (line 34 minus line 35).....	36	534465
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1166883
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	632418
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	384433
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 Pension Relief Act of 2010 (See Instructions)

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
A Name of plan PENTON MEDIA, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	016
C Plan sponsor's name as shown on line 2a of Form 5500 INFORMA MEDIA, INC.	D Employer Identification Number (EIN) 36-2875386	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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 50	NONE	159220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 50 51 52	TRUSTEE	34924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK RETIREMENT PLAN SRVCS

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 62 64	NONE	7521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019

A Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>016</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INFORMA MEDIA, INC.</u>	D Employer Identification Number (EIN) <u>36-2875386</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND Q</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, NA</u>		
c EIN-PN <u>94-3392410-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>13-5160382-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>605160</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT US INT ACTIVE CREDIT PPT</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT GROUP TRUST</u>		
c EIN-PN <u>27-2436452-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2967636</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT US SMALL CAP PASSIVE EQ PPT</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT GROUP TRUST</u>		
c EIN-PN <u>27-2436452-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1638293</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT ACWI-EX US PASSIVE EQ POT</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT GROUP TRUST</u>		
c EIN-PN <u>27-2436452-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6934538</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT HIGH YIELD BOND PARTICIPANT</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT GROUP TRUST</u>		
c EIN-PN <u>27-2436452-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2712814</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGT GLOBAL REAL ESTATE PPT</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT GROUP TRUST</u>		
c EIN-PN <u>27-2436452-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5920909</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AGT US LARGE CAP PASSIVE EQ PPT

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5810400
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a Name of MTIA, CCT, PSA, or 103-12 IE: ACT 20+ YEAR U.S. TREASURY STRIPS

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4287574
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a Name of MTIA, CCT, PSA, or 103-12 IE: AGT US LONG FIXED ACTIVE CR PPT

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3667754
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY PARTICIPANT

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3081915
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a Name of MTIA, CCT, PSA, or 103-12 IE: AHGT SSGA INT US GOV BD PARTICIPANT

b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST

c EIN-PN 27-2436452-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1043400
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019		
A Name of plan PENTON MEDIA, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	016
C Plan sponsor's name as shown on line 2a of Form 5500 INFORMA MEDIA, INC.	D Employer Identification Number (EIN) 36-2875386	

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	86117	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	706862	850000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	487
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	2927231
(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)	10203097	38670393
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	18556804	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11346558	0
(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)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	40899438 42448111
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	40899438 42448111

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1256400
	(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)	1256400
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-10302
	(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)	76529
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	66227
(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)	4982
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4982
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11160404
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11413994
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-253590
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	127232
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	127232

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5764450
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-1520530
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5445171

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3282411	
(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)		3282411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	201665	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	412422	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		614087
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3896498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1548673
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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 ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4224417. (See instructions.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019

A Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INFORMA MEDIA, INC.</u>	D Employer Identification Number (EIN) <u>36-2875386</u>

Part I	Distributions
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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	<u>0</u>
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): <u>36-2875386</u>		
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	<u>43</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 61.0% Investment-Grade Debt: 36.0% High-Yield Debt: 3.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PENTON MEDIA, INC. RETIREMENT PLAN

FINANCIAL REPORT

NOVEMBER 30, 2019 and 2018

PENTON MEDIA, INC. RETIREMENT PLAN

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Independent Auditors' Report

To the Participants and Plan Administrator
Penton Media, Inc. Retirement Plan
Cleveland, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Penton Media, Inc. Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of November 30, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Bank of New York Mellon and John Hancock Trust Company LLC, the Trustees of the Plan for the years ended November 30, 2019 and 2018 respectively, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustees as of November 30, 2019 and 2018, and for the years then ended, that the information provided to the plan administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Supplementary Information

The supplemental schedules of assets (held at end of year) as of November 30, 2019 and of reportable transactions for the year ended November 30, 2019 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and the supplemental schedules, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Cleveland, Ohio
September 9, 2020

PENTON MEDIA, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2019 and 2018

<u>ASSETS</u>	<u>2019</u>	<u>2018</u>
CASH	\$ -	\$ 86,117
INVESTMENTS, AT FAIR VALUE		
Guaranteed investment account	-	11,346,558
Common/collective trust funds	38,670,392	10,203,097
Registered investment companies	-	18,556,804
Alternative investments	<u>2,927,232</u>	<u>-</u>
Total investments	41,597,624	40,106,459
RECEIVABLES		
Interest receivable	487	-
Employer contributions	<u>850,000</u>	<u>706,862</u>
Total receivables	<u>850,487</u>	<u>706,862</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$42,448,111</u>	<u>\$40,899,438</u>

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

PENTON MEDIA, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended November 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 4,097,350	\$ 1,078,299
Interest and dividends	<u>91,421</u>	<u>439,637</u>
Total investment income	4,188,771	1,517,936
Employer contributions	<u>1,256,400</u>	<u>1,255,464</u>
Total additions	5,445,171	2,773,400
deductions		
Benefits paid directly to participants	3,282,411	3,899,965
Administrative expenses	<u>614,087</u>	<u>522,557</u>
Total deductions	<u>3,896,498</u>	<u>4,422,522</u>
NET INCREASE (DECREASE)	1,548,673	(1,649,122)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>40,899,438</u>	<u>42,548,560</u>
END OF YEAR	<u>\$42,448,111</u>	<u>\$40,899,438</u>

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

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Penton Media, Inc. Retirement Plan (the "Plan") is provided for general information only. Information about the Plan agreement, the vesting, and benefit provisions are contained in the Plan document. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan administered by Penton Media, Inc. ("Penton" or the "Company"), that covers certain employees of the Company, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

In December 2003, the Plan was amended to cease the accrual of any benefits under the Plan after December 31, 2003. Accordingly, any employee who was not a participant in the Plan on December 31, 2003 is not eligible to participate in the Plan. After December 31, 2003, any earnings, covered compensation, and annualized covered compensation earned or paid shall not be taken into account for purposes of determining the amount of a participant's benefit payable under the Plan. However, after December 31, 2003, subsequent years of service are considered in order to determine a participant's vesting status or eligibility for early retirement. The benefit accruals in the frozen plan are payable to participants when they qualify for retirement.

Benefits and Vesting

The Plan provides for a career average pension which is payable to vested participants upon retirement, death, or disability or, in a reduced amount, upon early retirement.

Employees are considered vested in the Plan if they have five years of vesting service (working a minimum of 1,000 hours per year) or reach age 65 while working for Penton. The normal retirement age under the Plan is age 65. The Plan permits early retirement at ages 55-64 with ten years of service.

Vested participants can elect to receive benefits under an annuity arrangement or elect to receive such benefits in a lump-sum.

Disability Benefits

The Plan provides a disability benefit for eligible active employees who become totally disabled. However, disability pension benefits will be deferred if the employee is covered by, and receiving benefits from, a long-term disability insurance plan provided through Penton.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Company has evaluated subsequent events through September 9, 2020, which is the date the financial statements were available to be issued.

Use of Estimates

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 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 (see Note 7). The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustee, and insurance company.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the reporting period.

Benefit Payments

Benefit payments are recorded when paid to participants.

Expenses of the Plan

All administrative expenses relating to the operations of the Plan are paid by the Plan or the Company at the Company's discretion.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities 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 and the actuarial present value of accumulated plan benefits are prepared 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.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Value of Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services rendered by employees prior to January 1, 2004. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who are deceased, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee services rendered up to December 31, 2003.

The actuarial present value of accumulated plan benefits was determined by the independent actuary, Aon, at December 1, 2018. The present value amount was determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirements) between the valuation date and the expected date of payment.

Actuarial Assumptions

Significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of December 1, 2018 are as follows:

Actuarial cost method	Standard unit credit cost method
Mortality rate	RP-2014 Mortality Table (Scale MP-2018)
Retirement	Rates varying by age (100% at age 65)
Interest rates	4.10% - Annuity
	3.43%/4.46%/4.88% - Lump-sum

Distributions are assumed to be paid in a lump-sum to participants who retire from active status. For participants who retire from terminated vested status, 75% are assumed to elect a lump-sum and 25% are assumed to elect an annuity.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Accumulated Plan Benefits

Accumulated plan benefit information at December 1, 2018, and December 1, 2017, is as follows:

	December 1, 2018	December 1, 2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$11,183,128	\$11,756,017
Other participants	40,406,203	46,571,831
	51,589,331	58,327,848
Nonvested benefits	-	-
	<u>\$51,589,331</u>	<u>\$58,327,848</u>

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Actuarial Value of Accumulated Plan Benefits (Continued)

Accumulated Plan Benefits (Continued)

The changes in the accumulated plan benefits for the year ended December 1, 2018 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$58,327,848
Changes during the year attributable to:	
Interest accumulation	1,832,783
Benefits paid	(3,899,965)
Assumption changes	(4,810,002)
Additional benefits earned, including experience gains and losses	138,667
Total	<u>(6,738,517)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$51,589,331</u>

Changes in actuarial assumptions consist of the discount rate which was increased from 3.25% to 4.10% for annuities and the three-tiered segment rate from 2.20%, 3.57% and 4.24% for lump sums to 3.43%, 4.46% and 4.88% for lump sums. The mortality table was changed from the RP-2014 Mortality Table (Scale MP-2017) to the RP-2014 Mortality Table (Scale MP-2018).

Note 4. Funding Policy

Contributions are made by Penton in amounts not less than the minimum amounts required under the applicable sections of ERISA and in accordance with the Internal Revenue Code ("IRC"). The determination of such amounts by the independent actuary is based on certain assumptions as described in Note 3. The Plan has met the minimum funding requirements of ERISA for 2019 and 2018.

Note 5. Plan Termination

Penton has the right to amend or terminate the Plan. In the event that the Plan is terminated, the assets of the Plan would be distributed in accordance with the priorities specified by ERISA. Penton remits premiums to the Pension Benefit Guaranty Corporation ("PBGC") to ensure payment of benefits, up to specified limitations as described in ERISA, which otherwise may not be payable in the event of the Plan's termination. Should this Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Information Certified by the Plan Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon (BNY) and John Hancock Trust Company LLC (Hancock), the Trustees of the Plan for the years ended November 30, 2019 and 2018, respectively, have certified to the completeness accuracy of all investments reflected in the statements of net assets available for benefits at November 30, 2019 and 2018, the schedule of assets (held at end of year) at November 30, 2019, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended November 30, 2019 and 2018, the schedule of reportable transactions for the year ended November 30, 2019 and investment related information in the accompanying notes to the financial statements. This information has not been audited by independent accountants.

Note 7. Fair Value of Financial Instruments

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

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

- The guaranteed investment contract was valued at contract value as determined by New York Life Insurance Company and represented contributions plus interest at a specified rate, less withdrawals for the payment of benefits and fees. There were no quoted prices or other observable inputs for pricing. Accordingly, the Plan did not use separate quantitative information to value the contract. The guaranteed investment contract was classified as Level 3. The Plan terminated the contact during the current year.
- The common/collective trust investments are held by BNY and managed by Aon Investments USA, Inc. The fair value of the investments held in this account are based on its reported net asset value ("NAV"). The NAV is based primarily on observable inputs and the market value of the underlying investments, and is classified as Level 2.
- Shares of registered investment companies were valued based on their quoted closing market prices in active markets for identical investments, and were classified as Level 1.
- Alternative investments are valued at fair value using the net asset value ("NAV") per share (or its equivalent) practical expedient and, therefore, have not been classified in the fair value hierarchy.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Fair Value of Financial Instruments (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2018 to 2019. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level the Plan's assets at fair value as of November 30, 2019 and 2018:

Assets at Fair Value as of November 30, 2019				
	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$ 38,670,392	\$ -	\$ 38,670,392
Total assets in the fair value hierarchy	\$ -	\$ 38,670,392	\$ -	38,670,392
Investments measured at NAV:				
Alternative investments				2,927,232
Total				\$ 41,597,624
				-

Assets at Fair Value as of November 30, 2018				
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract	\$ -	\$ -	\$11,346,558	\$11,346,558
Common/collective trust funds	-	10,203,097	-	10,203,097
Registered investment companies	\$18,556,804	-	-	18,556,804
Total	\$18,556,804	\$10,203,097	\$11,346,558	\$40,106,459

Note 7. Fair Value of Financial Instruments (Continued)

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

The following table sets forth a summary of changes in fair value of the Plan's Level 3 assets for the year ended November 30, 2019 and 2018:

	2019 Guaranteed Investment Contract	2018 Guaranteed Investment Contract
Balance, beginning of period	\$11,346,558	\$10,713,038
Interest	67,436	254,656
Purchases	-	1,485,161
Sales	(11,160,404)	(1,106,297)
Realized loss	(253,590)	-
Balance, end of period	<u>\$ -</u>	<u>\$11,346,558</u>

The Plan values substantially all of its investments in the Aon Liquid Alternatives Fund and Aon Opportunistic Alternatives at amounts reported by the investment manager and as validated through consideration of the audited financial statements of the investments. Accordingly, the Plan does not use separate quantitative information to value the investments.

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
<u>November 30, 2019</u>				
Aon Liquid Alternatives Fund Ltd	\$ 1,454,357	\$ -	Quarterly	45 days
Aon Opportunistic Alternatives SP	1,472,875	-	Semi-Annually	95 days

- (a) The Aon Liquid Alternatives Fund Ltd. (the “Fund”) seeks to generate consistent long-term capital appreciation with diversification of risk through the use of a “multi-manager, multi-strategy” global investment approach. The strategy selection process, investment strategy allocations, and overall Fund objectives are overseen by the Investment Manager’s Delegated Portfolio Oversight Committee (the “DPOC”), which is the fiduciary committee that is ultimately responsible for all investment manager selection and investment policy execution decisions for the U.S. Delegated Client portfolios of the Investment Manager, including the Fund. The Fund diversifies its holdings among broad categories of strategies. The DPOC has most recently invested the Fund’s capital according to the following allocations: Global Macro (20-40%), Relative Value/Idiosyncratic (10-40%), and Systematic Multi-Strategy (35-50%). The Investment Manager may deviate from these allocations, but does not intend to do so by more than 15 percentage points for any individual strategy. Furthermore, the Investment Manager may allocate up to 15% of the Fund’s capital to other liquid or semi-liquid alternative investment strategies that do not fit neatly within the aforementioned strategies.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Fair Value of Financial Instruments (Continued)

- (b) Aon Opportunistic Alternatives SP (the "Portfolio") investment objective is to seek to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital. These investment opportunities may arise due to complexity, illiquidity, size or other structural or thematic factors that typically require a medium-term horizon to pursue. Examples include purchasing undervalued bonds or loans, and holding to maturity, or buying mispriced structured securities and liquidating them over time to extract value.

Note 8. Guaranteed Investment Contract With Insurance Company

The Plan had a guaranteed investment contract with New York Life Insurance Company ("NYL") under which the Plan made contributions. NYL maintained the contributions in an unallocated fund to which it added interest. The interest rate was guaranteed for a six-month period beginning every January 1st and July 1st. This rate was guaranteed to be the lesser of (a) 3.0% or (b) the six-month average of the five-year Constant Maturity Treasury Rate minus 1.25% with a minimum of 1.0%. At the direction of the Plan's administrator, a single premium to buy an annuity for a retiring employee was withdrawn by NYL from the unallocated fund. Purchased annuities were contracts under which NYL was obligated to pay benefits to named employees or their beneficiaries. The premium rates for such annuities to be purchased in the future and maximum administration expense charges against the fund were also guaranteed by NYL for each 12-month period beginning January 1st.

The annuity contracts provided for periodic dividends at NYL's discretion on the basis of its experience under the contracts. Funds under the guaranteed investment contract that were allocated and applied to purchase annuities (that is, NYL was obligated to pay the related pension benefits) were excluded from the Plan's assets. This fund was liquidated in 2019.

Note 9. Transactions With Parties-in-Interest

The Plan's Trustee was BNY and Hancock for 2019 and 2018, respectively. While Trustees, the Company appointed BNY and Hancock, or their affiliates, to serve as the third party administrator of the Plan. The Company also appointed Aon to serve as actuary and the investment manager of the Plan. Administrative expenses paid to the Trustees from the Plan were \$34,924 and \$28,346 for 2019 and 2018, respectively. Administrative expenses paid to Aon from the Plan were \$159,220 for the year ended November 30, 2019.

Note 10. Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated May 18, 2012, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the requirements of the IRC. Therefore, no provision for taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of November 30, 2019, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 11. Subsequent Event

On January 30, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 ("COVID-19") a global health emergency and subsequently declared the COVID-19 outbreak a global pandemic in March 2020. The pandemic has adversely affected domestic and global economic activity and the full impact continues to evolve as of the date of this report. Accordingly, the effects of the pandemic on the Plan's current and future operations are unknown at this time.

SUPPLEMENTAL SCHEDULES

PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

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

November 30, 2019

(a)	Identity of (b) <u>Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		Common/collective trust funds:		
* BNY		EB Temporary Investment Fund of BNY	\$ 605,160	\$ 605,160
* Aon		Non-U.S. Equity Index Fund	5,969,251	6,934,538
* Aon		Large Cap Equity Index Fund	4,626,218	5,810,400
* Aon		Small Cap Equity Index Fund	1,374,298	1,638,293
* Aon		Global Equity Fund	2,551,698	3,081,915
* Aon		Global Real Estate Fund	5,336,773	5,920,908
* Aon		Multi-Asset Credit Fund	2,493,854	2,712,814
* Aon		20+ Year U.S. Treasury STRIPS Index Fund	3,402,803	4,287,574
* Aon		U.S. Long Government Bond Index Fund	3,081,337	3,667,754
* Aon		Intermediate Credit Bond Fund	2,799,461	2,967,636
* Aon		U.S Intermediate Government Bond Index	1,002,556	1,043,400
		Total common/collective trust funds:	<u>33,243,409</u>	<u>38,670,392</u>
		Alternative investments:		
* Aon		Aon Liquid Alternatives Fund Ltd	1,400,000	1,454,357
* Aon		Aon Opportunistic Alternatives SP	<u>1,400,000</u>	<u>1,472,875</u>
		Total alternative investments:	<u>2,800,000</u>	<u>2,927,232</u>
			<u>\$36,043,409</u>	<u>\$41,597,624</u>

* Represents a party-in-interest

PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended November 30, 2019

INDIVIDUAL SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan

Assets - December 1, 2018..... \$40,899,438
5% of Total Current Value of
Plan Assets \$2,044,972

Identity of (a) Party	Description (b) of Asset	Purchase (c) Price	Selling (d) Price	Lease (e) Rental	Expenses Incurred With (f) Transaction	Cost of (g) Asset	Current Value of Assets on Transaction (h) Date	Net Gain or (i) Loss
John Hancock Trust Company LLC	Barclays Global Invs Fds For Employee Benefit Trs	N/A	\$ 9,420,243	N/A	\$ -	\$ 4,822,851	\$ 9,420,243	\$ 4,597,392
John Hancock Trust Company LLC	Mainstay Lrg Cap Grw-A	N/A	4,461,208	N/A	-	4,650,477	4,461,208	(189,269)
John Hancock Trust Company LLC	Vanguard Tot Int St Idx-Adm	N/A	7,381,032	N/A	-	7,508,767	7,381,032	(127,735)
John Hancock Trust Company LLC	Vanguard L/T Inv Gr-Adm	N/A	2,950,473	N/A		2,900,944	2,950,473	49,529
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	\$17,800,558	N/A	N/A	-	N/A	17,800,558	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	9,420,243	N/A	N/A	-	N/A	9,420,243	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	N/A	27,000,000	N/A	-	27,000,000	27,000,000	-
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	11,168,127	N/A	N/A	-	N/A	11,168,127	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	N/A	11,100,000	N/A	-	11,100,000	11,100,000	-
Aon	Agt Us Int Active Credit Participant Cusip	3,200,000	N/A	N/A	-	N/A	3,200,000	N/A
Aon	Agt Acwi-Ex Us Passive Equity Participant Cusip	6,300,000	N/A	N/A	-	N/A	6,300,000	N/A
Aon	Agt High Yield Bond Participant Cusip	2,800,000	N/A	N/A	-	N/A	2,800,000	N/A
Aon	Agt Global Real Estate Participant Cusip	5,600,000	N/A	N/A	-	N/A	5,600,000	N/A
Aon	Agt Us Large Cap Passive Eq Participant Cusip	4,700,000	N/A	N/A	-	N/A	4,700,000	N/A
Aon	Act 20+ Year U.S. Treasury Strips Participant Cusip	4,000,000	N/A	N/A	-	N/A	4,000,000	N/A
Aon	Agt Us Long Fixed Active Cr Participant Cusip	2,700,000	N/A	N/A	-	N/A	2,700,000	N/A
Aon	Aon Global Equity Participant Cusip	2,600,000	N/A	N/A	-	N/A	2,600,000	N/A
Hancock	NYL Guaranteed Int Acct	N/A	11,160,404	N/A	153	11,413,994	11,160,404	(253,590)

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2018

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49		10	2							
50-54		11	2	5	2					
55-59		1	5	3	6	3				
60-64		5	2	4	4	1	5			
65-69		2				1	1			
70+										

N-76

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of December 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2018), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.92%
3rd Segment Rate	4.50%
Optional Payment Form Election Percentage	All actives are assumed to take a lump sum. For current terminated vested participants, 25% are assumed to elect a single life annuity and 75% are assumed to elect a lump sum.
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums.
Optional Payment Form Conversion Mortality	Current 417(e) table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$225,000.

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).

Expected Return on Assets

1/1/2017 Plan Year

6.50%, limited to 6.48%

12/1/2017 Plan Year

6.50%, limited to 6.48%

12/1/2018 Plan Year

6.50%, limited to 6.29%

Trust Expenses Included in Target Normal Cost

Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$454,524 for plan year beginning 12/1/2018

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2018

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	25.1940%	36.3870%	45	7.7815%	11.0813%
16	25.1940%	36.3870%	46	7.2277%	10.2886%
17	25.1940%	36.3870%	47	6.7133%	9.5527%
18	25.1940%	36.3870%	48	6.2356%	8.8693%
19	25.1940%	36.3870%	49	5.7918%	8.2349%
20	25.1940%	36.3870%	50	5.3795%	7.6457%
21	25.1940%	36.3870%	51	4.9967%	7.0988%
22	25.1940%	36.3870%	52	4.6410%	6.5910%
23	24.2831%	35.0355%	53	3.9000%	5.8500%
24	23.4052%	33.7342%	54	2.6000%	3.9000%
25	22.5590%	32.4812%	55+	0.0000%	0.0000%
26	21.7434%	31.2748%			
27	20.9573%	30.1131%			
28	20.1995%	28.9947%			
29	19.4693%	27.9178%			
30	18.7654%	26.8808%			
31	18.0869%	25.8824%			
32	17.4330%	24.9210%			
33	16.4423%	23.4984%			
34	15.5078%	22.1569%			
35	14.6264%	20.8922%			
36	13.7952%	19.6996%			
37	13.0112%	18.5751%			
38	12.2717%	17.5146%			
39	11.5743%	16.5148%			
40	10.9165%	15.5721%			
41	10.2961%	14.6832%			
42	9.7110%	13.8450%			
43	9.0198%	12.8547%			
44	8.3779%	11.9350%			

PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended November 30, 2019

INDIVIDUAL SECURITY TRANSACTIONS IN EXCESS OF 5%
OF THE CURRENT VALUE OF PLAN ASSETS
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan

Assets - December 1, 2018..... \$40,899,438
5% of Total Current Value of
Plan Assets \$2,044,972

Identity of (a) Party	Description (b) of Asset	Purchase (c) Price	Selling (d) Price	Lease (e) Rental	Expenses Incurred With (f) Transaction	Cost of (g) Asset	Current Value of Assets on Transaction (h) Date	Net Gain or (i) Loss
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John Hancock Trust Company LLC	Mainstay Lrg Cap Grw-A	N/A	4,461,208	N/A	-	4,650,477	4,461,208	(189,269)
John Hancock Trust Company LLC	Vanguard Tot Int St Idx-Adm	N/A	7,381,032	N/A	-	7,508,767	7,381,032	(127,735)
John Hancock Trust Company LLC	Vanguard L/T Inv Gr-Adm	N/A	2,950,473	N/A		2,900,944	2,950,473	49,529
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	\$17,800,558	N/A	N/A	-	N/A	17,800,558	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	9,420,243	N/A	N/A	-	N/A	9,420,243	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	N/A	27,000,000	N/A	-	27,000,000	27,000,000	-
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	11,168,127	N/A	N/A	-	N/A	11,168,127	N/A
BNY	EB Temp Inv Fd 1.147% 12/31/2049 Dd 11/01/01	N/A	11,100,000	N/A	-	11,100,000	11,100,000	-
Aon	Agt Us Int Active Credit Participant Cusip	3,200,000	N/A	N/A	-	N/A	3,200,000	N/A
Aon	Agt Acwi-Ex Us Passive Equity Participant Cusip	6,300,000	N/A	N/A	-	N/A	6,300,000	N/A
Aon	Agt High Yield Bond Participant Cusip	2,800,000	N/A	N/A	-	N/A	2,800,000	N/A
Aon	Agt Global Real Estate Participant Cusip	5,600,000	N/A	N/A	-	N/A	5,600,000	N/A
Aon	Agt Us Large Cap Passive Eq Participant Cusip	4,700,000	N/A	N/A	-	N/A	4,700,000	N/A
Aon	Act 20+ Year U.S. Treasury Strips Participant Cusip	4,000,000	N/A	N/A	-	N/A	4,000,000	N/A
Aon	Agt Us Long Fixed Active Cr Participant Cusip	2,700,000	N/A	N/A	-	N/A	2,700,000	N/A
Aon	Aon Global Equity Participant Cusip	2,600,000	N/A	N/A	-	N/A	2,600,000	N/A
Hancock	NYL Guaranteed Int Acct	N/A	11,160,404	N/A	153	11,413,994	11,160,404	(253,590)

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 12/01/2018 and ending 11/30/2019

▶ **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 PENTON MEDIA, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INFORMA MEDIA INC.	D Employer Identification Number (EIN) 36-2875386
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a 40,878,344
b Actuarial value	2b 40,387,977
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 201 (2) Vested Funding Target 9,752,514 (3) Total Funding Target 9,752,514
b For terminated vested participants	898 29,451,851 29,451,851
c For active participants	76 3,222,908 3,222,908
d Total	1,175 42,427,273 42,427,273
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 5.78%
6 Target normal cost	6 454,524

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	BRYAN P. ANDERSON <i>BPA</i>	09/08/2020
	Signature of actuary	Date
BRYAN P. ANDERSON		2007659
	Type or print name of actuary	Most recent enrollment number
Aon Consulting, Inc.		704-343-4100
	Firm name	Telephone number (including area code)
1111 Metropolitan Avenue, Suite 400		
CHARLOTTE NC 28204		
	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 <u>3.80%</u>	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).....		371,842
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 <u>5.97%</u>		22,199
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.....		394,041
d Portion of (c) to be added to prefunding balance.....		393,881
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	393,881

Part III Funding Percentages

14 Funding target attainment percentage	14	94.26%
15 Adjusted funding target attainment percentage.....	15	94.26%
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	97.09%
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
03/13/2019	203,200	0			
06/12/2019	203,200	0			
09/08/2020	850,000	0			
Totals ▶			18(b)	1,256,400	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	1,166,883

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☐ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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 Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	454,524	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2,433,177		464,374
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	918,898	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	384,433	384,433
36 Additional cash requirement (line 34 minus line 35).....	36	534,465	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,166,883	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	632,418	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	384,433	
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 Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2018

Under the CARES ACT, signed into law on March 27, 2020, plan sponsors may defer cash contributions due during the plan year starting on 12/01/2019. Interest accrues from the original due date to the payment date at the Effective Interest Rate (EIR) for the plan year that includes the actual payment date. For this plan, the September 8, 2020 contribution is discounted from the payment date to the original due date of August 15, 2020 at the 12/01/2019 plan year EIR of 5.59%, and from August 15, 2020 to December 1, 2019 at the 12/01/2018 plan year EIR of 5.78%.

Date	Amount	Days to Discount to 12/1/2018 at 5.78%	Days to Discount to 12/1/2018 at 5.59%	Interest Adjusted Contribution
March 13, 2019	\$ 203,200	102	0	\$ 200,034
June 12, 2019	203,200	193	0	197,251
September 8, 2020	850,000	623	24	769,598
Total Contribution	\$ 1,256,400			\$ 1,166,883

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	5.00%	0.9200	2.60
57.5	5.00%	0.8740	2.51
58.5	5.00%	0.8303	2.43
59.5	5.00%	0.7888	2.35
60.5	10.00%	0.7493	4.53
61.5	10.00%	0.6744	4.15
62.5	25.00%	0.6070	9.48
63.5	10.00%	0.4552	2.89
64.5	10.00%	0.4097	2.64
65	100.00%	0.3687	23.97
Weighted Average			61.99

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of December 2018), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.92%
2nd Segment Rate	5.52%
3rd Segment Rate	6.29%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2018), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.92%
3rd Segment Rate	4.50%
Optional Payment Form Election Percentage	All actives are assumed to take a lump sum. For current terminated vested participants, 25% are assumed to elect a single life annuity and 75% are assumed to elect a lump sum.
Optional Payment Form Conversion Interest Rate	Same as funding interest rate above for lump sums.
Optional Payment Form Conversion Mortality	Current 417(e) table
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2018 static mortality table (with new basis adoption deferred to 2019) for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$225,000.
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).
Expected Return on Assets	
1/1/2017 Plan Year	6.50%, limited to 6.48%
12/1/2017 Plan Year	6.50%, limited to 6.48%
12/1/2018 Plan Year	6.50%, limited to 6.29%
Trust Expenses Included in Target Normal Cost	Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$454,524 for plan year beginning 12/1/2018
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2018

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	8.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	25.1940%	36.3870%	45	7.7815%	11.0813%
16	25.1940%	36.3870%	46	7.2277%	10.2886%
17	25.1940%	36.3870%	47	6.7133%	9.5527%
18	25.1940%	36.3870%	48	6.2356%	8.8693%
19	25.1940%	36.3870%	49	5.7918%	8.2349%
20	25.1940%	36.3870%	50	5.3795%	7.6457%
21	25.1940%	36.3870%	51	4.9967%	7.0988%
22	25.1940%	36.3870%	52	4.6410%	6.5910%
23	24.2831%	35.0355%	53	3.9000%	5.8500%
24	23.4052%	33.7342%	54	2.6000%	3.9000%
25	22.5590%	32.4812%	55+	0.0000%	0.0000%
26	21.7434%	31.2748%			
27	20.9573%	30.1131%			
28	20.1995%	28.9947%			
29	19.4693%	27.9178%			
30	18.7654%	26.8808%			
31	18.0869%	25.8824%			
32	17.4330%	24.9210%			
33	16.4423%	23.4984%			
34	15.5078%	22.1569%			
35	14.6264%	20.8922%			
36	13.7952%	19.6996%			
37	13.0112%	18.5751%			
38	12.2717%	17.5146%			
39	11.5743%	16.5148%			
40	10.9165%	15.5721%			
41	10.2961%	14.6832%			
42	9.7110%	13.8450%			
43	9.0198%	12.8547%			
44	8.3779%	11.9350%			

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	August 7, 1998. Amended and restated effective January 1, 2017.
Eligibility for Participation	An employee shall become a participant in this plan on the January 1 following the completion of one year of eligibility service. The plan is frozen to new entrants after December 31, 2003.
Normal Retirement Eligibility	Age 65.
Benefit	A monthly amount equal to the sum of (1), (2) and (3): (1) 1.2% of Compensation up to covered compensation multiplied by benefit service up to a maximum of 35 years; (2) 1.85% of compensation in excess of covered compensation multiplied by benefit service up to a maximum of 35 years; (3) 1.2% of Compensation multiplied by benefit service is excess of 35 years. Benefit accruals were frozen effective December 31, 2003.
Early Retirement Eligibility	Age 55 and 10 years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 1/180 of 1% for each of the first 60 months and 1/360 of 1% for each of the next 60 months that early retirement precedes normal retirement.
Vested Termination Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Disability Eligibility	Totally and permanently disabled with five years of vesting service.
Benefit	The accrued benefit at the date of disability, payable immediately with the same reductions as early retirement and further reduced actuarially for commencement prior to age 55.
Surviving Spouse Eligibility	Married for one year and five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.
Normal Form of Annuity Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.
Optional Forms of Annuity	▪ Single life annuity ▪ 5-year certain and life annuity ▪ 10-year certain and life annuity ▪ 15-year certain and life annuity ▪ 100% joint and survivor annuity ▪ 75% joint and survivor annuity ▪ 66⅔% joint and survivor annuity ▪ 50% joint and survivor annuity ▪ Level income annuity ▪ Single life annuity with full cash refund ▪ Lump sum
Actuarial Equivalence	1971 Group Annuity Mortality Table for Males, set back one year for participants and five years for beneficiaries and 6% interest rate.

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Definitions

Compensation

Total, regular cash compensation including overtime, bonuses, commissions, incentive compensation, unused vacation pay and income realized for federal income tax purposes as a result of the grant or exercise of a stock option.

Benefit Service

A full year of credited service is earned if the employee works 1,000 or more hours in one plan year. No benefit service may be earned after December 31, 2003.

Vesting Service

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Plan Changes Since the Prior Year

The funding and plan reporting valuations do not reflect any plan changes.

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

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Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2018

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44		1								
45-49		10	2							
50-54		11	2	5	2					
55-59		1	5	3	6	3				
60-64		5	2	4	4	1	5			
65-69		2				1	1			
70+										

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Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
Penton Media, Inc. Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,615,954	January 1, 2017	5.0833	\$ 343,787
Shortfall	\$ (585,708)	December 1, 2017	6	\$ (108,441)
Shortfall	\$ 1,402,931	December 1, 2018	7	\$ 229,028

Schedule SB Attachment (Form 5500)—December 1, 2018 Plan Year
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PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

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

November 30, 2019

(a)	Identity of (b) <u>Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		Common/collective trust funds:		
* BNY		EB Temporary Investment Fund of BNY	\$ 605,160	\$ 605,160
* Aon		Non-U.S. Equity Index Fund	5,969,251	6,934,538
* Aon		Large Cap Equity Index Fund	4,626,218	5,810,400
* Aon		Small Cap Equity Index Fund	1,374,298	1,638,293
* Aon		Global Equity Fund	2,551,698	3,081,915
* Aon		Global Real Estate Fund	5,336,773	5,920,908
* Aon		Multi-Asset Credit Fund	2,493,854	2,712,814
* Aon		20+ Year U.S. Treasury STRIPS Index Fund	3,402,803	4,287,574
* Aon		U.S. Long Government Bond Index Fund	3,081,337	3,667,754
* Aon		Intermediate Credit Bond Fund	2,799,461	2,967,636
* Aon		U.S Intermediate Government Bond Index	1,002,556	1,043,400
		Total common/collective trust funds:	<u>33,243,409</u>	<u>38,670,392</u>
		Alternative investments:		
* Aon		Aon Liquid Alternatives Fund Ltd	1,400,000	1,454,357
* Aon		Aon Opportunistic Alternatives SP	<u>1,400,000</u>	<u>1,472,875</u>
		Total alternative investments:	<u>2,800,000</u>	<u>2,927,232</u>
			<u>\$36,043,409</u>	<u>\$41,597,624</u>

* Represents a party-in-interest

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