

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>12/01/2019</u> and ending <u>11/30/2020</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>016</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/07/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>016</u>	1c Effective date of plan <u>08/07/1998</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2875386</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>216-696-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>511120</u></td> </tr> </table>	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>	
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.	09/08/2021	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 (2019)
v. 190130

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 1122
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) 59 6a(2) 40 6b 169 6c 835 6d 1044 6e 46 6f 1090 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)** ☐ 0 **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

► **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 <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 or 5500-SF <u>INFORMA MEDIA, INC.</u>	D Employer Identification Number (EIN) <u>36-2875386</u>	
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>2019</u>		
2	Assets:		
	a Market value	2a	<u>42412192</u>
	b Actuarial value	2b	<u>41608705</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>204</u>	<u>10396998</u>
	b For terminated vested participants.....	<u>859</u>	<u>29713474</u>
	c For active participants	<u>59</u>	<u>2686157</u>
	d Total.....	<u>1122</u>	<u>42796629</u>
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	<u>5.59</u> %
6	Target normal cost.....	6	<u>727783</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary Type or print name of actuary Firm name Address of the firm	<u>08/18/2021</u> Date <u>20-07659</u> Most recent enrollment number <u>704-343-4100</u> Telephone number (including area code)
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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 ☐

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

**Schedule SB (Form 5500) 2019
v. 190130**

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	393881
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	384433
9 Amount remaining (line 7 minus line 8)	0	9448
10 Interest on line 9 using prior year's actual return of <u>10.78</u> %	0	1018
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		632418
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>5.78</u> %		14334
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		41442
c Total available at beginning of current plan year to add to prefunding balance		688194
d Portion of (c) to be added to prefunding balance		688194
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	698660

Part III Funding Percentages

14 Funding target attainment percentage	14	95.59 %
15 Adjusted funding target attainment percentage	15	95.59 %
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	94.26 %
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
03/12/2020	230000	0			
08/10/2021	1000000	0			
Totals ▶			18(b)	1230000	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	1138693

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:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ 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) ☐ 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** 727783**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 1886584 Installment 435421**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** 1163204

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	660275	660275

36 Additional cash requirement (line 34 minus line 35) **36** 502929**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1138693**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 635764**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 635764**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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020		
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	269389	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	38814	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 ☐

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020

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>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>394889</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE CR BD</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-038</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>336334</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL CAP EQUITY INDEX PENSION</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-045</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>1270417</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON US INTERMEDIATE GOVERNMENT PENS</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-043</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>726343</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS CL I PENSION PL</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-007</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>274326</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL REAL ESTATE CL I PENSION</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-047</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>688594</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX PENSION</u>			
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>			
c EIN-PN <u>37-6543784-046</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>6845127</u>	

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a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YR U S TREAS STRIPS		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2047477
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BD		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9040703
a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY CL I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3569792
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND PENSION		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2357379
a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX PENSION PN		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5831908
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE PENSION PLAN TRUST		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5034346
a Name of MTIA, CCT, PSA, or 103-12 IE: AGT US INT ACTIVE CREDIT PPT		
b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST		
c EIN-PN 27-2436452-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AGT US SMALL CAP PASSIVE EQ PPT		
b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST		
c EIN-PN 27-2436452-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AGT ACWI-EX US PASSIVE EQ POT		
b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST		
c EIN-PN 27-2436452-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AGT HIGH YIELD BOND PARTICIPANT		
b Name of sponsor of entity listed in (a): AON HEWITT GROUP TRUST		
c EIN-PN 27-2436452-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AGT GLOBAL REAL ESTATE PPT

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

c EIN-PN 27-2436452-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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) 0
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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) 0
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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) 0
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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) 0
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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) 0
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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
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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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020		
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	850000	1000000
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	487	173002
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)	2927231	2701040
	(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)	38670393	38417635
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42448111	42291677

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	107404
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	107404

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42448111	42184273
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1230000	
(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)		1230000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-54	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-54
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	698572	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	720302	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-21730
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-31890	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-31890

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2931927
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4108253

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3431736	
(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)		3431736
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)	415607	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	524748	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		940355
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4372091

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-263838
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b 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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
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 395482. (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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 12/01/2019 and ending 11/30/2020		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-2875386		
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 23
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) 2019 v. 190130		

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	14a	
b	The plan year immediately preceding the current plan year	14b	
c	The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year	15a	
b	The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>42.0</u> % Investment-Grade Debt: <u>29.0</u> % High-Yield Debt: <u>7.0</u> % Real Estate: <u>14.0</u> % Other: <u>8.0</u> % 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): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

PENTON MEDIA, INC. RETIREMENT PLAN

FINANCIAL REPORT

NOVEMBER 30, 2020 and 2019

PENTON MEDIA, INC. RETIREMENT PLAN

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended November 30, 2020, which material is incorporated herein by reference.

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, 2020 and 2019, 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 conducting the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the Trustee as of November 30, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the Trustee 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, 2020 and of reportable transactions for the year ended November 30, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. 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 Trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Cleveland, Ohio
September 1, 2021

PENTON MEDIA, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Common/collective trust funds	\$38,417,635	\$38,670,392
Alternative investments	2,701,040	2,927,232
Total investments	41,118,675	41,597,624
RECEIVABLES		
Interest receivable	-	487
Due from broker for pending trades	173,002	-
Employer contributions	1,000,000	850,000
Total receivables	1,173,002	850,487
Total assets	42,291,677	42,448,111
<u>LIABILITIES</u>		
ACCRUED EXPENSES	107,404	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$42,184,273</u>	<u>\$42,448,111</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, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ <u>2,878,253</u>	\$ 4,097,350
Interest and dividends	<u>-</u>	<u>91,421</u>
Total investment income	2,878,253	4,188,771
Employer contributions	<u>1,230,000</u>	<u>1,256,400</u>
Total additions	4,108,253	5,445,171
DEDUCTIONS		
Benefits paid directly to participants	<u>3,431,736</u>	3,282,411
Administrative expenses	<u>940,355</u>	<u>614,087</u>
Total deductions	4,372,091	3,896,498
NET INCREASE (DECREASE)	(263,838)	1,548,673
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>42,448,111</u>	<u>40,899,438</u>
END OF YEAR	<u>\$42,184,273</u>	<u>\$42,448,111</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 Informa Plc ("Informa" 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 hired after that date 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 Informa. 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 Informa.

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 1, 2021, 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, 2019. 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, 2019 are as follows:

Actuarial cost method	Standard unit credit cost method
Mortality rate	RP-2014 Mortality Table (Scale MP-2019)
Retirement	Rates varying by age (100% at age 65)
Interest rates	2.95% - Annuity
	2.04%/3.09%/3.68% - 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, 2019 and 2018 is as follows:

	December 1, 2019	December 1, 2018
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$12,364,596	\$11,183,128
Other participants	46,347,261	40,406,203
	<u>58,711,857</u>	<u>51,589,331</u>
Nonvested benefits	-	-
	<u>\$58,711,857</u>	<u>\$51,589,331</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, 2019 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$51,589,331
Changes during the year attributable to:	
Interest accumulation	2,048,549
Benefits paid	(3,282,411)
Assumption changes	8,776,567
Additional benefits earned, including experience gains and losses	<u>(420,179)</u>
Total	<u>7,122,526</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$58,711,857</u></u>

Changes in actuarial assumptions from the December 1, 2018 valuation consist of (1) the discount rate for annuities which decreased from 4.10%; (2) the three-tiered segment rate for lump-sums which changed from 3.43%/4.46%/4.88%; and (3) the mortality table which changed from the RP-2014 Mortality Table (Scale MP-2018).

Note 4. Funding Policy

Contributions are made by Informa 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 2020 and 2019.

Note 5. Plan Termination

Informa has the right to amend or terminate the Plan. In the event the Plan is terminated, the assets of the Plan would be distributed in accordance with the priorities specified by ERISA. Informa 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"), the Trustee of the Plan, has certified to the completeness accuracy of all investments reflected in the statements of net assets available for benefits at November 30, 2020 and 2019, the schedule of assets (held at end of year) at November 30, 2020, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended November 30, 2020 and 2019, the schedule of reportable transactions for the year ended November 30, 2020, 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 contract during 2019.
- 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.
- Alternative investments are valued at fair value using the 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 2019 to 2020. 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, 2020 and 2019:

Assets at Fair Value as of November 30, 2020				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common/collective trust funds	<u>\$ -</u>	<u>\$38,417,635</u>	<u>\$ -</u>	\$38,417,635
Investments measured at NAV:				
Alternative investments				<u>2,701,040</u>
Total				<u>\$41,118,675</u>

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

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:

	<u>Guaranteed Investment Contract</u>
Balance, beginning of period	\$ 11,346,558
Interest	67,436
Purchases	-
Sales	(11,160,404)
Realized loss	<u>(253,590)</u>
Balance, end of period	<u>\$ -</u>

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Fair Value of Financial Instruments (Continued)

The Plan values substantially all of its investments in the Aon alternative investment funds 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, 2020</u>				
Aon Diversifying Alternatives Portfolio Fund Ltd. (a)	\$ 725,364	\$ -	Monthly	15 days
Aon Return Enhancing Alternatives Portfolio Fund (b)	1,975,676	-	Semi-Annually	95 days
<u>November 30, 2019</u>				
Aon Liquid Alternatives Fund Ltd. (a)	\$1,454,357	\$ -	Quarterly	45 days
Aon Return Enhancing Alternatives Portfolio Fund (b)	1,472,875	-	Semi-Annually	95 days

(a) Aon Diversifying Alternatives Portfolio Fund Ltd. (the "Fund"), formerly known as Aon Liquid Alternatives Fund Ltd., is an open-ended private investment company incorporated as an exempted company under the laws of the Cayman Islands on December 11, 2012. The Fund is registered under the Cayman Islands Mutual Funds Law and commenced operations on May 1, 2013. The Fund's investment objective is to generate consistent long-term capital appreciation with diversification of risk through the use of a "multi-manager, multi-strategy" global investment approach. The Fund seeks to achieve its objective by allocating its capital primarily among a select group of experienced portfolio managers ("Managers"), identified for their expertise in implementing a number of different alternative investment strategies in a variety of markets, through investments in collective investment vehicles ("Portfolio Entities") and/or discretionary managed accounts ("Advisory Accounts" and, collectively with Portfolio Entities, "investment funds") managed by such Managers.

(b) Aon Return Enhancing Alternatives Portfolio Fund's (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.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

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. Purchased annuities were contracts under which NYL was obligated to pay benefits to named employees or their beneficiaries. 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 is BNY. While Trustee, the Company appointed BNY or an affiliate 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.

Note 10. Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated December 13, 2017, 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, 2020, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 11. COVID-19 Global Pandemic

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

Schedule SB Attachment (Form 5500)—December 1, 2019 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, 2019

Number of Participants and Average Accrued Benefit

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		8	1							
50-54		8	1	3						
55-59		4	5	2	6	1				
60-64		3	1	2	3	1	4			
65-69		2				2	1			
70+										

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Schedule SB Attachment (Form 5500)—December 1, 2019 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 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2019), without regard to interest rate stabilization
1st Segment Rate	2.78%
2nd Segment Rate	3.85%
3rd Segment Rate	4.30%
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	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2018-02
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, 2019 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 \$230,000.

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

12/1/2017 Plan Year

6.50%, limited to 6.48%

12/1/2018 Plan Year

6.50%, limited to 6.29%

12/1/2019 Plan Year

6.25%, limited to 6.11%

Trust Expenses Included in Target Normal Cost

Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$727,783 for plan year beginning 12/1/2019.

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2019

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 1

Retirement Rates

Age	Rate
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, 2019 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, 2020

(a)

(b)

(f)

(c)

(d) (h)

(g)

(i)

 BNY MELLON	Single Transactions in Excess of Five Percent of Plan Assets		Report ID: T6400
PT7 AHGT CASH - PT7F10010002	12/1/2019 - 11/30/2020		Status: FINAL
			PENTON MEDIA PEN PLN TR

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE : 2,079,905.56								
99VVAKB03	AGT US INT ACTIVE CREDIT PARTICIPANT CUSIP	S	169,975.078	0.00	0.00	2,622,075.33	2,329,517.97	292,557.36
99VVAKBP8	AGT ACWI-EX US PASSIVE EQUITY PARTICIPANT CUSIP	S	419,906.176	0.00	0.00	5,681,362.89	4,920,663.66	760,699.23
99VVAKB07	AHGT MULTI ASSET CREDIT PARTICIPANT CUSIP	S	138,538.510	0.00	0.00	2,341,231.00	2,115,057.19	226,173.81
99VVAKBW3	AGT GLOBAL REAL ESTATE PARTICIPANT CUSIP	S	274,457.776	0.00	0.00	5,101,150.17	5,387,716.27	-286,566.10
99VVAKBX1	AGT US LARGE CAP PASSIVE EQ PARTICIPANT CUSIP	S	172,713.428	0.00	0.00	6,482,867.61	4,963,811.56	1,519,056.05
99VVAKBY9	ACT 20+ YEAR U.S. TREASURY STRIPS PARTICIPANT CUSIP	S	217,838.603	0.00	0.00	4,810,611.56	3,195,368.57	1,615,242.99
99VVAKBZ6	AGT US LONG FIXED ACTIVE CR PARTICIPANT CUSIP	B	96,331.330	0.00	2,400,000.00	0.00	0.00	0.00
99VVAKBZ6	AGT US LONG FIXED ACTIVE CR PARTICIPANT CUSIP	S	201,995.006	0.00	0.00	4,861,295.04	4,347,048.04	514,247.00
99VVAP4V2	AON GLOBAL EQUITY PARTICIPANT CUSIP	S	135,015.835	0.00	0.00	2,289,000.00	2,246,949.69	42,050.31
99VVAP4V2	AON GLOBAL EQUITY PARTICIPANT CUSIP	B	175,078.273	0.00	3,000,000.00	0.00	0.00	0.00
99VVAP4V2	AON GLOBAL EQUITY PARTICIPANT CUSIP	S	175,078.273	0.00	0.00	2,948,811.31	3,000,000.00	-51,188.69

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		2,079,905.56					
24	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	4,391,418.150	4,391,418.15	0.00	0.00	0.00
43	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	4,601,689.770	0.00	4,601,689.77	4,601,689.77	0.00
2	99VVAKB03	AGT US INT ACTIVE CREDIT PARTICIPANT CUSIP	204,264.860	0.00	3,122,075.33	2,799,461.37	322,613.96
1	99VVAKBP8	AGT ACWI-EX US PASSIVE EQUITY PARTICIPANT CUSIP	74,837.560	858,375.00	0.00	0.00	0.00
6	99VVAKBP8	AGT ACWI-EX US PASSIVE EQUITY PARTICIPANT CUSIP	582,614.790	0.00	7,656,362.89	6,827,625.51	828,737.38
3	99VVAKB07	AHGT MULTI ASSET CREDIT PARTICIPANT CUSIP	163,350.120	0.00	2,754,731.00	2,493,854.22	260,876.78
3	99VVAKBW3	AGT GLOBAL REAL ESTATE PARTICIPANT CUSIP	294,750.020	0.00	5,501,150.17	5,786,772.73	-285,622.56
1	99VVAKBW3	AGT GLOBAL REAL ESTATE PARTICIPANT CUSIP	24,641.930	450,000.00	0.00	0.00	0.00
1	99VVAKBX1	AGT US LARGE CAP PASSIVE EQ PARTICIPANT CUSIP	64,140.970	2,044,500.00	0.00	0.00	0.00
7	99VVAKBX1	AGT US LARGE CAP PASSIVE EQ PARTICIPANT CUSIP	232,452.480	0.00	8,482,867.61	6,670,717.86	1,812,149.75
1	99VVAKBY9	ACT 20+ YEAR U.S. TREASURY STRIPS PARTICIPANT CUSIP	11,410.880	250,000.00	0.00	0.00	0.00
3	99VVAKBY9	ACT 20+ YEAR U.S. TREASURY STRIPS PARTICIPANT CUSIP	249,898.130	0.00	5,450,611.56	3,652,802.87	1,797,808.69
1	99VVAKBZ6	AGT US LONG FIXED ACTIVE CR PARTICIPANT CUSIP	96,331.330	2,400,000.00	0.00	0.00	0.00
3	99VVAKBZ6	AGT US LONG FIXED ACTIVE CR PARTICIPANT CUSIP	263,551.340	0.00	6,261,295.04	5,481,336.93	779,958.11
1	99VAP4V2	AON GLOBAL EQUITY PARTICIPANT CUSIP	175,078.270	3,000,000.00	0.00	0.00	0.00
4	99VAP4V2	AON GLOBAL EQUITY PARTICIPANT CUSIP	328,405.960	0.00	5,559,376.91	5,551,697.72	7,679.19
2	99VVBKR62	AHGT SSGA INT US GOV BD PARTICIPANT	93,971.560	1,055,000.00	0.00	0.00	0.00
4	99VVBKR62	AHGT SSGA INT US GOV BD PARTICIPANT	192,191.580	0.00	2,152,533.44	2,057,556.31	94,977.13

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning	12/01/2019	and ending	11/30/2020
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► **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>2019</u>			
2 Assets:			
a Market value.....			2a 42,412,192
b Actuarial value			2b 41,608,705
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	204	10,396,998	10,396,998
b For terminated vested participants	859	29,713,474	29,713,474
c For active participants	59	2,686,157	2,686,157
d Total	1,122	42,796,629	42,796,629
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 5.59%
6 Target normal cost			6 727,783

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> Signature of actuary	08/18/2021 Date
BRYAN P. ANDERSON Type or print name of actuary		2007659 Most recent enrollment number
Aon Consulting, Inc. Firm name		704-343-4100 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 V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ 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) ☐ 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** 727,783**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 1,886,584 Installment 435,421**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** 1,163,204

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	660,275	660,275

36 Additional cash requirement (line 34 minus line 35) **36** 502,929**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1,138,693**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 635,764**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 635,764**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, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2019

Date	Amount	Days to Discount to 12/1/2019 at 5.59%	Interest Adjusted Contribution
March 12, 2020	\$ 230,000	102	\$ 226,540
August 10, 2021	<u>1,000,000</u>	618	<u>912,153</u>
Total Contribution	\$ 1,230,000		\$ 1,138,693

Schedule SB Attachment (Form 5500)—December 1, 2019 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)	(b)	(c)	(d)
Age	Rate	Weight	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, 2019 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 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	3.74%
2nd Segment Rate	5.35%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of December 2019), without regard to interest rate stabilization
1st Segment Rate	2.78%
2nd Segment Rate	3.85%
3rd Segment Rate	4.30%
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	2019 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2018-02
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, 2019 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 \$230,000.

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

12/1/2017 Plan Year

6.50%, limited to 6.48%

12/1/2018 Plan Year

6.50%, limited to 6.29%

12/1/2019 Plan Year

6.25%, limited to 6.11%

Trust Expenses Included in Target Normal Cost

Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$727,783 for plan year beginning 12/1/2019.

Actuarial Method

Standard unit credit cost method

Valuation Date

December 1, 2019

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Table 1

Retirement Rates

Age	Rate
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, 2019 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, 2019 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.
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.

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

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.

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

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

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

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

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This Schedule SB reflects stabilized 2019 minimum funding interest rates without regard to ARPA. Internal Revenue Service Notice 2021-48 allows a plan sponsor to make a deemed election not to apply the ARPA interest rate stabilization (for any purposes) for the 2019 plan year. Via this filing, Penton Media, Inc. will make that deemed election for the Penton Media, Inc. Retirement Plan.

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 6.50% to 6.25%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—December 1, 2019 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, 2019
Number of Participants and Average Accrued Benefit

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		8	1							
50-54		8	1	3						
55-59		4	5	2	6	1				
60-64		3	1	2	3	1	4			
65-69		2				2	1			
70+										

N-59

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 1,327,280	January 1, 2017	4.0833	\$ 343,787
Shortfall	\$ (504,494)	December 1, 2017	5	\$ (108,441)
Shortfall	\$ 1,241,983	December 1, 2018	6	\$ 229,028
Shortfall	\$ (178,185)	December 1, 2019	7	\$ (28,953)

ARPA shortfall relief was not applied for 2019. Under the American Rescue Plan Act of 2021 (ARPA), the shortfall relief wipes out existing shortfall amortization bases and changes the amortization period. By default, this relief applies starting with the 2022 plan year. This Schedule SB reflects the shortfall amortization bases without regard to the ARPA shortfall relief for the 2019 plan year.

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
EIN: 36-2875386 PN: 016

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2019

Date	Amount	Days to Discount to 12/1/2019 at 5.59%	Interest Adjusted Contribution
March 12, 2020	\$ 230,000	102	\$ 226,540
August 10, 2021	<u>1,000,000</u>	618	<u>912,153</u>
Total Contribution	\$ 1,230,000		\$ 1,138,693

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
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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)	(b)	(c)	(d)
Age	Rate	Weight	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, 2019 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.
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.

Schedule SB Attachment (Form 5500)—December 1, 2019 Plan Year
Penton Media, Inc. Retirement Plan
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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.

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

A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—December 1, 2019 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, 2020

(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	\$ 394,888	\$ 394,888
*	Aon	Non-U.S. Equity Index Fund	5,268,210	5,831,908
*	Aon	Large Cap Equity Index Fund	6,338,081	6,845,127
*	Aon	Core Real Estate	5,011,557	5,034,346
*	Aon	High Yield Plus Class I	263,500	274,326
*	Aon	Small Cap Equity Index Fund	1,071,177	1,270,417
*	Aon	Global Equity Fund	2,718,853	3,569,792
*	Aon	Global Real Estate Fund	660,000	688,594
*	Aon	Multi-Asset Credit Fund	2,340,795	2,357,379
*	Aon	20+ Year U.S. Treasury STRIPS Index Fund	2,091,397	2,047,478
*	Aon	Long Credit Bond Fund	8,711,298	9,040,703
*	Aon	Intermediate Credit Bond Fund	331,037	336,334
*	Aon	U.S. Intermediate Government Bond Index Fund	727,533	726,343
		Total common/collective trust funds	35,928,326	38,417,635
		Alternative investments:		
*	Aon	Aon Diversifying Alternatives Portfolio Fund	734,055	725,364
*	Aon	Aon Return Enhancing Alternatives Portfolio Fund	1,998,875	1,975,676
		Total alternative investments	2,732,930	2,701,040
			<u>\$38,661,256</u>	<u>\$41,118,675</u>

* Represents a party-in-interest

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