

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> ☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>MARITZ HOLDINGS INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>03/01/1966</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>MARITZ HOLDINGS INC.</u> <u>RICHARD RAMOS</u> <u>TAX DEPARTMENT</u> <u>1375 NORTH HIGHWAY DRIVE</u> <u>FENTON, MO 63099</u>		
	<u>TAX DEPARTMENT</u> <u>1375 NORTH HIGHWAY DRIVE</u> <u>FENTON, MO 63099</u>		
		2b	Employer Identification Number (EIN) <u>43-0393480</u>
		2c	Plan Sponsor's telephone number <u>636-827-1493</u>
		2d	Business code (see instructions) <u>551112</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.	10/14/2021	RICHARD RAMOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	STEVE GALLANT
	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 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor MARITZ HOLDINGS INC RICHARD RAMOS 1375 NORTH HIGHWAY DRIVE FENTON, MO 63099		3b Administrator's EIN 43-0393480
		3c Administrator's telephone number 636-827-1493
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 2837
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 887
a(2) Total number of active participants at the end of the plan year		6a(2) 556
b Retired or separated participants receiving benefits.....		6b 1066
c Other retired or separated participants entitled to future benefits		6c 926
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2548
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 2548
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h
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 1C		
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
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ 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 MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480
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 01 Day 01 Year 2020			
2	Assets:			
	a Market value	2a	108948708	
	b Actuarial value	2b	106605070	
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.....	1073	69503389	69503389
	b For terminated vested participants.....	877	19849117	19849117
	c For active participants	887	25170830	25170830
	d Total.....	2837	114523336	114523336
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	5.49 %	
6	Target normal cost.....	6	1125000	

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.

<div>SIGN HERE</div>			09/23/2021
Signature of actuary		Date	
JASON R. BENBOW		20-07392	
Type or print name of actuary		Most recent enrollment number	
WILLIS TOWERS WATSON US LLC		314-719-5900	
Firm name		Telephone number (including area code)	
101 S. HANLEY ROAD SUITE 900 ST. LOUIS, MO 63105-3437			
Address of the firm			

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>17.19</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3729344
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>5.24</u> %		195418
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3924762
d Portion of (c) to be added to prefunding balance		3924762
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	3924762

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.65 %
15 Adjusted funding target attainment percentage	15	89.65 %
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	83.60 %
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
01/15/2021	1300000	0			
04/15/2021	1275000	0			
07/15/2021	1275000	0			
09/15/2021	1275000	0			
Totals ▶			18(b)	5125000	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	4758161
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
0	0	0
		(4) 4th 0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

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** 1125000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 11843028 Installment 1111902**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** 2236902

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2236902	2236902

36 Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 4758161**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 4758161**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 2236902**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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480	

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)

WEALTHSTONE FAMILY OFFICE LLC

31-1059983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	168406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATE

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	66629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE 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?
18	NONE	55435	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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	36522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUN LIFE INVESTMENT MANAGEMENT

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN LABS ASSET MANAGEMENT INC

47-3503928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	33999	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:	BROWN SMITH WALLACE, LLP	b EIN:	43-1001367
c Position:	AUDITOR		
d Address:	6 CITYPLACE DRIVE SUITE 900 ST. LOUIS, MO 63141	e Telephone:	314-983-1200

Explanation: BROWN SMITH WALLACE MERGED WITH ARMANINO, LLP IN AUGUST 2021.

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

Part II Information on Participating Plans (to be completed by DFEs)

(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**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	88400005125000
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	13450623425129
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	24540080
(2) U.S. Government securities		1c(2)	77423471646516
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	2026016129605083
(B) All other.....		1c(3)(B)	59031990
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	59635177081367
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	02004377
(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)	4456506744596130
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	1284160314201393

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	109914964 107684995
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	165750 116689
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	165750 116689
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	109749214 107568306

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5125000
	(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)	5125000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	33839
	(C) Corporate debt instruments	2b(1)(C)	977246
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	9314
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1020399
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	89380
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	681727
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	771107
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	16796354
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16539785
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	256569
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3591993
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3591993

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5077931
c Other income	2c		10260
d Total income. Add all income amounts in column (b) and enter total.....	2d		15853259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16854554	
(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)		16854554
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)	55435	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	1124178	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1179613
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		18034167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2180908
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ARMANINO, LLP**

(2) EIN: **94-6214841**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4315224.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MARITZ HOLDINGS INC.</div>	<div>D Employer Identification Number (EIN) 43-0393480</div>

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): 25-1926855 25-1871448 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	245

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
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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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
----------------	---

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a Enter the percentage of plan assets held as: Stock: <u>6.0</u> % Investment-Grade Debt: <u>31.0</u> % High-Yield Debt: <u>3.0</u> % Real Estate: _____ % Other: <u>60.0</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 _____	

MARITZ HOLDINGS INC. RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2020

MARITZ HOLDINGS INC. RETIREMENT PLAN

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Independent Auditor's Report

To the Participants of and the Benefits Committee
Maritz Holdings, Inc. Retirement Plan
St Louis, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Maritz Holdings Inc. Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated benefits as of December 31, 2019 and statement of changes in accumulated benefits for the year 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.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by the Bank of New York Mellon, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, 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 on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedules

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 and Schedule of Reportable Transactions as of or for the year ended December 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 the supplemental schedules referred to above.

Other Matter – 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by Brown Smith Wallace, LLP, whose practice became part of Armanino^{LLP} as of August 1, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed Brown Smith Wallace, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified by the Bank of New York Mellon, N.A., the trustee of the Plan. Their report, dated October 9, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations - 2020

The form and content of the information included in the 2020 financial statements and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



ArmaninoLLP
St. Louis, Missouri

October 8, 2021

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
Assets:		
Investments, at fair value (Note 3)	<u>\$ 99,134,866</u>	<u>\$ 99,729,902</u>
Total investments	99,134,866	99,729,902
Receivables:		
Employer contribution receivable	5,125,000	8,840,000
Interest and dividends	239,098	254,811
Pending trade receivables	<u>2,568,606</u>	<u>451,805</u>
Total receivables	7,932,704	9,546,616
Prepaid benefit payments	<u>617,425</u>	<u>638,446</u>
Total assets	107,684,995	109,914,964
Liabilities:		
Payable for securities purchased	<u>116,689</u>	<u>165,750</u>
Total liabilities	<u>116,689</u>	<u>165,750</u>
Net assets available for benefits	<u><u>\$ 107,568,306</u></u>	<u><u>\$ 109,749,214</u></u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2020 and 2019

	2020	2019
Additions:		
Employer cash contributions	\$ 5,125,000	\$ 11,367,650
Net appreciation of fair value of investments	8,936,754	13,240,243
Interest and dividends	<u>1,791,504</u>	<u>2,150,193</u>
Total additions	15,853,258	26,758,086
Deductions:		
Benefit payments to retired and terminated participants	16,854,554	11,607,661
Administrative expenses	<u>1,179,612</u>	<u>1,901,528</u>
Total deductions	<u>18,034,166</u>	<u>13,509,189</u>
Change in net assets available for benefits	(2,180,908)	13,248,897
Net assets available for benefits:		
Beginning of year	<u>109,749,214</u>	<u>96,500,317</u>
End of year	<u>\$ 107,568,306</u>	<u>\$ 109,749,214</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statement of Accumulated Benefits

December 31, 2019

	<u>2019</u>
Actuarial present value of accumulated benefits:	
Vested benefits:	
Retired participants receiving benefits	\$ 81,646,006
Other participants	<u>53,790,246</u>
Total vested benefits	135,436,252
Nonvested benefits:	<u>-</u>
Total actuarial present value of accumulated benefits	<u>\$ 135,436,252</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statement of Changes in Accumulated Benefits

Year Ended December 31, 2019

	<u>2019</u>
Actuarial present value of accumulated benefits - beginning of year	\$ 138,230,587
Increase (decrease) during year attributable to:	
Actuarial gains	(1,660,962)
Increase for interest resulting from decrease in discount period	4,952,619
Benefits paid	(11,607,661)
Changes in actuarial assumptions	<u>5,521,669</u>
Net decrease	<u>(2,794,335)</u>
Actuarial present value of accumulated benefits – end of year	<u>\$ 135,436,252</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(1) The Plan

The following description of the Maritz Holdings Inc. Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

The Plan, established March 1, 1966, restated in 2015, and periodically amended, is a noncontributory defined benefit pension plan established for qualified full time and regular part time employees of Maritz Holdings Inc. and its domestic subsidiaries (the "Company"). Employees are a participant in the Plan if they participated in the prior retirement plan and were an active employee on January 1, 1996. Otherwise, employees are eligible after completing 1,000 hours in the first 12 months of employment, if attained by April 30, 2007.

Effective May 1, 2007, the cash balance retirement plan was amended to freeze benefit accruals previously earned under the cash balance formula. Each employee's existing cash balance under both plans will continue to earn interest at a variable annual rate. At retirement, employees may elect to receive their pension benefit as a lump sum or as an annuity.

Effective March 1, 2016, the Plan was amended so that if a Participant's retirement income has a present value that exceeds \$1,000 but does not exceed \$5,000, and the Participant does not consent to a distribution after receipt of notice, the present value of such benefit shall be rolled over to an Individual Retirement Account established on behalf of the Participant, and if the present value does not exceed \$1,000, the present value of such benefit shall be distributed in one lump-sum payment to the participant.

The Plan is a cash balance plan where benefits are expressed as an account balance that grows with interest each year. Interest is equal to the lesser of the average yield on one-year treasuries or the average yield on 30 year treasuries for the month of October of the previous Plan year (with a maximum of 8% and a minimum of 4%).

Participants choosing to retire after age 65 may defer receiving their pension benefits and continue to earn interest credits. The Plan also allows early retirement for those vested participants having reached age 55. This benefit will be calculated in the same manner as normal retirement age based on the participant's accrued benefit at the early retirement date.

The Company's funding policy is to make annual contributions to the Plan in amounts, based on actuarial calculations, designed to fund current service costs annually and to fund prior service costs over a 25-year period. The minimum funding requirements of the Employee Retirement Income Security Act of 1974 were met in both 2020 and 2019.

(a) Death Benefits

If a participant has satisfied the requirements for a vested benefit and dies prior to the termination of employment and before commencement of benefits, the designated beneficiary may elect either a lump sum death benefit or to receive payment in the form of an annuity.

(b) Distributions

Participants who leave the Company are entitled to receive his or her vested accrued benefit. Plan benefits vest 100% after three years of credited service.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(1) The Plan (Continued)

(c) Actuarial Assumptions

The actuarial present value of accumulated benefits is presented based on actuarial calculations as of the beginning of the respective Plan years. The more significant assumptions underlying the actuarial valuations as of January 1, 2020 and 2019 are as follows:

	2020	2019
Average rate of return on investments	5.09% compounded annually	5.24% compounded annually
Discount rate for benefit obligations	3.11% per year	3.74% per year
Life expectancy of participants	Pri-2012 with MP-2014 scale adjustments	RP-2014 with MP-2014 scale adjustments
Average retirement age	62 years of age	62 years of age
Normal entry age	Age on birthday nearest valuation date following employment	Age on birthday nearest valuation date following employment

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements of the Plan are presented on the accrual basis of accounting. Benefits are recorded when paid. Amounts representing discretionary employer contributions are recorded at the time of payment.

(b) Valuation of Investments and Income Recognition

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

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. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation in fair value of investments includes both realized and unrealized gains/losses and is based upon comparison to beginning of the year fair values or the value at the date of purchase, if acquired during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(2) Summary of Significant Accounting Policies (Continued)

(c) *Expenses*

Expenses of the Plan, such as audit, actuarial, management, custodial, and consulting fees to the extent allowed by the law, are paid directly by the Plan. All other costs of administering the Plan are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

(d) *Use of Estimates*

The preparation of financial statements in accordance 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 and liabilities and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes thereon. Actual results could differ from those estimates.

(e) *Pending trade receivables*

Pending trade receivables represents pending trades at year-end that have not been settled. The Plan records these trades as an asset until the transaction is settled and cash is paid out of the Plan.

(f) *Subsequent Events*

The Plan has evaluated subsequent events through October 8, 2021, the date the financial statements were available to be issued. Employer contributions receivable were \$5,125,000 for 2020 and \$8,840,000 for 2019.

(g) *Reclassification*

Certain reclassifications have been made to the 2019 financial statements to conform to the current year presentation.

(3) Fair Value Measurements

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

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

Notes to Financial Statements
December 31, 2020 and 2019

(3) Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Corporate stocks and Exchange Traded Funds: Valued at the closing price reported on an active exchange.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Security Exchange Commission ("SEC"). These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government and government agency obligations, and corporate debt: Valued using pricing models maximizing the use of the observable inputs for similar securities.

Collective trust and hedge funds: Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(3) Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 1,481,453	\$ 165,063	\$ -	\$ 1,646,516
Corporate Debt Instruments	-	29,605,083	-	29,605,083
Corporate Stock	7,081,367	-	-	7,081,367
Collective Trust Funds (a)	-	-	-	2,004,377
Exchange-Traded Fund	17,278,380	-	-	17,278,380
Mutual Funds	27,317,750	-	-	27,317,750
Hedge Funds (a)	-	-	-	14,201,393
Total investments, at fair value	<u>\$ 53,158,950</u>	<u>\$ 29,770,146</u>	<u>\$ -</u>	<u>\$ 99,134,866</u>

Investments at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
U.S. Government Securities	\$ 6,047,114	\$ 1,695,233	\$ -	\$ 7,742,347
Corporate Debt Instruments	-	26,163,360	-	26,163,360
Corporate Stock	5,963,517	-	-	5,963,517
Collective Trust Funds (a)	-	-	-	2,454,008
Exchange-Traded Fund	14,825,061	-	-	14,825,061
Mutual Funds	29,740,006	-	-	29,740,006
Hedge Funds (a)	-	-	-	12,841,603
Total investments, at fair value	<u>\$ 56,575,698</u>	<u>\$ 27,858,593</u>	<u>\$ -</u>	<u>\$ 99,729,902</u>

(a) Investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(3) Fair Value Measurements (Continued)

The following table sets forth additional disclosure of the Plan's investments whose fair value is estimated using the net asset value per share (or its equivalent):

Investment	Fair Value at 12/31/20	Fair Value at 12/31/19	Unfunded commitment	Redemption frequency	Redemption notice period
Collective Trust Fund	\$ 2,004,377	\$ 2,454,008	\$ -	Daily	7 days
Hedge Funds:					
Goldentree Offshore Fund (a)	483,392	765,385	-	Quarterly	90 days
CF Pointer Offshore LTD (b)	3,698,944	3,130,167	-	Semi-annually	105 days
Serengeti Lycaon (c)	838,434	1,000,000	-	Quarterly	90 days
Goldentree Select Offshore LTD (a)	4,532,273	3,876,162	-	Annually	90 days
Serengeti Caracal Fund LTD (e)	697,668	-	-	Quarterly	45 days
Canyon Value Realization (d)	3,950,682	4,069,889	-	Quarterly	60 days
	<u>\$ 16,205,770</u>	<u>\$ 15,295,611</u>	<u>\$ -</u>		

(a) The investment strategy is to achieve superior risk-adjusted total returns by investing in public and private non-investment grade and non-rated debt securities including bank debt, public and private equity, options, swaps and real estate related instruments.

(b) The investment strategy is trading and investing in securities, private investment companies and other investments. Long/shore equity hedge funds represent the most significant portion of the portfolio with the remaining balance invested in distressed/credit, sector or commodity-related funds, or other thematic investment opportunities.

(c) The investment strategy is generating attractive, steady returns through a diversified credit portfolio that invests opportunistically in smaller niches of the market. Exploit opportunities that exist because of the size, complexity or the labor intensiveness of analysis and seek to capture the associated complexity premium.

(d) The investment strategy is to achieve capital appreciation and current income by investing in debt and equity securities that are perceived to be inefficiently priced as a result of business, financial, or legal uncertainties.

(e) The investment strategy is to generate multi-year returns through purchase or origination of special situation, value and distressed investments throughout the credit cycle.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(4) Tax Status

The Internal Revenue Service has determined and informed the Company, in a letter dated July 28, 2016, that the Plan meets the requirements of Section 401(a) of the IRC and is exempt from Federal income tax under Section 501(a) of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(5) Priorities upon Plan Termination

In the event of termination of the Plan, net assets are to be distributed to eligible participants, as defined, in the following manner:

- 1) Participants receiving benefits
- 2) Participants eligible to retire who have not retired
- 3) All others entitled to benefits under the Plan

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age and early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of Plan benefits, and the amount of benefit protection is subject to certain limitations. The statutory ceiling on the amount of an individual's monthly pension benefit that the PBGC guarantees for normal retirement age of 65 was \$5,813 and \$5,608 for plan terminations occurring during 2020 and 2019, respectively. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits, (as described in the Plan's document), the assets available from the Company, and the level of benefits guaranteed by the PBGC at that time.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2020 and 2019

(6) Information Certified by Trustee

The following is a summary of the information regarding the Plan, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by BNY Mellon, the trustee of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that such information is complete and accurate.

	December 31	
	2020	2019
Assets:		
Investments, at fair value (including the detail components reflected on the statements of net assets available for benefits)	\$ 99,134,866	\$ 99,729,902
Interest and dividends	239,098	254,811
Receivable for securities sold	-	82,463
Receivable for units issued	2,568,606	369,342
Liabilities:		
Payable for securities purchased	116,689	165,750
	December 31	
	2020	2019
Investment income:		
Net appreciation of fair value of investments fair value of investments	\$ 8,936,754	\$ 13,240,243
Interest and dividends	1,791,504	2,150,193

Supplemental Schedules

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	4	3	0	0	0	0	0	7
35-39	0	0	0	29	30	3	0	0	0	0	62
40-44	0	0	0	15	43	35	1	0	0	0	94
45-49	0	0	0	12	38	45	31	2	0	0	128
50-54	0	0	0	17	42	36	46	48	3	0	192
55-59	0	0	0	10	49	37	44	46	23	3	212
60-64	0	0	0	7	30	15	23	26	15	7	123
65-69	0	0	0	4	6	8	7	7	4	10	46
70 & over	0	0	0	4	11	4	2	0	1	1	23
Total	0	0	0	102	252	183	154	129	46	21	887

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Maritz Holdings, Inc. Retirement Plan

EIN / PN: 43-0393480/001

Plan Sponsor: Maritz Holdings, Inc.

Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Yield curve basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	2.79%
■ Second segment rate	5.50%	3.92%
■ Third segment rate	6.27%	4.38%
■ Effective interest rate	5.49%	3.85%

Annual rates of increase:

- Compensation N/A
- Interest crediting rate 4.00%

Demographic and Other Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy**

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).
- **Disabled**

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Termination

Rates varying by age and service.

Representative Termination Rates

Percentage leaving during the year						
Attained Age	Years of Service					
	1	2	3	4	5	6+
20	23.5%	20.0%	16.5%	13.0%	11.0%	9.0%
25	23.5%	20.0%	16.5%	13.0%	11.0%	7.8%
30	23.5%	20.0%	16.5%	13.0%	11.0%	5.8%
35	23.5%	20.0%	16.5%	13.0%	11.0%	4.7%
40	23.5%	20.0%	16.5%	13.0%	11.0%	4.2%
45	23.5%	20.0%	16.5%	13.0%	11.0%	3.5%
50	23.5%	20.0%	16.5%	13.0%	11.0%	0.0%
55	23.5%	20.0%	16.5%	13.0%	11.0%	0.0%
60	23.5%	20.0%	16.5%	13.0%	11.0%	0.0%
65	23.5%	20.0%	16.5%	13.0%	11.0%	0.0%

Disability

None.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 62.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	5%
56	5%
57	5%
58	5%
59	5%
60	5%
61	10%
62	20%
63	20%
64	10%
65	50%
66	40%
67	40%
68	40%
69	40%
70	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit Upon termination of employment.
- Retirement benefit Upon termination of employment.

Form of payment

Upon retirement, 70% of participants are assumed to elect a lump sum form of payment under the plan; 30% of single participants and 15% of married participants are assumed to elect a single life annuity and; 15% of married participants are assumed to elect a 50% Joint and Survivor annuity. Upon death or termination, 100% of participants or beneficiaries are assumed to elect a lump sum form of payment.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Percent married	100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Plan-related expenses	\$1,125,000. Plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension</p>

Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefits not valued

Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Maritz Holdings, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Missing birth dates for beneficiaries of retirees with joint and survivor payment forms were assumed to be three years prior to the retirees' birth dates if the retirees were female and three years after the retirees' birth dates if the retirees were male
- Missing sex of beneficiaries were assumed to be opposite of the retirees' sex.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using the average yield on 1-year treasuries for the month of October preceding the first day of the plan year, but with a minimum interest credit rate of 4.00% and a maximum interest credit rate of 8.00%. Maritz Holdings, Inc. has selected an expected future rate of 4.00%. After examining historical variability in this rate, and considering the increase (reduction) in interest crediting expected to be caused by the minimum (maximum) interest credit, we believe the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.
Annuity conversion rate for hybrid plans	As required by IRC 430, annuity benefits are valued by converting accounts to annuities using the current IRC 430 interest rates, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and service because of expected differences in termination rates by service.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated from Scale MP-2017 to Scale MP-2018, as required by IRC §430.
- The assumed plan related expenses added to the normal cost were changed from \$1,850,000 in 2019 to \$1,125,000 in 2020 but the underlying assumption remains the same.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

MARITZ HOLDINGS INC. RETIREMENT PLAN**EIN#43-0393480 PLAN 001**Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2020

(a) Identity of the party involved	(b) Description of asset	Number of Transactions	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value	(i) Net gain or loss
EB Temp Inv Fd	COLTV Short Term	315	\$ 33,846,064	-	-	-	\$ 33,846,064	\$ 33,846,064	-
	Investment Fund	186	-	\$ 34,295,696	-	-	34,295,696	34,295,696	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

► **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 MARITZ HOLDINGS, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARITZ HOLDINGS, INC.	D Employer Identification Number (EIN) 43-0393480	
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>01</u> Day <u>01</u> Year <u>2020</u>		
2	Assets:		
	2a	108,948,708	
	2b	106,605,070	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	1,073	69,503,389
	b For terminated vested participants	877	19,849,117
	c For active participants.....	887	25,170,830
	d Total.....	2,837	114,523,336
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	5.49%
6	Target normal cost.....	6	1,125,000

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	Jason R. Benbow _____ Signature of actuary Jason R. Benbow _____ Type or print name of actuary Willis Towers Watson US LLC _____ Firm name 101 South Hanley Road Suite 900 St. Louis MS 63105-3437 _____ Address of the firm	09-23-2021 _____ Date 2007392 _____ Most recent enrollment number 314-719-5900 _____ 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) 2020
v. 200204**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>17.19</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		3,729,344
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>5.24</u> %		195,418
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		3,924,762
d Portion of (c) to be added to prefunding balance		3,924,762
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	3,924,762

Part III Funding Percentages

14 Funding target attainment percentage	14	89.65%
15 Adjusted funding target attainment percentage	15	89.65%
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	83.60%
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
01/15/2021	1,300,000	0			
04/15/2021	1,275,000	0			
07/15/2021	1,275,000	0			
09/15/2021	1,275,000	0			
Totals ▶			18(b)	5,125,000	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 4,758,161

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
0	0
(3) 3rd	(4) 4th
0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment: 4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment: 5.50 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment: 6.27 %</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code).....		21b 4
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 1,125,000
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	11,843,028	1,111,902
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 2,236,902
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	2,236,902
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 4,758,161
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 4,758,161
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 2,236,902
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Maritz Holdings, Inc.
EIN/PN	43-0393480/001
Plan Name	Maritz Holdings, Inc. Retirement Plan
Valuation Date	January 1, 2020
Enrolled Actuary	Jason R. Benbow
Enrollment Number	20-07392

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,707
58	5%	8,574	429	24,882
59	5%	8,145	407	24,013
60	5%	7,738	387	23,220
61	10%	7,351	735	44,835
62	20%	6,616	1,323	82,026
63	20%	5,293	1,059	66,717
64	10%	4,234	423	27,072
65	50%	3,811	1,906	123,890
66	40%	1,905	762	50,292
67	40%	1,143	457	30,619
68	40%	686	274	18,632
69	40%	412	165	11,385
70	100%	247	247	17,290
			10,000	624,680
				/ 10,000
			Weighted Average Retirement Age	62

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 31, 2009 and effective January 1, 2010.

Covered employees	Prior to April 30, 2007, all employees were eligible to become participants the last day of the plan year following completion of 1,000 hours of service. No employee who was not an active participant in the plan as of April 30, 2007 shall be eligible to participate in the plan.
Participation date	Date of becoming a covered employee

Definitions

Vesting service	Years and months of service from date of participation.
Pension service	Years and months of service from date of participation and no service accruing after December 31, 2009.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Covered compensation	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age (as defined in Section 415(b)(8) of the Internal Revenue Code).
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Monthly Pension Benefit

Monthly pension benefit under prior plan

As of any date, one-twelfth of the sum of:

1. 1% of average earnings plus .5% of such earnings in excess of Covered Compensation. The total is multiplied by years of credited service up to 25 years.
2. .5% of average earnings multiplied by credited service in excess of 25 years.

Participants who were at least age 45 and whose age plus service totalled at least 55 as of December 31, 1995 receive ongoing accruals under this formula until December 31, 2009, when accruals under this formula ceased. For all other participants, accruals under this formula ceased effective December 31, 1995.

Minimum pension benefit under prior plan

The greater of:

1. \$16 times years of credited service; and
2. The accrued benefit under the Plan in effect on December 31, 1993, plus benefit accruals after December 31, 1993 subject to the new pay limits.

Participants who were at least age 45 and whose age plus service totalled at least 55 as of December 31, 1995 receive ongoing accruals under this formula until December 31, 2009, when accruals under this formula ceased. For all other participants, accruals under this formula ceased effective December 31, 1995.

Opening balance credit

The actuarial present value of the accrued benefit on December 31, 1995, using an interest rate of 6% and the 1983 Group Annuity Mortality table weighted 50% male and 50% female.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Cash balance benefit

The accumulated value of the opening balance credit and the annual credits to a participant's account, according to the following schedule:

Age as of 12/31	Credit Percentage
Less than 30	2.50%
30 – 34	3.00%
35 – 39	3.50%
40 – 44	4.00%
45 – 49	4.50%
50 – 54	5.00%
55 – 59	5.50%
60 or older	6.00%

The above amounts are credited each year a participant completes at least 1,000 hours of service. All amounts are accumulated using an interest credit equal to the average yield on 1-year treasuries for the month of October preceding the first day of the plan year. In no event will the interest credit be less than 4% nor greater than 8%.

No pay credits are provided to non-grandfathered participants after April 30, 2007. No pay credits are provided to grandfathered participants after December 31, 2009.

Monthly preretirement death benefit

Cash Balance Account death benefit is equal to the actuarial equivalent of the participant's cash balance account, payable as a lump sum or a monthly annuity for the life of the beneficiary. Monthly preretirement death benefit payable on behalf of an active employee with accruals frozen as of December 31, 2009 under prior plan formula is calculated as if participant terminated employment on the date of death, survived to age 55 (if death occurs prior to age 55) and elected a 50% J&S annuity commencing immediately. (The surviving spouse may elect a Cash Balance Account death benefit in lieu of this benefit.)

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	The actuarial equivalent of the current cash balance account, but not greater than the accrued benefit. For participants with frozen accruals under the prior plan, the prior plan early retirement benefit is provided as a minimum benefit, where the monthly pension benefit is determined as of early retirement date. Benefit under prior plan formula is reduced 4.0% for each year that payment precedes NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Vested termination	Monthly pension benefit determined as of termination date. Benefit under prior plan formula is reduced 5.0% for each year that payment precedes NRD.
Preretirement death	Monthly preretirement death benefit.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity.
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Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Actuarial equivalence is based on the 417(e) applicable mortality table and an 8.00% interest rate.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020

MARITZ HOLDINGS INC. RETIREMENT PLAN
EIN#43-0393480 PLAN 001

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2020

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	BNY Temporary Investment Fund	Collective Trust Fund	\$ 2,004,377	\$ 2,004,377
	California St	U.S. Government Securities	137,551	165,063
	U S Treasury Bd Cpn Strip	U.S. Government Securities	275,640	424,006
	U S Treasury Bd Cpn Strip	U.S. Government Securities	274,346	426,186
	U S Treasury Bd Cpn Strip	U.S. Government Securities	245,563	408,115
	U S Treasury Bd Cpn Strip	U.S. Government Securities	181,231	223,146
	AFLAC Inc	Corporate Debt Instruments - Preferred	82,818	82,391
	Allstate Corp/The	Corporate Debt Instruments - Preferred	201,630	257,527
	Amazon.com Inc	Corporate Debt Instruments - Preferred	193,160	197,138
	Ameren Illinois Co	Corporate Debt Instruments - Preferred	168,382	214,562
	America Movil Sab De Cv	Corporate Debt Instruments - Preferred	365,581	363,041
	American Express Co	Corporate Debt Instruments - Preferred	230,046	249,614
	American Honda Finance Corp	Corporate Debt Instruments - Preferred	54,982	55,669
	American Honda Finance Corp	Corporate Debt Instruments - Preferred	245,106	246,548
	American Honda Finance Corp	Corporate Debt Instruments - Preferred	49,998	50,763
	Ameriprise Financial Inc	Corporate Debt Instruments - Preferred	176,167	193,461
	Anthem Inc	Corporate Debt Instruments - Preferred	184,628	213,336
	Apple Inc	Corporate Debt Instruments - Preferred	355,530	445,403
	Apple Inc	Corporate Debt Instruments - Preferred	191,144	216,748
	Berkshire Hathaway Energy Co	Corporate Debt Instruments - Preferred	297,766	308,378
	Boston Gas Co 144A	Corporate Debt Instruments - Preferred	179,062	193,174
	Burlington Northern Santa Fe L	Corporate Debt Instruments - Preferred	165,054	195,021
	Cameron Lng LLC 144A	Corporate Debt Instruments - Preferred	85,196	93,087
	Capital One Financial Corp	Corporate Debt Instruments - Preferred	334,467	355,999
	Charles Schwab Corp/The	Corporate Debt Instruments - Preferred	165,665	187,714
	Chubb INA Holdings Inc	Corporate Debt Instruments - Preferred	93,862	108,488
	Citigroup Inc	Corporate Debt Instruments - Preferred	338,364	354,760
	Cnooc Finance 2013 Ltd	Corporate Debt Instruments - Preferred	352,608	363,654
	Comcast Corp	Corporate Debt Instruments - Preferred	261,666	326,316
	Comcast Corp	Corporate Debt Instruments - Preferred	170,930	217,442
	Commonwealth Edison Co	Corporate Debt Instruments - Preferred	70,733	78,216
	Commonwealth Edison Co	Corporate Debt Instruments - Preferred	77,371	76,603
	Conocophillips Holding Co	Corporate Debt Instruments - Preferred	134,207	147,143
	Consolidated Edison Co Of New	Corporate Debt Instruments - Preferred	265,735	294,953
	Consumers Energy Co	Corporate Debt Instruments - Preferred	79,433	92,478
	DTE Electric Co	Corporate Debt Instruments - Preferred	232,201	233,990
	Electricite De France Sa 144A	Corporate Debt Instruments - Preferred	112,579	134,859
	Equinor Asa	Corporate Debt Instruments - Preferred	170,336	173,329
	Equinor Asa	Corporate Debt Instruments - Preferred	154,493	183,048
	Florida Power & Light Co	Corporate Debt Instruments - Preferred	180,023	206,647
	Franklin Resources Inc	Corporate Debt Instruments - Preferred	443,133	458,326
	Georgia Power Co	Corporate Debt Instruments - Preferred	195,292	234,926
	Gilead Sciences Inc	Corporate Debt Instruments - Preferred	146,827	175,118
	Goldman Sachs Group Inc/The	Corporate Debt Instruments - Preferred	343,088	338,240
	HSBC Holdings PLC	Corporate Debt Instruments - Preferred	183,724	190,382
	Intel Corp	Corporate Debt Instruments - Preferred	56,086	62,234
	Intel Corp	Corporate Debt Instruments - Preferred	349,795	364,493
	Intercontinental Exchange Inc	Corporate Debt Instruments - Preferred	105,222	107,699
	John Deere Capital Corp	Corporate Debt Instruments - Preferred	80,434	87,674
	Johnson & Johnson	Corporate Debt Instruments - Preferred	262,507	320,398
	Johnson & Johnson	Corporate Debt Instruments - Preferred	74,501	75,632
	JPMorgan Chase & Co	Corporate Debt Instruments - Preferred	156,082	164,726
	JPMorgan Chase & Co	Corporate Debt Instruments - Preferred	333,060	371,435
	Loews Corp	Corporate Debt Instruments - Preferred	179,547	200,020
	Manufacturers & Traders Trust	Corporate Debt Instruments - Preferred	186,878	209,159
	Mars Inc	Corporate Debt Instruments - Preferred	115,283	114,066

MARITZ HOLDINGS INC. RETIREMENT PLAN
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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2020

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Mastercard Inc	Corporate Debt Instruments - Preferred	\$ 243,976	\$ 285,736
	Medtronic Inc	Corporate Debt Instruments - Preferred	126,048	154,859
	Midamerican Energy Co	Corporate Debt Instruments - Preferred	171,289	212,049
	Mill City Mortgage	Corporate Debt Instruments - Preferred	85,850	91,418
	Morgan Stanley	Corporate Debt Instruments - Preferred	342,906	356,288
	National Rural Utilities Coope	Corporate Debt Instruments - Preferred	334,779	393,404
	New Residential Mor	Corporate Debt Instruments - Preferred	112,200	115,873
	Oncor Electric Delivery Co LLC	Corporate Debt Instruments - Preferred	174,004	217,383
	Oracle Corp	Corporate Debt Instruments - Preferred	427,587	476,901
	Pacificorp	Corporate Debt Instruments - Preferred	48,525	52,271
	Pepsico Inc	Corporate Debt Instruments - Preferred	354,057	418,551
	Philip Morris International	Corporate Debt Instruments - Preferred	134,341	139,832
	PNC Bank Na	Corporate Debt Instruments - Preferred	170,626	201,441
	Public Service Electric & Gas	Corporate Debt Instruments - Preferred	153,060	184,679
	Public Service Electric & Gas	Corporate Debt Instruments - Preferred	59,245	62,719
	Raytheon Co	Corporate Debt Instruments - Preferred	336,133	335,481
	Shell International Finance Bv	Corporate Debt Instruments - Preferred	175,246	197,653
	Southern California Edison Co	Corporate Debt Instruments - Preferred	65,179	76,349
	Southwestern Public Service Co	Corporate Debt Instruments - Preferred	44,710	59,143
	Southwestern Public Service Co	Corporate Debt Instruments - Preferred	170,409	207,187
	State Street Corp	Corporate Debt Instruments - Preferred	174,590	191,235
	Stryker Corp	Corporate Debt Instruments - Preferred	159,551	178,491
	3M Co	Corporate Debt Instruments - Preferred	171,048	185,114
	Toronto-Dominion Bank	Corporate Debt Instruments - Preferred	168,272	173,762
	Total Capital International SA	Corporate Debt Instruments - Preferred	110,850	111,437
	Truist Bank	Corporate Debt Instruments - Preferred	174,671	185,174
	Trustees of Princeton University	Corporate Debt Instruments - Preferred	62,425	62,891
	Union Electric Co	Corporate Debt Instruments - Preferred	167,907	193,282
	United Parcel Service Inc	Corporate Debt Instruments - Preferred	180,529	247,239
	Unitedhealth Group Inc	Corporate Debt Instruments - Preferred	155,418	151,492
	Valley National Bancorp	Corporate Debt Instruments - Preferred	74,814	81,686
	Walmart Inc	Corporate Debt Instruments - Preferred	166,843	215,575
	Walt Disney Co/ The	Corporate Debt Instruments - Preferred	156,932	158,697
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	166,264	165,882
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	408,124	429,199
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	308,744	369,111
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	161,423	198,373
	Wells Fargo Commercial LC25 B	Corporate Debt Instruments - Preferred	45,861	50,480
	Westpac Banking Corp	Corporate Debt Instruments - Preferred	105,663	117,581
	Abbvie Inc	Corporate Debt Instruments	175,496	173,842
	Alibaba Group Holding Ltd	Corporate Debt Instruments	193,197	203,753
	American International Group	Corporate Debt Instruments	118,822	131,773
	American Tower Corp	Corporate Debt Instruments	184,969	200,710
	Anheuser-Busch Inbev Worldwide	Corporate Debt Instruments	167,530	182,190
	AT&T Inc	Corporate Debt Instruments	135,644	141,357
	AT&T Inc	Corporate Debt Instruments	181,302	183,652
	Aviation Capital Group LI 144A	Corporate Debt Instruments	149,643	156,297
	BMD2 Re-Remic TR FFR1	Corporate Debt Instruments	119,930	129,690
	BNP Paribas SA	Corporate Debt Instruments	262,333	304,469
	BP Capital Markets America Inc	Corporate Debt Instruments	85,241	92,755
	Banco Santander Sa	Corporate Debt Instruments	171,565	182,600
	Bank Of America Corp	Corporate Debt Instruments	369,941	389,429
	Barclays PLC	Corporate Debt Instruments	150,222	151,064
	Bayview Opportunit	Corporate Debt Instruments	171,600	173,781
	Belrose Funding Trust	Corporate Debt Instruments	85,185	87,479
	CVS Health Corp	Corporate Debt Instruments	180,745	199,172
	Cigna Corp	Corporate Debt Instruments	111,465	111,953

MARITZ HOLDINGS INC. RETIREMENT PLAN
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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2020

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Comcast Corp	Corporate Debt Instruments	\$ 349,870	\$ 408,884
	ConAgra Brands Inc	Corporate Debt Instruments	69,769	70,646
	Dupont De Nemours Inc	Corporate Debt Instruments	151,899	175,103
	Eli Lilly & Co	Corporate Debt Instruments	88,899	88,458
	Energy Transfer LP	Corporate Debt Instruments	174,042	172,070
	Exxon Mobil Corp	Corporate Debt Instruments	146,019	157,396
	FREMF 2016-K53 MORT K53 C 144A	Corporate Debt Instruments	106,034	117,324
	FREMF 2016-K60 MORT K60 C 144A	Corporate Debt Instruments	87,363	93,802
	FREMF 2020-K105 MO K105 B 144A	Corporate Debt Instruments	89,493	92,365
	Home Depot Inc/The	Corporate Debt Instruments	237,605	301,815
	John Deere Capital Corp	Corporate Debt Instruments	108,883	116,884
	Johnson & Johnson	Corporate Debt Instruments	207,027	253,960
	Kimberly-Clark Corp	Corporate Debt Instruments	178,624	200,837
	Kimco Realty Corp	Corporate Debt Instruments	143,343	158,124
	Kinder Morgan Energy Partners	Corporate Debt Instruments	204,451	228,948
	Lloyds Banking Group PLC	Corporate Debt Instruments	141,125	142,061
	Lowe's Cos Inc	Corporate Debt Instruments	112,951	112,029
	Lowe's Cos Inc	Corporate Debt Instruments	59,819	60,791
	Marathon Petroleum Corp 144A	Corporate Debt Instruments	203,667	210,332
	Markel Corp	Corporate Debt Instruments	213,200	212,818
	Microsoft Corp	Corporate Debt Instruments	183,127	247,578
	Mitsubishi UFJ Financial Group	Corporate Debt Instruments	180,128	190,152
	Mizuho Financial Group Inc	Corporate Debt Instruments	346,266	356,482
	National Rural Utilities Coope	Corporate Debt Instruments	49,888	58,467
	New Residential Mor	Corporate Debt Instruments	96,183	98,378
	Omnicom Group Inc / Omnicom Ca	Corporate Debt Instruments	398,539	406,762
	PPL Capital Funding Inc	Corporate Debt Instruments	171,976	172,285
	Pfizer Inc	Corporate Debt Instruments	168,660	216,864
	Prologis LP	Corporate Debt Instruments	103,675	103,974
	Prudential Financial Inc	Corporate Debt Instruments	106,049	109,537
	Qualcomm Inc	Corporate Debt Instruments	219,941	266,741
	Regency Energy Transfer LP	Corporate Debt Instruments	160,642	162,408
	Shire Acquisitions Investments	Corporate Debt Instruments	50,866	50,652
	Siemens Financieringsmaat 144A	Corporate Debt Instruments	352,285	389,253
	Simon Property Group LP	Corporate Debt Instruments	186,917	205,480
	Spectra Energy Partners LP	Corporate Debt Instruments	179,496	189,786
	Sprint Spectrum Co LLC / 144A	Corporate Debt Instruments	67,271	67,188
	Tencent Holdings LTD	Corporate Debt Instruments	165,901	170,392
	Unitedhealth Group Inc	Corporate Debt Instruments	155,397	208,711
	Ventas Realty LP	Corporate Debt Instruments	179,629	194,050
	Ventas Realty LP	Corporate Debt Instruments	131,020	135,968
	Verizon Communications Inc	Corporate Debt Instruments	83,391	81,115
	Verizon Communications Inc	Corporate Debt Instruments	173,709	204,523
	Welltower Inc	Corporate Debt Instruments	251,575	267,023
	Westpac Banking Corp	Corporate Debt Instruments	177,412	188,756
	Alphabet Inc-CL A	Corporate Stock - Common	286,518	567,855
	Analog Devices Inc	Corporate Stock - Common	312,673	481,600
	Armstrong World Industries Inc	Corporate Stock - Common	197,565	201,820
	Baxter International Inc	Corporate Stock - Common	264,780	307,319
	Brunswick Corp/De	Corporate Stock - Common	104,649	149,354
	CDW Corp/De	Corporate Stock - Common	59,331	73,539
	Crown Castle International Cor	Corporate Stock - Common	251,456	274,444
	Dollar Tree Inc	Corporate Stock - Common	237,117	270,316
	Electronic Arts Inc	Corporate Stock - Common	44,604	70,077
	Fiserv Inc	Corporate Stock - Common	424,185	543,112
	Intercontinental Exchange Inc	Corporate Stock - Common	307,727	444,443
	LKQ Corp	Corporate Stock - Common	105,706	116,574

MARITZ HOLDINGS INC. RETIREMENT PLAN
EIN#43-0393480 PLAN 001

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2020

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Lowe'S Cos Inc	Corporate Stock - Common	\$ 153,377	\$ 265,805
	McDonald's Corp	Corporate Stock - Common	274,486	305,777
	Medtronic PLC	Corporate Stock - Common	438,373	623,653
	Norfolk Southern Corp	Corporate Stock - Common	94,198	132,349
	Public Storage	Corporate Stock - Common	340,480	379,649
	S&P Global Inc	Corporate Stock - Common	175,616	312,294
	Skyworks Solutions Inc	Corporate Stock - Common	168,850	329,762
	Sotera Health Co	Corporate Stock - Common	73,554	87,753
	Starbucks Corp	Corporate Stock - Common	130,809	173,842
	Sysco Corp	Corporate Stock - Common	112,413	112,281
	VISA Inc	Corporate Stock - Common	109,888	151,799
	Vulcan Materials Co	Corporate Stock - Common	222,294	274,818
	Waste Management Inc	Corporate Stock - Common	209,640	256,262
	Zebra Technologies Corp	Corporate Stock - Common	100,776	174,870
	Evermore Global Value-I	Mutual Funds	1,971,594	1,726,835
	Kopernik Global All-Cap-Inst	Mutual Funds	1,859,420	2,606,809
	Oakmark Global Select-Inst	Mutual Funds	3,634,903	4,467,750
	Tweedy Browne Global Value	Mutual Funds	1,302,460	1,382,389
	Vanguard Tot Int St Idx-Inst	Mutual Funds	12,712,995	14,501,365
	Virtus Vntbl Em Mkts Opp-I	Mutual Funds	2,412,577	2,632,602
	Columbia Emerging Markets Co	Exchange-Traded Fund	1,961,260	2,044,423
	Ishares Core MSCI Emerging	Exchange-Traded Fund	699,911	842,255
	Ishares Core S&P 500 ETF	Exchange-Traded Fund	11,060,294	14,391,702
	Canyon Value Realization	Hedge Funds	1,000,001	3,950,682
	CF Pointer Offshore Ltd III	Hedge Funds	1,355,958	3,698,944
	Goldentree Offshore Fund	Hedge Funds	462,679	483,391
	Goldentree Select Offshore Ltd	Hedge Funds	4,131,129	4,532,273
	Serengeti Caracal	Hedge Funds	705,536	697,668
	Serengeti Lycaon	Hedge Funds	1,000,000	838,434
		Ending Value	<u>\$ 81,501,827</u>	<u>\$ 99,134,866</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2020

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2020	11,843,028	15.00000	11,843,028	1,111,902
Total				11,843,028	1,111,902

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2020