

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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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: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/2008</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>THE NEIMAN MARCUS GROUP LLC</u> <u>1201 ELM STREET, SUITE 2912</u> <u>DALLAS, TX 75270</u>	2b	Employer Identification Number (EIN) <u>95-4119509</u>
		2c	Plan Sponsor's telephone number <u>214-782-7017</u>
		2d	Business code (see instructions) <u>448190</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.	<u>01/19/2022</u>	<u>JUSTIN JOHNSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	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 EMPLOYEE BENEFITS COMMITTEE 1201 ELM STREET, SUITE 2912 DALLAS, TX 75270-2002		3b Administrator's EIN 22-3001232	
		3c Administrator's telephone number 214-782-7017	
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	18827
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			
		6a(1)	13897
		6a(2)	8936
		6b	140
		6c	6379
		6d	15455
		6e	92
		6f	15547
		6g	14846
		6h	1311
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: 2F 2G 2J 2K 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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 _____

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 THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEIMAN MARCUS GROUP LLC	D Employer Identification Number (EIN) 95-4119509	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	988831	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DODGE & COX INTL STK - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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

A Name of plan <u>THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>003</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE NEIMAN MARCUS GROUP LLC</u>	D Employer Identification Number (EIN) <u>95-4119509</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MIP II CL 2

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>101427248</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID GROWTH CO POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-135</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>247422533</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID CONTRAFUND POOL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN <u>04-3022712-133</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>131571103</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2010 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN <u>20-4659714-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6044288</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2045 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN <u>20-4659714-083</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>46517859</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC ACWI EX US NL R

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>45-2912262-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3988147</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2035 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN <u>20-4659714-081</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68289107</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD INCOME T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-074	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7302196
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2005 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-075	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3764077
a Name of MTIA, CCT, PSA, or 103-12 IE: WF DISCOVERY E1		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6590722-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24455993
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2050 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41747380
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2055 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-112	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23533273
a Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE PL BD CL 6		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-126	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30713031
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2015 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-077	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20105924
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2030 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-080	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93950591
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2040 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54030592
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2060 T		
b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY		
c EIN-PN 20-4659714-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6931369

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2020 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-078	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66146495
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INX TD 2025 T

b Name of sponsor of entity listed in (a): FIAM TRUST COMPANY

c EIN-PN 20-4659714-079	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114871949
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC US DEBT INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 26-4086131-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12244393
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEIMAN MARCUS GROUP LLC</u>	D Employer Identification Number (EIN) <u>95-4119509</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 0	874929
(2) Participant contributions.....		1b(2) 0	1518173
(3) Other		1b(3) 0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 0	0
(2) U.S. Government securities		1c(2) 0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A) 0	0
(B) All other.....		1c(3)(B) 0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A) 0	0
(B) Common		1c(4)(B) 0	0
(5) Partnership/joint venture interests		1c(5) 0	0
(6) Real estate (other than employer real property)		1c(6) 0	0
(7) Loans (other than to participants).....		1c(7) 0	0
(8) Participant loans		1c(8) 20874378	17553106
(9) Value of interest in common/collective trusts		1c(9) 1012066742	1105057548
(10) Value of interest in pooled separate accounts		1c(10) 0	0
(11) Value of interest in master trust investment accounts		1c(11) 0	0
(12) Value of interest in 103-12 investment entities		1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 137551369	124614195
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14) 0	0
(15) Other.....		1c(15) 0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 1170492489	1249617951
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 1170492489	1249617951

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 21408193	
	(B) Participants	2a(1)(B) 40234504	
	(C) Others (including rollovers).....	2a(1)(C) 4082601	
(2)	Noncash contributions	2a(2) 0	65725298
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		937654
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans.....	2b(1)(E) 937654	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	937654
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	5654927
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 5654927	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	5654927
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	0
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	0
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		225440881
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7231570
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		304990330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	224841822	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		224841822
f Corrective distributions (see instructions)	2f		12054
g Certain deemed distributions of participant loans (see instructions).....	2g		22161
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	988831	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		988831
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		225864868

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		79125462
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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		25000000
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		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		X	
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 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEIMAN MARCUS GROUP LLC		D Employer Identification Number (EIN) 95-4119509
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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

The Neiman Marcus Group LLC Retirement Savings Plan
As of December 31, 2020 and 2019, and for the
Year Ended December 31, 2020
With Report of Independent Auditors

Financial Statements and Supplemental Schedule

As of December 31, 2020 and 2019, and for the Year Ended December 31, 2020

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Report of Independent Auditors

The Investment Committee and Plan Administrator
The Neiman Marcus Group LLC Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Neiman Marcus Group LLC Retirement Plan, which comprise the statements of net assets available for benefits as of July 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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 audits in accordance with auditing standards generally accepted in the United States. 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 certified investment information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of and for the years ended July 31, 2020 and 2019, stating that the investment information provided to the plan administrator is complete and accurate.



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Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of July 31, 2020, and nonexempt transactions and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst & Young LLP

May 14, 2021

The Neiman Marcus Group LLC Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2020	2019
Assets		
Investments at fair value:		
Mutual funds	\$ 124,614,195	\$ 137,551,369
Common/collective trusts	1,105,057,548	1,012,066,742
Total investments at fair value	<u>1,229,671,743</u>	<u>1,149,618,111</u>
Receivables:		
Participant contributions	1,518,173	—
Employer contributions	874,929	—
Notes receivable from participants	17,553,106	20,874,378
Total receivables	<u>19,946,208</u>	<u>20,874,378</u>
Net assets available for benefits	<u>\$ 1,249,617,951</u>	<u>\$ 1,170,492,489</u>
<i>See accompanying notes.</i>		

The Neiman Marcus Group LLC Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31 2020
Additions	
Investment income:	
Interest and dividends	\$ 7,512,753
Net appreciation in fair value of investments	230,814,625
Net investment income	<u>238,327,378</u>
Interest income on notes receivable from participants	937,654
Contributions:	
Employer	21,408,193
Participant	40,234,504
Rollover	4,082,601
Total contributions	<u>65,725,298</u>
Total additions	304,990,330
Deductions	
Benefits paid to participants	(224,876,037)
Administrative expenses	(988,831)
Total deductions	<u>(225,864,868)</u>
Net increase	79,125,462
Net assets available for benefits at beginning of year	1,170,492,489
Net assets available for benefits at end of year	<u><u>\$ 1,249,617,951</u></u>

See accompanying notes.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2020

1. Description of Plan

The following brief description of The Neiman Marcus Group LLC Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan.

General

The Plan is a defined-contribution plan established on January 1, 2008 for eligible employees of The Neiman Marcus Group LLC and each of its designated affiliates (collectively, the “Company”). Participation in the Plan permits eligible employees to defer a portion of their pretax compensation in order to promote savings on a tax-favored basis and to benefit from a matching Company contribution. A participant is also allowed to contribute after-tax dollars (“Roth contributions”) to the participant’s account. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The trustee of the Plan is Fidelity Management Trust Company (the “Trustee”), and the recordkeeper of the Plan is Fidelity Workplace Services LLC.

The Plan is administered by the Employee Benefits Committee (the “Committee”), which is currently composed of individuals who act in certain matters relating to the administration of the Plan and who are appointed by the Compensation Committee of Board of Directors of the Company’s Parent.

On May 7, 2020 (the “Petition Date”), Neiman Marcus Group LTD LLC (now known as NMG Holding Company, Inc.) and its wholly owned U.S. subsidiaries (collectively, the “Debtors”) filed voluntary petitions (the cases commenced thereby, collectively, the “Chapter 11 Cases”) under Chapter 11 of the United States Bankruptcy Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Southern District of Texas, Houston Division (the “Bankruptcy Court”) to effectuate a financial restructuring of the Company’s debt obligations (the “Reorganization”). The Chapter 11 Cases were administered jointly under the caption In re Neiman Marcus Group LTD LLC, et al. (Case No. 20-32519 (DRJ)). On September 4, 2020, the Bankruptcy Court issued an order confirming the Third Amended Joint Plan of Reorganization Pursuant to Chapter 11 of the Bankruptcy Code (the “Plan of Reorganization”) filed by the Debtors in the Chapter 11 Cases. On September 25, 2020 (the “Emergence Date”), the Company consummated the Plan of Reorganization and emerged from bankruptcy. The Plan continued to operate in the ordinary course during bankruptcy and was assumed in the Plan of Reorganization when the Debtors emerged from bankruptcy.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Eligibility

An employee who is at least 21 years of age and is classified by the Company as either a full-time or part-time associate scheduled to work at least thirty hours each week is eligible to become a participant in the Plan immediately upon date of hire. Such employee is eligible to receive Company-matched contributions upon reaching six months of service.

A temporary or part-time employee scheduled to work less than thirty hours each week is eligible to become a participant in the Plan upon reaching 21 years of age and achieving one year of continuous employment from the date of hire, defined as completing at least 1,000 hours of service within the year. Such employee is eligible to receive Company-matched contributions upon participation in the Plan.

Contributions

Each participant can elect to defer from 2% to 50% of his or her eligible pay in each pay period subject to an annual limitation of \$19,500 for combined pretax and Roth contributions for the year ended December 31, 2020. Participants who attain age 50 before the close of each plan year become eligible to make catch-up salary deferral contributions in accordance with and limited by the Internal Revenue Code (the "Code"). The total deferral, including catch-up contributions, could therefore be up to 75% of eligible pay for individuals eligible to make catch-up contributions. The Company matches an amount equal to 100% of the first 3% of eligible pay and 50% of the next 3% of eligible pay. Participant catch-up contributions are not matched by the Company.

Investment Options

Participants can direct the investments of both their pretax and Roth contributions and the Company matching contribution to the mutual funds and common/collective trust options offered by the Plan. The Committee establishes and modifies the investment options available to participants.

Vesting

The entire amount of each participant's interest in his or her employee contribution account shall at all times be fully vested and nonforfeitable. The Company-matched contribution is subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested</u>
Less than 2	0%
2 or more	100%

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Vesting (continued)

Additionally, the Company-matched contributions become fully vested at (a) the date the participant attains the normal retirement age of 65, (b) the date of the participant's death or disability while employed by the Company, or (c) the discontinuance or termination of the Plan.

Benefits

The Plan provides for distributions in the event of retirement, death, disability, termination of employment, or attainment of age 59 1/2. In addition, under certain circumstances, withdrawals are permitted in the event of hardship as defined in the Plan document.

The Plan operationally adopted certain required minimum distribution provisions of the Setting Every Community Up for Retirement Enhancement Act ("SECURE Act") that are effective beginning with the 2020 plan year, including not requiring minimum distributions until age 72. Additionally, required minimum distributions beginning in 2020 were delayed by one year, but may still be received at the request of a participant. To comply with the SECURE Act, the Plan will be amended on or before December 31, 2022, or such later date as the Secretary of the Treasury may prescribe, to reflect the changes made to the Plan.

The Plan operationally adopted certain participant loan and withdrawal provisions of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") that were effective for portions of the 2020 Plan Year in order to provide relief to participants affected by COVID-19. The early withdrawal tax was waived for COVID-19 withdrawals up to \$100,000 through December 2020. To comply with the CARES Act, the Plan will be amended on or before December 31, 2022, or such later date as the Secretary of the Treasury may prescribe, to reflect the changes made to the Plan.

Notes Receivable from Participants

Participants may borrow an amount up to 50% of their vested account balances, not to exceed \$50,000. From March 27, 2020 through September 22, 2020 participants could borrow up to 100% of their vested account balances, not to exceed \$100,000, pursuant to the temporary relief provisions in the CARES Act. In addition, the CARES Act allowed eligible individuals to defer new or existing loan repayments which occurred between March 27, 2020 and December 31, 2020, extending the loan maturity date by up to 12 months.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Notes Receivable from Participants (continued)

Notes bear interest at a fixed rate of prime plus 1% at inception of the note and are repayable through equal payroll deductions of principal and interest over the life of the note, ranging from one to five years. This time may be extended if the note is for the purchase of a principal residence. Any unpaid note balance is withheld from the distribution of a participant's account balance upon the participant's withdrawal from the Plan.

Forfeitures

Forfeitures are used to reduce future Company contributions. At December 31, 2020 and 2019, forfeitures of \$165,946 and \$450,457, respectively, were available to reduce future Company contributions.

Administrative Expenses

The Plan pays for management fees associated with its investments, which are recorded by the Trustee as a decrease to the net investment income. Certain other expenses are borne by the Company. For the year ended December 31, 2020, Plan expenses paid by the Company were approximately \$189,022.

Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination, all amounts that have been allocated to participants in accordance with the Plan become fully vested and are to be distributed. If the Company is dissolved, the Plan will terminate as of the date of dissolution.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results may differ from those estimates.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and the Committee deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Valuation of Investments

The Plan's investments are stated at fair value. Pursuant to fair value measurement and disclosure requirements of generally accepted accounting principles, fair value is defined as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. Assets and liabilities are classified using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value as follows:

- Level 1 – Unadjusted quoted prices for identical instruments traded in active markets.
- Level 2 – Observable market-based inputs or unobservable inputs corroborated by market data.
- Level 3 – Unobservable inputs reflecting management's estimates and assumptions.

Investments in mutual funds are valued based on published market prices at year-end (Level 1 determination of fair value).

Investments in common/collective trusts are valued based on net asset values on the last business day of the Plan's year end as determined by the sponsors of such trusts.

Plan investments are overseen by the Investment Committee which is responsible for approving the Plan's investment policy statement and analyzing information provided by the investment custodians. The Investment Committee meets on a quarterly basis and is currently comprised of members of Company management. The Investment Committee reports to the Audit Committee of the Company.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

The following tables present the Plan's investments at fair value as of December 31, 2020 and 2019:

December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 124,614,195	\$ —	\$ —	\$ 124,614,195
Common/collective trusts measured at net asset value ^(a) :				
Lifecycle ^(b)				553,235,100
Large growth ^(c)				378,993,636
Stable value ^(d)				101,427,248
Other ^(e)				71,401,564
Total common/collective trusts				1,105,057,548
Total investments at fair value				\$ 1,229,671,743

December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 137,551,369	\$ —	\$ —	\$ 137,551,369
Common/collective trusts measured at net asset value ^(a) :				
Lifecycle ^(b)				557,189,166
Large growth ^(c)				307,895,221
Stable value ^(d)				83,534,491
Other ^(e)				63,447,864
Total common/collective trusts				1,012,066,742
Total investments at fair value				\$ 1,149,618,111

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

- (a) Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy tables. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.
- (b) Lifecycle funds are target date allocation funds that hold a mix of broad-market stock and bond index funds designed for participants who expect to retire in or close to the target year stated in the fund's name. Over time, the mix of the funds will gradually shift to become more conservative as the target year approaches. Participant-directed redemptions have no restrictions.
- (c) This category includes common/collective trusts that seek capital appreciation. These funds are primarily invested in common stocks of domestic and foreign issuers with the potential for above-average growth. Participant-directed redemptions have no restrictions.
- (d) This category includes a common/collective trust fund that is designed to deliver safety and stability by preserving principal and accumulating earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one year redemption notice to liquidate its entire share in the fund.
- (e) This category includes collective investment trusts that seek investment results that correspond generally to the price and yield performance, before fees and expenses, of a particular index. These funds are primarily invested in portfolios of debt or international equity securities. Participant-directed redemptions have no restrictions.

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

Benefits to Participants

Benefit payments to participants are recorded when paid.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

New Accounting Pronouncements

In July 2018, the FASB issued Accounting Standards Update (“ASU”) 2018-09, “Codification Improvements”, which, among other things, amends guidance on the use of the net asset value practical expedient in the determination and presentation of fair value for certain types of plan investments. ASU 2018-09 is effective for annual reporting periods beginning after December 15, 2018 for public business entities and annual periods beginning after December 15, 2019 for other entities. The Plan adopted ASU 2018-09 in plan year 2020 using the required modified retrospective transition methodology. The adoption of this ASU did not have an impact on the Plan’s net assets, changes in net assets or the financial statements.

3. Investments

All investment information disclosed in the accompanying financial statements, notes and the supplemental schedule, including investments held and notes receivable from participants at December 31, 2020 and 2019, interest income on notes receivable from participants, net appreciation on the fair value of investments and interest and dividends for the year ended December 31, 2020, was obtained and derived from information supplied to the Plan and certified as complete and accurate by the Trustee.

4. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (“IRS”) dated March 4, 2016, stating that the Plan is qualified under Section 401(a) of the Code and therefore, the related trust is exempt from taxation. Subsequent to receiving this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Committee has analyzed the tax positions taken by the Plan, and has concluded there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Neiman Marcus Group LLC Retirement Savings Plan

Notes to Financial Statements (continued)

5. Related-Party and Party-in-Interest Transactions

Certain of the Plan's investments in the mutual funds and common/collective trusts are managed by the Trustee; therefore, these transactions with the Trustee qualify as party-in-interest transactions. All of these transactions are exempt from the prohibited transaction rules under ERISA.

6. Subsequent Events

Plan management has evaluated subsequent events through May 14, 2021, the date the financial statements were available to be issued.

Supplemental Schedule

The Neiman Marcus Group LLC Retirement Savings Plan
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)

EIN: 95-4119509 Plan #: 003

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:			
	T. Rowe Price	Small Cap Value I Fund	** \$	8,104,354
*	Fidelity	Total Market Index Fund	**	31,201,913
	Dodge & Cox	International Stock Fund	**	18,539,856
	Vanguard	Windsor II Fund	**	66,768,072
	Common/collective trusts:			
*	Fidelity	Managed Income Portfolio II Fund	**	101,427,248
	Wells Fargo	Discovery Fund E1	**	24,455,993
	BlackRock	ACWI EX US NL Fund	**	3,988,147
	BlackRock	US Debt Index Fund	**	12,244,393
*	Fidelity	Growth Company Pool	**	247,422,533
*	Fidelity	Contrafund Pool	**	131,571,103
	Prudential	Core Plus Bond Fund Class 6	**	30,713,031
*	Fidelity	Index Lifecycle Inc Class V	**	7,302,196
*	Fidelity	Index Lifecycle 2005 Class V	**	3,764,077
*	Fidelity	Index Lifecycle 2010 Class V	**	6,044,288
*	Fidelity	Index Lifecycle 2015 Class V	**	20,105,924
*	Fidelity	Index Lifecycle 2020 Class V	**	66,146,495
*	Fidelity	Index Lifecycle 2025 Class V	**	114,871,949
*	Fidelity	Index Lifecycle 2030 Class V	**	93,950,591
*	Fidelity	Index Lifecycle 2035 Class V	**	68,289,107
*	Fidelity	Index Lifecycle 2040 Class V	**	54,030,592
*	Fidelity	Index Lifecycle 2045 Class V	**	46,517,859
*	Fidelity	Index Lifecycle 2050 Class V	**	41,747,380
*	Fidelity	Index Lifecycle 2055 Class V	**	23,533,273
*	Fidelity	Index Lifecycle 2060 Class V	**	6,931,369
	Notes with interest rates from 4.25% to 9.25%			
*	Participants		—	17,553,106
				<u>\$ 1,247,224,849</u>

* Party-in-interest.

** Cost information in column (d) is not required for participant-directed investments.

Supplemental Schedule

The Neiman Marcus Group LLC Retirement Savings Plan
Schedule H; Line 4i - Schedule of Assets (Held at End of Year)

EIN: 95-4119509 Plan #: 003

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual funds:			
	T. Rowe Price	Small Cap Value I Fund	** \$	8,104,354
*	Fidelity	Total Market Index Fund	**	31,201,913
	Dodge & Cox	International Stock Fund	**	18,539,856
	Vanguard	Windsor II Fund	**	66,768,072
	Common/collective trusts:			
*	Fidelity	Managed Income Portfolio II Fund	**	101,427,248
	Wells Fargo	Discovery Fund E1	**	24,455,993
	BlackRock	ACWI EX US NL Fund	**	3,988,147
	BlackRock	US Debt Index Fund	**	12,244,393
*	Fidelity	Growth Company Pool	**	247,422,533
*	Fidelity	Contrafund Pool	**	131,571,103
	Prudential	Core Plus Bond Fund Class 6	**	30,713,031
*	Fidelity	Index Lifecycle Inc Class V	**	7,302,196
*	Fidelity	Index Lifecycle 2005 Class V	**	3,764,077
*	Fidelity	Index Lifecycle 2010 Class V	**	6,044,288
*	Fidelity	Index Lifecycle 2015 Class V	**	20,105,924
*	Fidelity	Index Lifecycle 2020 Class V	**	66,146,495
*	Fidelity	Index Lifecycle 2025 Class V	**	114,871,949
*	Fidelity	Index Lifecycle 2030 Class V	**	93,950,591
*	Fidelity	Index Lifecycle 2035 Class V	**	68,289,107
*	Fidelity	Index Lifecycle 2040 Class V	**	54,030,592
*	Fidelity	Index Lifecycle 2045 Class V	**	46,517,859
*	Fidelity	Index Lifecycle 2050 Class V	**	41,747,380
*	Fidelity	Index Lifecycle 2055 Class V	**	23,533,273
*	Fidelity	Index Lifecycle 2060 Class V	**	6,931,369
	Notes with interest rates from 4.25% to 9.25%			
*	Participants		—	17,553,106
				<u>\$ 1,247,224,849</u>

* Party-in-interest.

** Cost information in column (d) is not required for participant-directed investments.



01/28/2021

Re: THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN - 14043

Dear Plan Sponsor:

This letter is being provided to you in connection with the annual Form 5500 (Annual Return/Report of Employee Benefit Plan) filing/reporting requirements* for the THE NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN (the "Plan") for the plan year ending 12/31/2020, pursuant to an Agreement entered into with you. Fidelity Workplace Services LLC, as the recordkeeper, is providing the information below in its capacity as agent for the trustee, Fidelity Management Trust Company, pursuant to the terms of the Agreement between THE NEIMAN MARCUS GROUP LLC and Fidelity Management Trust Company. FMTC holds and invests the Plan assets in trust based on the investments selected by the "named fiduciary".

As part of the year end summary package, we have provided you with the following material through access to Fidelity's Plan Sponsor WebstationSM or other secure media:

- Summary of Net Trust Assets (SONTA)
- Summary of Plan Operations (SOPO)
- 5500 Worksheet
- Schedule C Report
- 5% Reportable Transactions Report
- Trial Balance

The SONTA identifies the assets owned by the Plan as of 12/31/2020, the shares, price per share, and the total market value, and to the best of our knowledge the information is complete, true and accurate. The Trial Balance calculates gains/losses on the day the transaction occurs using a moving average historical cost basis.

The Fidelity Participant Recordkeeping System (FPRS) updates participant and trust records to reflect mutual fund and commingled pooled transactions on a trade date basis. However, applicable transactions posted to Fidelity's GUIDE and InvestOne trust accounting systems, for those plans with stable value investments and/or other funds that may be managed by Fidelity, are transmitted from/to FPRS on trade date plus one business day. Records are maintained on a cash basis of accounting with the exception of those in GUIDE or InvestOne systems. Please refer to the Fidelity Auditor's Guide for a description and information about each report listed in this section.

* Generally, the plan administrator of a retirement plan is required to file Form 5500 by the last day of the seventh month after the end of the plan year, unless an extension of time to file the return is requested or the plan administrator has an automatic extension of time to file the return. In addition, an annual audit must generally be performed by a qualified independent accounting firm and an audit report attached to the Form 5500 if the plan administrator files Form 5500 Schedule H (Large Plan Filers) for the plan, and the plan does not meet any of the exceptions identified in the Form 5500 instructions.



In connection with these reports, we also make the following representations:

1. We confirm to the best of our knowledge that the transactions recordkept by us during the plan year have been reported accurately to reflect the account activity and its balance.
2. We hereby disclose to the Plan Sponsor and/or Plan Administrator that based on the information in our recordkeeping system and we confirm to the best of our knowledge and belief, the following concerning the trust that we recordkept for the Plan:
 - a. Investments, loans (other than participant loans), or leases are in default and/or that are considered to be uncollectible.

NONE
 - b. Reportable transactions as defined in ERISA section 103(b)(3)(H) and regulation thereunder.

See the 5% Reportable Transactions Report
 - c. Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances, including liens, pledges, security interest, and lines-of-credit or similar arrangements.

See Supplemental Annual Report Statement for the
Custom Investment Products in the plan
(For additional information see Auditor's Guide Section 2.1.7)
 - d. Agreements or commitments to purchase or sell investment assets or to repurchase investment assets previously sold.

NONE
3. We confirm to the best of our knowledge that, as of the date the Trial Balance was issued, no events have occurred subsequent to the plan year end that would require adjustment to, or disclosure in, the financial statements of the Plan.

Please contact your Fidelity recordkeeping representative if you have any questions.

Very truly yours,

Jean M. Moloney
SVP, Testing and Reporting Services, Authorized Signatory for FMTC

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