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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2020 or fiscal plan year beginning <u>10/01/2020</u> and ending <u>09/30/2021</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MARKER, INC. RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>04/01/1989</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>003</u>                                                       | <b>1c</b> Effective date of plan<br><u>04/01/1989</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                      | <u>003</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>04/01/1989</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>MARKER, INC.</u><br><br><u>2084 U.S. ROUTE 68 SOUTH</u><br><u>BELLEFONTAINE, OH 43311</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>34-4476858</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>937-599-2160</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>236200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>34-4476858</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>937-599-2160</u> | <b>2d</b> Business code (see instructions)<br><u>236200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-4476858</u>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>937-599-2160</u>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>236200</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/08/2022 | ALISON MARKER                                                |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/08/2022 | ALISON MARKER                                                |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 160 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 122 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 127 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 37  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 172 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 173 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 162 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2H 2J 2K 3D                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021 |                                                             |     |
| <b>A</b> Name of plan<br>MARKER, INC. RETIREMENT PLAN                                      | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MARKER, INC.              | <b>D</b> Employer Identification Number (EIN)<br>34-4476858 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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**(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

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**(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

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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)

MORGAN STANLEY

4380 BUCKEYE LANE  
SUITE 200  
BEAVERCREEK, OH 45440

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 27                         | NONE                                                                                                     | 75211                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

TWG BENEFITS, INC.

400 SKOKIE BLVD., SUITE #415  
NORTHBROOK, IL 60062

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 19 64 37                      | NONE                                                                                                     | 39119                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MG TRUST COMPANY

717 17TH STREET, SUITE #1300  
DENVER, CO 80202

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 26 27                         | NONE                                                                                                     | 15637                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

KENTNER SELLERS

31-0787612

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 9900                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>10/01/2020</b> and ending <b>09/30/2021</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>MARKER, INC. RETIREMENT PLAN</b>                                                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>003</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MARKER, INC.</b>                                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><b>34-4476858</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     | 2489                  | 6765            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 130320                | 210532          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 81                    | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 37              |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 210390                | 265717          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 743286                | 816213          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 4837520               | 6015915         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 32474                 | 16975           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 4358367               | 5467715         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 307992                | 386548          |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 10622919 13186417 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 2479 4634         |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 2479 4634         |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 10620440 13181783 |

**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 |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 802960    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 520491    |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 17110     |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0         |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 1340561   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 20862     |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 1254      |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 22116     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> | 142373    |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 136995    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 279368    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (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) |            | 1821173   |
| c Other income .....                                                                            | 2c     |            | 408       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 3463626   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 762129 |        |
| (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) |        | 762129 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 288    |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 9900   |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 39119  |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 90847  |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |        | 139866 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 902283 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 2561343 |
| 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: KENTNER SELLERS, LLP

(2) EIN: 31-0787612

**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>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> 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.) .....                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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> |
| For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>MARKER, INC. RETIREMENT PLAN                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 003                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>MARKER, INC.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>34-4476858                                            |
| 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):<br><br>EIN(s): 34-4476858 01-0609808                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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).....

**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).....

**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).....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**b** The corresponding number for the second preceding plan year.....

**15a****15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16a****16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% 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 \_\_\_\_\_



**RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
and SUPPLEMENTARY INFORMATION**

**YEARS ENDED SEPTEMBER 30, 2021 and 2020**

**MARKER, INC. RETIREMENT PLAN**  
**YEARS ENDED SEPTEMBER 30, 2021 and 2020**

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## Independent Auditors' Report

To the Participants and Trustees of  
Marker, Inc. Retirement Plan

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Marker, Inc. Retirement Plan, which comprise the statements of net assets available for benefits as of September 30, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended September 30, 2021, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall financial statement presentation.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2021 and 2020, and the changes in its net assets available for benefits for the year ended September 30, 2021, in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), referred to as supplemental information, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Kentner Sellers, LLP".

KENTNER SELLERS, LLP

July 1, 2022

**MARKER, INC. RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**SEPTEMBER 30, 2021 and 2020**

---

|                                              | <u>2021</u>                     | <u>2020</u>                     |
|----------------------------------------------|---------------------------------|---------------------------------|
| <b>ASSETS:</b>                               |                                 |                                 |
| Investments:                                 |                                 |                                 |
| Non-participant directed:                    |                                 |                                 |
| Investments at fair value (Note D)           | \$ 8,215,069                    | \$ 6,832,880                    |
| Participant-directed:                        |                                 |                                 |
| Investments at fair value (Note D)           | <u>4,737,039</u>                | <u>3,624,675</u>                |
| Total Investments                            | <u>12,952,108</u>               | <u>10,457,555</u>               |
| Receivables:                                 |                                 |                                 |
| Employer contributions                       | 210,532                         | 130,320                         |
| Employee contributions                       | 0                               | 81                              |
| Notes receivable from participants           | 16,975                          | 32,474                          |
| Accrued interest and dividends               | <u>37</u>                       | <u>0</u>                        |
| Total Receivables                            | <u>227,544</u>                  | <u>162,875</u>                  |
| Cash                                         | <u>6,765</u>                    | <u>2,489</u>                    |
| Total Assets                                 | <u>13,186,417</u>               | <u>10,622,919</u>               |
| <br><b>LIABILITIES:</b>                      |                                 |                                 |
| Accrued expenses                             | <u>4,634</u>                    | <u>2,479</u>                    |
| Total Liabilities                            | <u>4,634</u>                    | <u>2,479</u>                    |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u><u>\$ 13,181,783</u></u> | <br><u><u>\$ 10,620,440</u></u> |

**MARKER, INC. RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED SEPTEMBER 30, 2021**

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|                                                                       | <u>2021</u>                     |
|-----------------------------------------------------------------------|---------------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                         |                                 |
| Contributions:                                                        |                                 |
| Employer contributions                                                | \$ 802,960                      |
| Employee contributions                                                | 520,491                         |
| Employee rollovers                                                    | <u>17,110</u>                   |
|                                                                       | <u>1,340,561</u>                |
| Investment income:                                                    |                                 |
| Participant loan interest                                             | 1,254                           |
| Interest and dividends                                                | 300,638                         |
| Net realized and unrealized appreciation in fair value of investments | <u>1,821,173</u>                |
|                                                                       | <u>2,123,065</u>                |
| <br>Total Additions                                                   | <br><u>3,463,626</u>            |
| <br><b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>                  |                                 |
| Benefits paid to participants                                         | 762,129                         |
| Deemed distribution of participant loans                              | 288                             |
| Administrative expenses                                               | <u>139,866</u>                  |
| <br>Total Deductions                                                  | <br><u>902,283</u>              |
| <br><b>NET INCREASE</b>                                               | <br><u>2,561,343</u>            |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year</b>      | <br><u>10,620,440</u>           |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - End of Year</b>            | <br><u><u>\$ 13,181,783</u></u> |

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

---

**NOTE A - DESCRIPTION OF THE PLAN**

The following description of the Marker, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan sponsored by Marker, Inc. (the Company) and covers all eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and has been amended and restated to comply with the Pension Protection Act of 2006 (PPA) in order to maintain its tax-qualified status.

Eligibility

Under the terms of the Plan, there are three separate eligibility provisions:

- Each employee who has been credited with at least one hour of service, which constitutes as covered employment under the Davis-Bacon Act or any state or municipal "prevailing wage" law, is eligible for prevailing wage contributions.
- Each employee who has been employed for ninety days will be eligible for elective deferral and matching contributions as defined under the terms of the Plan Document.
- Each employee who has been employed for at least one year will be eligible for discretionary company contributions. The allowable entry dates are October 1 and April 1.

Contributions

- (a) *Participant's voluntary salary reductions.* Each participant's contribution may not exceed the federal maximum amount pursuant to Section 402(g) of the Internal Revenue Code.
- (b) *Matching contributions.* The Company shall contribute to the Plan on behalf of each participant who made a matched employee contribution in an amount equal to (i) 100% of the matched employee contributions that are not in excess of 3% of the participant's compensation, plus (ii) 50% of the amount of the matched employee contributions that exceed 3% of the participant's compensation but that do not exceed 5% of the participant's compensation. Matching contributions of \$290,947 and \$264,537 were made for the years ended September 30, 2021 and 2020, respectively.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

---

**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

Contributions (Continued)

- (c) *Discretionary company contributions.* The Company may, in its sole discretion, make discretionary company contributions to the Plan on behalf of each participant who is employed by the Company on the last day of the Plan Year. Discretionary contributions shall be allocated in an amount designated by the Company to be allocated to two groups. Group One shall consist of the Chief Executive Officer; Group Two shall consist of all participants who are not members of Group One. Contributions to Group One and Group Two shall be allocated among group members in the ratio that each such participant's compensation bears to the compensation of all members of the group who are eligible to receive allocations of discretionary company contributions. The Company accrued a discretionary contribution of \$99,435 and \$99,080 for the years ended September 30, 2021 and 2020, respectively.
- (d) *Prevailing wage contributions.* The Company may, in its sole discretion, make additional prevailing wage contributions to the Plan in an amount necessary to meet the Company's requirements under an applicable prevailing wage statute. The prevailing wage allocations will offset any other discretionary company contribution allocations that would otherwise be made to a participant. Prevailing wage contributions totaling \$412,578 and \$136,613 were made for the years ended September 30, 2021 and 2020, respectively.
- (e) *Qualified nonelective contributions.* The Company, in its sole discretion, may make additional qualified nonelective contributions for the benefit of all participants eligible to make elective deferrals who are non-highly compensated employees who are employed by the Company on the last day of the Plan Year.

Participant Accounts

Each participant's account is credited or charged with the above contributions, rollover contributions, transfers, plan earnings, forfeitures, and plan expenses. The benefit to which a participant is entitled is the amount that can be provided from the participant's vested account balance.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

---

**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

Vesting

The participant's interest in the discretionary company contribution account shall vest based on the participant's years of vesting service in accordance with the following schedule:

| <u>Years of Service</u> | <u>Non-Forfeitable<br/>Percentage</u> |
|-------------------------|---------------------------------------|
| Less than 3             | 0%                                    |
| 3 or more               | 100%                                  |

Participants shall be fully (100%) vested in the voluntary matching contributions.

Forfeited Accounts

Forfeitures are reallocated following the date on which a terminated participant incurs five consecutive one-year breaks in service or following the date on which a terminated participant receives payment of his vested account balance. Amounts forfeited from a participant's account shall be used to restore forfeitures, reduce Company contributions (or reallocated as Company contributions), or pay plan expenses. For the year ended September 30, 2021, total forfeitures were \$1,954. In 2021, forfeitures of \$2,400 were used to offset employer contributions. The unallocated forfeitures at September 30, 2021 and 2020, were \$59 and \$280, respectively.

Payment of Benefits

Benefits are recorded when paid. Upon termination of service, a participant may elect to receive:

- (a) A lump sum distribution equal to the value of their account,
- (b) Equal installments over a period not to exceed the participant's assumed life expectancy, or
- (c) A joint and survivor annuity.

Participants may take in-service withdrawals if they are fully vested in their account balance.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

---

**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

Loans to Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range from one to five years, and participants are limited to one outstanding loan at any given time. The loans are secured by the balance in the participant's account balance and bear an interest rate equal to the prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The Plan prepares its financial statements using the accrual basis of accounting.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Administrative Fees

Substantially all administrative fees were paid by the Plan. Plan expenses paid by the Plan include fees for trading and investment management and advisory services. Certain administrative functions were performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan.

**NOTE C - CONCENTRATION OF CREDIT RISK**

The Plan maintains its cash balances in various money market funds. At various times during the year, some or all of these funds may be uninsured or exceed Federal Deposit Insurance Company (FDIC) insurance limits.

**NOTE D - FAIR VALUE MEASUREMENTS**

FASB ASC 820-10, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 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.

*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 active markets, inputs other than quoted prices that are observable for the asset or liability, and 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.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

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**NOTE D - FAIR VALUE MEASUREMENTS (Continued)**

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.

The 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 September 30, 2021.

*Common stocks, preferred stocks, corporate bonds, and government securities:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds and money market funds:* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Hedge funds and exchange traded funds:* Valued at the estimated value to be received at redemption.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measure at fair value on a recurring basis as of September 30, 2021 and 2020.

|                            | Assets at Fair Value as of September 30, 2021 |                   |             |                     |
|----------------------------|-----------------------------------------------|-------------------|-------------|---------------------|
|                            | Level 1                                       | Level 2           | Level 3     | Total               |
| Money market funds         | \$ 265,717                                    | \$ 0              | \$ 0        | \$ 265,717          |
| Common stocks              | 6,015,915                                     | 0                 | 0           | 6,015,915           |
| Mutual funds               | 5,467,715                                     | 0                 | 0           | 5,467,715           |
| Government securities      | 816,213                                       | 0                 | 0           | 816,213             |
| Hedge funds                | 0                                             | 386,548           | 0           | 386,548             |
| Total assets at fair value | <u>\$12,565,560</u>                           | <u>\$ 386,548</u> | <u>\$ 0</u> | <u>\$12,952,108</u> |

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

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**NOTE D - FAIR VALUE MEASUREMENTS (Continued)**

|                            | Assets at Fair Value as of September 30, 2020 |                   |                |                     |
|----------------------------|-----------------------------------------------|-------------------|----------------|---------------------|
|                            | <u>Level 1</u>                                | <u>Level 2</u>    | <u>Level 3</u> | <u>Total</u>        |
| Money market funds         | \$ 210,390                                    | \$ 0              | \$ 0           | \$ 210,390          |
| Common stocks              | 4,837,520                                     | 0                 | 0              | 4,837,520           |
| Mutual funds               | 4,358,367                                     | 0                 | 0              | 4,358,367           |
| Government securities      | 743,286                                       | 0                 | 0              | 743,286             |
| Exchange traded funds      | 0                                             | 1,339             | 0              | 1,339               |
| Hedge funds                | <u>0</u>                                      | <u>306,653</u>    | <u>0</u>       | <u>306,653</u>      |
| Total assets at fair value | <u>\$10,149,563</u>                           | <u>\$ 307,992</u> | <u>\$ 0</u>    | <u>\$10,457,555</u> |

**NOTE E - NONPARTICIPANT-DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

Net assets available for benefits at September 30:

|                       | <u>2021</u>         | <u>2020</u>         |
|-----------------------|---------------------|---------------------|
| Money market funds    | \$ 265,717          | \$ 210,390          |
| Common stocks         | 6,015,915           | 4,837,520           |
| Mutual funds          | 730,676             | 733,692             |
| Government securities | 816,213             | 743,286             |
| Exchange traded funds | 0                   | 1,339               |
| Hedge funds           | <u>386,548</u>      | <u>306,653</u>      |
|                       | <u>\$ 8,215,069</u> | <u>\$ 6,832,880</u> |

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

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**NOTE E - NONPARTICIPANT-DIRECTED INVESTMENTS (Continued)**

Changes in net assets during the year ended September 30:

|                               | <u>2021</u>         |
|-------------------------------|---------------------|
| Contributions                 | \$ 429,928          |
| Interest and dividends        | 163,235             |
| Net appreciation              | 1,243,074           |
| Benefits paid to participants | (365,037)           |
| Fees                          | <u>(89,011)</u>     |
| Net appreciation in value     | <u>\$ 1,382,189</u> |

**NOTE F - INCOME TAX STATUS**

The Plan obtained a favorable tax determination letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan Sponsor believes that the Plan was qualified and was tax exempt as of the financial statement date; therefore, no income taxes have been provided for in the 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

**NOTE G - PLAN TERMINATION**

Although it has not expressed any intent 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 of ERISA. In the event of Plan termination, participants will become one hundred percent (100%) vested in their accounts.

**MARKER, INC. RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**SEPTEMBER 30, 2021 and 2020**

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**NOTE H - PARTY-IN-INTEREST TRANSACTIONS**

Certain plan investments are shares of funds managed by Morgan Stanley. Morgan Stanley is an asset custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services provided by Morgan Stanley amounted to \$74,053 and \$61,705 for the years ended September 30, 2021 and 2020, respectively.

**NOTE I - RISKS AND UNCERTAINTIES**

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

**NOTE J - SUBSEQUENT EVENTS**

Subsequent events were evaluated through July 1, 2022, which is the date the financial statements were available to be issued.

**SUPPLEMENTARY  
INFORMATION**

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | <i>Corporate Common Stock</i>                                   |                                                                                                                      |                         |
| *   | 3M Company                                                      | 52 Shares                                                                                                            | \$ 9,122                |
| *   | 21 Vianet Group Inc                                             | 809 Shares                                                                                                           | 14,004                  |
| *   | AAC Technologies Hold Inc                                       | 1,406 Shares                                                                                                         | 6,594                   |
| *   | AT&T Inc                                                        | 418 Shares                                                                                                           | 11,290                  |
| *   | Abbott Laboratories                                             | 628 Shares                                                                                                           | 74,186                  |
| *   | Abbvie Inc                                                      | 266 Shares                                                                                                           | 28,693                  |
| *   | Accenture Plc Ireland Cl A                                      | 174 Shares                                                                                                           | 55,666                  |
| *   | Activision Blizzard Inc                                         | 359 Shares                                                                                                           | 27,783                  |
| *   | Adidas AG                                                       | 110 Shares                                                                                                           | 17,393                  |
| *   | Adobe Inc                                                       | 180 Shares                                                                                                           | 103,655                 |
| *   | Adyen B.V.                                                      | 21 Shares                                                                                                            | 58,776                  |
| *   | Aecom                                                           | 224 Shares                                                                                                           | 14,146                  |
| *   | Aena SME SA UNSP ADR                                            | 887 Shares                                                                                                           | 15,310                  |
| *   | Agree Realty Corp                                               | 109 Shares                                                                                                           | 7,219                   |
| *   | AIA Group Ltd Spon ADR                                          | 350 Shares                                                                                                           | 16,104                  |
| *   | Air Liquide ADR                                                 | 887 Shares                                                                                                           | 28,517                  |
| *   | Airbnb Inc Cl A                                                 | 279 Shares                                                                                                           | 46,802                  |
| *   | Airbus Se Unsponsored ADR                                       | 396 Shares                                                                                                           | 13,222                  |
| *   | Alcon Inc                                                       | 124 Shares                                                                                                           | 9,978                   |
| *   | Alibaba Group Holding Ltd                                       | 198 Shares                                                                                                           | 29,314                  |
| *   | Alight Inc Cl A                                                 | 776 Shares                                                                                                           | 8,908                   |
| *   | Align Technology                                                | 44 Shares                                                                                                            | 29,279                  |
| *   | Allegion Pub Ltd Co                                             | 56 Shares                                                                                                            | 7,402                   |
| *   | Allscripts Healthcare Solutions Inc                             | 356 Shares                                                                                                           | 4,760                   |
| *   | Allstate Corp                                                   | 69 Shares                                                                                                            | 8,784                   |
| *   | Alphabet Inc Cl A                                               | 20 Shares                                                                                                            | 53,470                  |
| *   | Alphabet Inc Cl C                                               | 43 Shares                                                                                                            | 114,608                 |
| *   | Altra Indl Motion Corp                                          | 186 Shares                                                                                                           | 10,295                  |
| *   | Amadeus IT Group S.A ADR                                        | 309 Shares                                                                                                           | 20,348                  |
| *   | Amazon Com Inc                                                  | 23 Shares                                                                                                            | 75,431                  |
| *   | America Movil Sa De Cv ADR L                                    | 977 Shares                                                                                                           | 17,264                  |
| *   | Amer Intl GP Inc                                                | 444 Shares                                                                                                           | 24,371                  |
| *   | Ameren Corp                                                     | 107 Shares                                                                                                           | 8,667                   |
| *   | American Electric Power Co                                      | 325 Shares                                                                                                           | 26,384                  |
| *   | American Water Works Co                                         | 49 Shares                                                                                                            | 8,283                   |
| *   | Amn Healthcare Services Inc                                     | 43 Shares                                                                                                            | 4,934                   |
| *   | Amgen Inc                                                       | 40 Shares                                                                                                            | 8,483                   |
| *   | Analog Devices Inc                                              | 37 Shares                                                                                                            | 6,197                   |
| *   | Anglo Amern PLC Sponsored ADR                                   | 1,035 Shares                                                                                                         | 18,402                  |
| *   | Anhui Conch Cement ADR                                          | 481 Shares                                                                                                           | 12,934                  |
| *   | Anthem Inc                                                      | 76 Shares                                                                                                            | 28,333                  |
| *   | Api Group Corp                                                  | 286 Shares                                                                                                           | 5,820                   |
| *   | Apollo Global Management Inc                                    | 183 Shares                                                                                                           | 11,271                  |
| *   | Arcosa Inc                                                      | 145 Shares                                                                                                           | 7,275                   |

Column (d) has been omitted because it is not applicable.

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Arthur J Gallagher & Co                                         | 101 Shares                                                                                                           | 15,014                  |
| *   | Ase Technology Hldg Co Ltd Adr                                  | 2,953 Shares                                                                                                         | 23,181                  |
| *   | Ashland Global Hldgs Inc Com                                    | 64 Shares                                                                                                            | 5,704                   |
| *   | ASM Pacific                                                     | 357 Shares                                                                                                           | 11,885                  |
| *   | ASML Holding NV NY Reg                                          | 55 Shares                                                                                                            | 40,981                  |
| *   | Astrazeneca Plc Adr                                             | 935 Shares                                                                                                           | 56,156                  |
| *   | Atlassian Corp Plc CL A                                         | 39 Shares                                                                                                            | 15,265                  |
| *   | Autodesk Inc Delaware                                           | 164 Shares                                                                                                           | 46,710                  |
| *   | Avantor Inc                                                     | 301 Shares                                                                                                           | 12,311                  |
| *   | B&M European Value Ret Sa Adr                                   | 546 Shares                                                                                                           | 17,439                  |
| *   | BB Seguridade Participacoes                                     | 2,374 Shares                                                                                                         | 8,808                   |
| *   | BCE Inc                                                         | 488 Shares                                                                                                           | 24,429                  |
| *   | BP Plc Ads                                                      | 795 Shares                                                                                                           | 21,727                  |
| *   | BAE Sys Plc Spon Adr                                            | 640 Shares                                                                                                           | 19,565                  |
| *   | Banco Do Brasil SA Spon Adr                                     | 2,556 Shares                                                                                                         | 13,700                  |
| *   | Banco Santander S.A.                                            | 3,553 Shares                                                                                                         | 12,862                  |
| *   | Bath & Body Works Inc                                           | 109 Shares                                                                                                           | 6,870                   |
| *   | Bidvest Group Ltd Spons Adr                                     | 394 Shares                                                                                                           | 10,216                  |
| *   | Boozt Ab-Unsponsored Adr                                        | 490 Shares                                                                                                           | 8,171                   |
| *   | British Amer Tob Spon Adr                                       | 1,041 Shares                                                                                                         | 36,728                  |
| *   | Capgemini S E Unsponsored Adr                                   | 300 Shares                                                                                                           | 12,486                  |
| *   | Capital One Financial Corp                                      | 64 Shares                                                                                                            | 10,366                  |
| *   | Carlsberg As                                                    | 389 Shares                                                                                                           | 12,763                  |
| *   | Carsales Com Ltd Adr                                            | 489 Shares                                                                                                           | 18,509                  |
| *   | Catalent Inc                                                    | 101 Shares                                                                                                           | 13,440                  |
| *   | Caterpillar Inc                                                 | 55 Shares                                                                                                            | 10,558                  |
| *   | CDK Global Inc                                                  | 128 Shares                                                                                                           | 5,446                   |
| *   | CDN Impl Bk Commerce                                            | 218 Shares                                                                                                           | 24,261                  |
| *   | Cellnex Telecom SA UNS Adr                                      | 541 Shares                                                                                                           | 16,803                  |
| *   | Centerpoint Energy Inc                                          | 259 Shares                                                                                                           | 6,371                   |
| *   | Championx Corporation                                           | 394 Shares                                                                                                           | 8,810                   |
| *   | Channeladvisor Corp                                             | 188 Shares                                                                                                           | 4,743                   |
| *   | Charles Schwab                                                  | 232 Shares                                                                                                           | 16,899                  |
| *   | Chart Industries Inc                                            | 68 Shares                                                                                                            | 12,995                  |
| *   | Chevron Corp                                                    | 293 Shares                                                                                                           | 29,725                  |
| *   | China Construction Bank Corp                                    | 1,642 Shares                                                                                                         | 23,382                  |
| *   | China Merchants Bk Co Ltd Unsp                                  | 369 Shares                                                                                                           | 14,671                  |
| *   | China Shenhua Energy Ltd Adr                                    | 1,686 Shares                                                                                                         | 15,579                  |
| *   | Churchill Downs Inc                                             | 56 Shares                                                                                                            | 13,444                  |
| *   | Cigna Corp                                                      | 70 Shares                                                                                                            | 14,011                  |
| *   | Cisco Sys Inc                                                   | 723 Shares                                                                                                           | 39,353                  |
| *   | Citigroup Inc                                                   | 622 Shares                                                                                                           | 43,652                  |
| *   | Coca Cola Co                                                    | 477 Shares                                                                                                           | 25,028                  |
| *   | Cognizant Tech Solutions Cl A                                   | 329 Shares                                                                                                           | 24,415                  |
| *   | Colfax Corp                                                     | 129 Shares                                                                                                           | 5,921                   |

Column (d) has been omitted because it is not applicable.

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Comcast Corp Cl A                                               | 391 Shares                                                                                                           | 21,869                  |
| *   | Commercial Intl Bk Ltd Sp Adr                                   | 3,888 Shares                                                                                                         | 10,303                  |
| *   | Compagnie De St Gobain Unsp                                     | 912 Shares                                                                                                           | 12,248                  |
| *   | Compass Group PLC SPD ADR                                       | 638 Shares                                                                                                           | 13,300                  |
| *   | Concentrix Corp                                                 | 111 Shares                                                                                                           | 19,647                  |
| *   | Conocophillips                                                  | 357 Shares                                                                                                           | 24,194                  |
| *   | Constellation Brands Inc Cl A                                   | 65 Shares                                                                                                            | 13,695                  |
| *   | Corteva Inc                                                     | 247 Shares                                                                                                           | 10,394                  |
| *   | Crown Castle International Corp                                 | 77 Shares                                                                                                            | 13,346                  |
| *   | CSL Ltd                                                         | 139 Shares                                                                                                           | 14,552                  |
| *   | CVS Health Corp                                                 | 168 Shares                                                                                                           | 14,256                  |
| *   | Danone Sponsored Adr                                            | 923 Shares                                                                                                           | 12,507                  |
| *   | DBS Group Holdings Ltd Sp                                       | 150 Shares                                                                                                           | 13,305                  |
| *   | Deutsche Post Ag Sponsored Adr                                  | 193 Shares                                                                                                           | 12,176                  |
| *   | Digital Realty Trust Inc                                        | 51 Shares                                                                                                            | 7,367                   |
| *   | Dlocal Limited                                                  | 86 Shares                                                                                                            | 4,692                   |
| *   | Dollar General Corp                                             | 69 Shares                                                                                                            | 14,638                  |
| *   | Dominion Energy Inc                                             | 228 Shares                                                                                                           | 16,649                  |
| *   | DSV Panalpina AS Unspn ADR                                      | 59 Shares                                                                                                            | 7,063                   |
| *   | Dupont De Nemours Inc                                           | 123 Shares                                                                                                           | 8,363                   |
| *   | Duke Energy Corp                                                | 207 Shares                                                                                                           | 20,201                  |
| *   | Eagle Materials Inc                                             | 77 Shares                                                                                                            | 10,099                  |
| *   | Edenred S A Adr                                                 | 327 Shares                                                                                                           | 8,747                   |
| *   | Edison International                                            | 152 Shares                                                                                                           | 8,431                   |
| *   | Eisai Co Ltd Spon ADR                                           | 162 Shares                                                                                                           | 12,231                  |
| *   | Enbridge Inc                                                    | 607 Shares                                                                                                           | 24,159                  |
| *   | Enel Societa Per Azioni Adr                                     | 1,583 Shares                                                                                                         | 12,094                  |
| *   | Engie Brasil Energia Saadr                                      | 1,039 Shares                                                                                                         | 7,244                   |
| *   | Entain Plc Adr                                                  | 775 Shares                                                                                                           | 22,208                  |
| *   | Equinor Asa                                                     | 632 Shares                                                                                                           | 16,116                  |
| *   | Equitable Holdings Inc                                          | 300 Shares                                                                                                           | 8,892                   |
| *   | Euronet Worldwide Inc                                           | 51 Shares                                                                                                            | 6,491                   |
| *   | Evolution Ab Adr                                                | 100 Shares                                                                                                           | 15,224                  |
| *   | Exelon Corp                                                     | 118 Shares                                                                                                           | 5,704                   |
| *   | Expedia Group Inc                                               | 62 Shares                                                                                                            | 10,162                  |
| *   | Experian GP Ltd Adr                                             | 460 Shares                                                                                                           | 19,265                  |
| *   | Exxon Mobil Corp                                                | 500 Shares                                                                                                           | 29,410                  |
| *   | Facebook Inc Cl A                                               | 385 Shares                                                                                                           | 130,665                 |
| *   | Fanuc Corporation Un-sponsored Adr                              | 695 Shares                                                                                                           | 15,325                  |
| *   | Ferrari N V                                                     | 86 Shares                                                                                                            | 17,984                  |
| *   | Ferguson Plc Adr                                                | 52 Shares                                                                                                            | 7,246                   |
| *   | Fidelity National Financial Information                         | 282 Shares                                                                                                           | 12,786                  |
| *   | Fidelity National Information Se                                | 131 Shares                                                                                                           | 15,940                  |
| *   | First American Financial Corp                                   | 254 Shares                                                                                                           | 17,040                  |
| *   | Fox Corp Cl A                                                   | 413 Shares                                                                                                           | 16,565                  |

Column (d) has been omitted because it is not applicable.

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Fresenius Medical Care Ag&Co                                    | 339 Shares                                                                                                           | 11,855                  |
| *   | Frontier Communications Corp                                    | 342 Shares                                                                                                           | 9,532                   |
| *   | Galp Energia SA Lisboa Adr                                      | 2,845 Shares                                                                                                         | 15,932                  |
| *   | Gartner Inc                                                     | 145 Shares                                                                                                           | 44,063                  |
| *   | GDS Holdings Ltd Sponsored                                      | 89 Shares                                                                                                            | 5,038                   |
| *   | General Electric Co                                             | 147 Shares                                                                                                           | 15,145                  |
| *   | General Mills Inc                                               | 192 Shares                                                                                                           | 11,485                  |
| *   | General Motors Co                                               | 387 Shares                                                                                                           | 20,399                  |
| *   | Genpact Ltd                                                     | 143 Shares                                                                                                           | 6,794                   |
| *   | Gilead Science                                                  | 365 Shares                                                                                                           | 25,495                  |
| *   | Greek Organisation of Football                                  | 1,305 Shares                                                                                                         | 9,918                   |
| *   | Grupo Financiero Banorte Sab                                    | 333 Shares                                                                                                           | 10,694                  |
| *   | Hengan Intl Group Co Ltd Adr                                    | 453 Shares                                                                                                           | 12,140                  |
| *   | Herc Holdings Inc                                               | 108 Shares                                                                                                           | 17,654                  |
| *   | Hillrom Holdings                                                | 61 Shares                                                                                                            | 9,150                   |
| *   | Himax Technologies, Inc.                                        | 635 Shares                                                                                                           | 6,775                   |
| *   | Hitachi 10 Com                                                  | 122 Shares                                                                                                           | 14,472                  |
| *   | Hologic Inc                                                     | 132 Shares                                                                                                           | 9,743                   |
| *   | Home Bancshares Inc                                             | 508 Shares                                                                                                           | 11,953                  |
| *   | Humana Inc                                                      | 43 Shares                                                                                                            | 16,733                  |
| *   | Huntington Bancshares                                           | 1,131 Shares                                                                                                         | 17,485                  |
| *   | Huntington Ingalls Industries                                   | 30 Shares                                                                                                            | 5,792                   |
| *   | IAA Inc                                                         | 116 Shares                                                                                                           | 6,330                   |
| *   | Icon Plc                                                        | 57 Shares                                                                                                            | 14,935                  |
| *   | Illumina Inc                                                    | 82 Shares                                                                                                            | 33,260                  |
| *   | Infosys Limited Adr                                             | 242 Shares                                                                                                           | 5,385                   |
| *   | Ingersoll Rand Inc                                              | 236 Shares                                                                                                           | 11,897                  |
| *   | Intercontinental Exchange Inc                                   | 52 Shares                                                                                                            | 5,971                   |
| *   | Intl Business Machines Corp                                     | 66 Shares                                                                                                            | 9,169                   |
| *   | International Seaways Inc                                       | 301 Shares                                                                                                           | 5,484                   |
| *   | Intuitive Surgical Inc                                          | 33 Shares                                                                                                            | 32,807                  |
| *   | Itau Unibanco Multiple Adr                                      | 3,158 Shares                                                                                                         | 16,643                  |
| *   | JB Hunt Trans Serv                                              | 44 Shares                                                                                                            | 7,358                   |
| *   | JPMorgan Chase & Co                                             | 139 Shares                                                                                                           | 22,753                  |
| *   | Japan Exchange Group Inc                                        | 1,455 Shares                                                                                                         | 18,086                  |
| *   | Jazz Pharmaceuticals Plc                                        | 89 Shares                                                                                                            | 11,589                  |
| *   | Julius Baer Group Ltd Un Adr                                    | 977 Shares                                                                                                           | 12,945                  |
| *   | Just Eat Takeaway n v Adr                                       | 748 Shares                                                                                                           | 10,868                  |
| *   | KBC Group NV Unspons Adr                                        | 319 Shares                                                                                                           | 14,387                  |
| *   | KB Financial Group Inc Sons Adr                                 | 397 Shares                                                                                                           | 18,425                  |
| *   | Kadant Inc                                                      | 68 Shares                                                                                                            | 13,879                  |
| *   | Kasikornbank Pub Co Ltd Unspn                                   | 479 Shares                                                                                                           | 7,563                   |
| *   | Kimberly Clark Corp                                             | 67 Shares                                                                                                            | 8,873                   |
| *   | Kimberly Clark Spon Adr                                         | 1,061 Shares                                                                                                         | 8,711                   |
| *   | Koninklijke Phil El Sp Adr New                                  | 559 Shares                                                                                                           | 24,842                  |

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**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Korn Ferry                                                      | 149 Shares                                                                                                           | 10,782                  |
| *   | LCI Industrial                                                  | 78 Shares                                                                                                            | 10,501                  |
| *   | Lear Corp                                                       | 47 Shares                                                                                                            | 7,355                   |
| *   | Leidos Hldgs Inc                                                | 82 Shares                                                                                                            | 7,840                   |
| *   | Lenovo Group Ltd Spons Adr                                      | 389 Shares                                                                                                           | 10,834                  |
| *   | Liberty Broadband Corp                                          | 65 Shares                                                                                                            | 11,226                  |
| *   | Liberty Media Corp Ser C Sirius XM                              | 327 Shares                                                                                                           | 15,523                  |
| *   | Life Healthcare Grp Holdings Ltd                                | 1,589 Shares                                                                                                         | 9,542                   |
| *   | Littelfuse Inc                                                  | 30 Shares                                                                                                            | 8,198                   |
| *   | London Stock Exchange Group Adr                                 | 603 Shares                                                                                                           | 15,334                  |
| *   | Lonza Group Ag Zuerich Adr                                      | 341 Shares                                                                                                           | 25,514                  |
| *   | Lowes Companies Inc                                             | 50 Shares                                                                                                            | 10,143                  |
| *   | Lumentum Holdings Inc                                           | 72 Shares                                                                                                            | 6,015                   |
| *   | LVMH Moet Hennessy Louis Vuit                                   | 148 Shares                                                                                                           | 21,205                  |
| *   | Madison Square Garden Sport Cl A                                | 28 Shares                                                                                                            | 5,207                   |
| *   | Marathon Petroleum Corp                                         | 249 Shares                                                                                                           | 15,391                  |
| *   | Mastercard Inc Cl A                                             | 233 Shares                                                                                                           | 81,009                  |
| *   | McKesson Corp                                                   | 35 Shares                                                                                                            | 6,978                   |
| *   | Medtronic Plc                                                   | 172 Shares                                                                                                           | 21,560                  |
| *   | Meituan Adr                                                     | 105 Shares                                                                                                           | 6,748                   |
| *   | Mercadolibre Inc                                                | 20 Shares                                                                                                            | 33,588                  |
| *   | Merck & Co Inc                                                  | 405 Shares                                                                                                           | 30,420                  |
| *   | Merck KGAA Spd Adr                                              | 287 Shares                                                                                                           | 12,476                  |
| *   | Metlife Incorporated                                            | 338 Shares                                                                                                           | 20,865                  |
| *   | Micron Tech Inc                                                 | 214 Shares                                                                                                           | 15,190                  |
| *   | Microsoft Corp                                                  | 490 Shares                                                                                                           | 138,415                 |
| *   | Mobile Telesystems PJSC                                         | 1,179 Shares                                                                                                         | 11,366                  |
| *   | Mondi Plc Adr                                                   | 160 Shares                                                                                                           | 7,946                   |
| *   | Monotaro Co Ltd Adr                                             | 390 Shares                                                                                                           | 8,834                   |
| *   | Morgan Stanley                                                  | 328 Shares                                                                                                           | 31,918                  |
| *   | MSCI Inc Com                                                    | 42 Shares                                                                                                            | 25,550                  |
| *   | Murata Manufacturing Co Ltd                                     | 666 Shares                                                                                                           | 14,685                  |
| *   | Nasdaq Inc Com                                                  | 22 Shares                                                                                                            | 4,246                   |
| *   | National Grid Plc Spon Ads                                      | 291 Shares                                                                                                           | 17,352                  |
| *   | Nedbank Group Ltd Spon Adr                                      | 1,089 Shares                                                                                                         | 12,469                  |
| *   | Nestle Spon Adr Rep Shr                                         | 334 Shares                                                                                                           | 40,150                  |
| *   | Netflix Inc                                                     | 75 Shares                                                                                                            | 45,776                  |
| *   | Newell Brands Inc                                               | 281 Shares                                                                                                           | 6,221                   |
| *   | Nexstar Media Group CL A                                        | 47 Shares                                                                                                            | 7,142                   |
| *   | Nihon M&A Center Inc                                            | 645 Shares                                                                                                           | 18,718                  |
| *   | Nike Inc B                                                      | 225 Shares                                                                                                           | 32,677                  |
| *   | Nisource Inc                                                    | 210 Shares                                                                                                           | 5,088                   |
| *   | Nomad Holdings Ltd                                              | 337 Shares                                                                                                           | 9,288                   |
| *   | Nomura Resh Inst Ltd Adr                                        | 230 Shares                                                                                                           | 8,576                   |
| *   | Nordea Bank Abp Spon Adr                                        | 1,133 Shares                                                                                                         | 14,740                  |

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**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | NXP Semiconductors NV                                           | 30 Shares                                                                                                            | 5,876                   |
| *   | ON Semiconductor Corp                                           | 298 Shares                                                                                                           | 13,639                  |
| *   | Otis Worldwide Corp                                             | 124 Shares                                                                                                           | 10,203                  |
| *   | PT Astra International Tbk Adr                                  | 1,223 Shares                                                                                                         | 9,362                   |
| *   | PT Bk Mandiri Persero Tbk Unsp                                  | 1,568 Shares                                                                                                         | 13,359                  |
| *   | PT Telekomunikasi Indonesia                                     | 642 Shares                                                                                                           | 16,307                  |
| *   | Packaging Corp America                                          | 46 Shares                                                                                                            | 6,322                   |
| *   | Paypal Holdings Inc                                             | 203 Shares                                                                                                           | 52,823                  |
| *   | Pepsico Inc                                                     | 160 Shares                                                                                                           | 24,066                  |
| *   | Pernod Ricard Sa Unspons Adr                                    | 484 Shares                                                                                                           | 21,320                  |
| *   | Petrobras Distribuidora Adr                                     | 741 Shares                                                                                                           | 6,339                   |
| *   | Petroleo Brasileiro Sa                                          | 713 Shares                                                                                                           | 7,372                   |
| *   | Pfizer Inc                                                      | 384 Shares                                                                                                           | 16,516                  |
| *   | Philip Morris Intl Inc                                          | 312 Shares                                                                                                           | 29,575                  |
| *   | Ping An Insurance Adr                                           | 856 Shares                                                                                                           | 11,753                  |
| *   | PJSC Gazprom Spon Adr                                           | 1,190 Shares                                                                                                         | 11,829                  |
| *   | PJSC Lukoil Sponsored Adr                                       | 199 Shares                                                                                                           | 18,837                  |
| *   | PPG Industries Inc                                              | 57 Shares                                                                                                            | 8,152                   |
| *   | PPL Corporation                                                 | 364 Shares                                                                                                           | 10,148                  |
| *   | Popular Inc                                                     | 162 Shares                                                                                                           | 12,583                  |
| *   | Post Holdings Inc                                               | 55 Shares                                                                                                            | 6,059                   |
| *   | Prosperity Bancshares                                           | 99 Shares                                                                                                            | 7,042                   |
| *   | Prosus N V Sponsored Adr                                        | 281 Shares                                                                                                           | 4,507                   |
| *   | Public Service Enterprise Gp                                    | 321 Shares                                                                                                           | 19,549                  |
| *   | Pulte Group Inc                                                 | 184 Shares                                                                                                           | 8,449                   |
| *   | Raymond James Financial Inc                                     | 274 Shares                                                                                                           | 25,285                  |
| *   | Raytheon Technologies Corp                                      | 289 Shares                                                                                                           | 24,842                  |
| *   | Realty Income Corp                                              | 151 Shares                                                                                                           | 9,794                   |
| *   | Reckitt Benckiser Plc Spns Adr                                  | 1,220 Shares                                                                                                         | 19,276                  |
| *   | Regions Financial Corp                                          | 484 Shares                                                                                                           | 10,314                  |
| *   | Reinsurance Group of America                                    | 56 Shares                                                                                                            | 6,231                   |
| *   | Reliance Steel & Alum Co                                        | 55 Shares                                                                                                            | 7,833                   |
| *   | Rent-A-Center Inc.                                              | 156 Shares                                                                                                           | 8,769                   |
| *   | Roche Holdings Adr                                              | 359 Shares                                                                                                           | 16,324                  |
| *   | Rogers Comm Inc Cl B                                            | 244 Shares                                                                                                           | 11,380                  |
| *   | Ross Stores Inc                                                 | 150 Shares                                                                                                           | 16,328                  |
| *   | Salesforce.com, Inc                                             | 294 Shares                                                                                                           | 79,739                  |
| *   | Sanlam Ltd Adr                                                  | 694 Shares                                                                                                           | 5,920                   |
| *   | Sanofi Adr                                                      | 485 Shares                                                                                                           | 23,382                  |
| *   | SAP Ag                                                          | 137 Shares                                                                                                           | 18,500                  |
| *   | Sberbank Russia Sponsored Adr                                   | 857 Shares                                                                                                           | 16,069                  |
| *   | Science Applications Intl Corp                                  | 62 Shares                                                                                                            | 5,305                   |
| *   | Sea Limited Adr                                                 | 46 Shares                                                                                                            | 14,662                  |
| *   | Sealed Air Corp                                                 | 112 Shares                                                                                                           | 6,136                   |
| *   | Servicenow Inc                                                  | 93 Shares                                                                                                            | 57,871                  |

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**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
| *   | Shinhan Financial Group Co Ltd                                  | 330 Shares                                                                                                           | 11,111                  |
| *   | Shopify Inc.                                                    | 20 Shares                                                                                                            | 27,116                  |
| *   | Siemens Aktiengesellschaft                                      | 198 Shares                                                                                                           | 16,264                  |
| *   | Sig Combibloc Group Ag Namen A                                  | 357 Shares                                                                                                           | 9,537                   |
| *   | Signature Bank                                                  | 41 Shares                                                                                                            | 11,163                  |
| *   | Sika Ag Adr                                                     | 387 Shares                                                                                                           | 12,229                  |
| *   | Sinopharm Group Co Ltd Adr                                      | 1,042 Shares                                                                                                         | 13,564                  |
| *   | Skechers U S A Inc Cl A                                         | 204 Shares                                                                                                           | 8,592                   |
| *   | Skyline Corp                                                    | 151 Shares                                                                                                           | 9,069                   |
| *   | Smith & Nephew Plc Adr                                          | 353 Shares                                                                                                           | 12,122                  |
| *   | Sony Group Corporation Adr                                      | 197 Shares                                                                                                           | 21,784                  |
| *   | Southern Co                                                     | 355 Shares                                                                                                           | 21,999                  |
| *   | SS&C Technologies Hldgs Inc                                     | 196 Shares                                                                                                           | 13,602                  |
| *   | Standard Bank Group Ltd Spon                                    | 734 Shares                                                                                                           | 7,021                   |
| *   | Stanley Black & Decker Inc                                      | 40 Shares                                                                                                            | 7,012                   |
| *   | Starbucks Corp Washington                                       | 374 Shares                                                                                                           | 41,256                  |
| *   | Sun Communities Inc                                             | 63 Shares                                                                                                            | 11,661                  |
| *   | Synnex Corp                                                     | 82 Shares                                                                                                            | 8,536                   |
| *   | Taiwan Smcndctr Mfg Co Ltd Adr                                  | 536 Shares                                                                                                           | 59,844                  |
| *   | TC Energy Corp                                                  | 256 Shares                                                                                                           | 12,311                  |
| *   | Teledyne Tech Inc                                               | 25 Shares                                                                                                            | 10,740                  |
| *   | Telephone and Data Systems Inc                                  | 424 Shares                                                                                                           | 8,268                   |
| *   | Tempur-Pedic International Inc                                  | 145 Shares                                                                                                           | 6,729                   |
| *   | Terminix Global Holdings Inc                                    | 137 Shares                                                                                                           | 5,709                   |
| *   | Tencent Hldgs Ltd Unspn Adr                                     | 463 Shares                                                                                                           | 27,674                  |
| *   | Tingyi Cayman Islands Hldgs Co                                  | 226 Shares                                                                                                           | 8,397                   |
| *   | Tractor Supply Co                                               | 28 Shares                                                                                                            | 5,673                   |
| *   | Transunion                                                      | 94 Shares                                                                                                            | 10,557                  |
| *   | Travel Plus Leisure Co                                          | 184 Shares                                                                                                           | 10,034                  |
| *   | Truist Financial Corp                                           | 218 Shares                                                                                                           | 12,786                  |
| *   | U S Bancorp                                                     | 246 Shares                                                                                                           | 14,622                  |
| *   | Ubisoft Entertainment Sa Un-sponsored Adr                       | 1,649 Shares                                                                                                         | 19,755                  |
| *   | UCB Sa Unspn Adr                                                | 307 Shares                                                                                                           | 17,342                  |
| *   | UFP Industries Inc                                              | 109 Shares                                                                                                           | 7,410                   |
| *   | Unilever Plc                                                    | 1,268 Shares                                                                                                         | 68,748                  |
| *   | Union Pacific Corp                                              | 49 Shares                                                                                                            | 9,605                   |
| *   | Unitedhealth Group Inc                                          | 148 Shares                                                                                                           | 57,830                  |
| *   | Utah Med Prods                                                  | 46 Shares                                                                                                            | 4,271                   |
| *   | Valvoline Inc                                                   | 284 Shares                                                                                                           | 8,855                   |
| *   | Vertiv Holdings LLC Cl A                                        | 496 Shares                                                                                                           | 11,949                  |
| *   | Verizon Communications                                          | 749 Shares                                                                                                           | 40,454                  |
| *   | VISA Inc Cl A                                                   | 443 Shares                                                                                                           | 98,678                  |
| *   | Vistra Energy Corp                                              | 207 Shares                                                                                                           | 3,540                   |
| *   | Vodacom Group Limited                                           | 602 Shares                                                                                                           | 5,845                   |
| *   | Vodafone Group Plc                                              | 1,236 Shares                                                                                                         | 19,096                  |

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**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY<br>(b) | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE<br>(c) | CURRENT<br>VALUE<br>(e) |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------|
|     | * Vontier Corporation                                           | 354 Shares                                                                                                           | 11,894                  |
|     | * Weichai Pwr Co Ltd Unspn Adr                                  | 801 Shares                                                                                                           | 13,201                  |
|     | * Wells Fargo & Co                                              | 1,065 Shares                                                                                                         | 49,427                  |
|     | * Wex Inc                                                       | 38 Shares                                                                                                            | 6,693                   |
|     | * Williams Co Inc                                               | 904 Shares                                                                                                           | 23,450                  |
|     | * Wix Com Ltd                                                   | 62 Shares                                                                                                            | 12,150                  |
|     | * Wolters Kluwer Nv Spon Adr                                    | 143 Shares                                                                                                           | 15,138                  |
|     | * Worldline Sa Adr                                              | 317 Shares                                                                                                           | 12,157                  |
|     | * Yandex N.V.A.                                                 | 262 Shares                                                                                                           | 20,879                  |
|     | * Yum China Holdings                                            | 224 Shares                                                                                                           | 13,017                  |
|     | * Zimmer Biomet Holdings Inc                                    | 110 Shares                                                                                                           | 16,100                  |
|     | * Zoetis Inc Cl A                                               | 289 Shares                                                                                                           | 56,107                  |
|     | * Zurich Insurance Group Ltd Adr                                | 306 Shares                                                                                                           | 12,564                  |
|     |                                                                 |                                                                                                                      | <u>6,015,915</u>        |
|     | <b>Money Market Funds</b>                                       |                                                                                                                      |                         |
|     | * Morgan Stanley # 042927                                       | 2,252 Shares                                                                                                         | 2,252                   |
|     | * Morgan Stanley # 044224                                       | 73,788 Shares                                                                                                        | 73,788                  |
|     | * Morgan Stanley # 044230                                       | 59,609 Shares                                                                                                        | 59,609                  |
|     | * Morgan Stanley # 044232                                       | 4,254 Shares                                                                                                         | 4,254                   |
|     | * Morgan Stanley # 044233                                       | 16,298 Shares                                                                                                        | 16,298                  |
|     | * Morgan Stanley # 044234                                       | 35,166 Shares                                                                                                        | 35,166                  |
|     | * Morgan Stanley # 044434                                       | 13,934 Shares                                                                                                        | 13,934                  |
|     | * Morgan Stanley # 044435                                       | 25,559 Shares                                                                                                        | 25,559                  |
|     | * Morgan Stanley # 042465                                       | 34,857 Shares                                                                                                        | 34,857                  |
|     |                                                                 |                                                                                                                      | <u>265,717</u>          |
|     | <b>Mutual Funds</b>                                             |                                                                                                                      |                         |
|     | * Allianz Fixed Income Shares: Series C                         | 33,390 Shares                                                                                                        | 362,615                 |
|     | * Allianz Fixed Income Shares: Series M                         | 34,690 Shares                                                                                                        | 368,061                 |
|     | AB Discovery Growth Advisor                                     | 8,071 Shares                                                                                                         | 134,699                 |
|     | Fidelity Contrafund                                             | 16,116 Shares                                                                                                        | 303,463                 |
|     | Hartford Disciplined Equity A                                   | 3,496 Shares                                                                                                         | 161,883                 |
|     | MFS Value Fund                                                  | 1,912 Shares                                                                                                         | 97,970                  |
|     | Neuberger Berman Genesis                                        | 1,466 Shares                                                                                                         | 112,559                 |
|     | Rydex Basic Materials Fund                                      | 84 Shares                                                                                                            | 6,571                   |
|     | Thornburg Intl Value - R4                                       | 1,104 Shares                                                                                                         | 31,541                  |
|     | Vanguard 500 Index Admiral                                      | 763 Shares                                                                                                           | 303,294                 |
|     | Vanguard Lifestrategy Conservative Growth Fund                  | 1,186 Shares                                                                                                         | 27,535                  |
|     | Vanguard Lifestrategy Growth Fund                               | 6,481 Shares                                                                                                         | 282,060                 |
|     | Vanguard Lifestrategy Moderate Growth Fund                      | 97,196 Shares                                                                                                        | 3,243,419               |
|     | Vanguard Total International Stock Index Fund                   | 371 Shares                                                                                                           | 12,611                  |
|     | Virtus Emerging Markets Opportunities Fund - A                  | 1,632 Shares                                                                                                         | 19,433                  |
|     |                                                                 |                                                                                                                      | <u>5,467,715</u>        |

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**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE | CURRENT<br>VALUE |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|
| (b) |                                                          | (c)                                                                                                           | (e)              |
|     | <i>Government Securities</i>                             |                                                                                                               |                  |
| *   | FHLMC 30 Yr Gold G08623 3.5% 1/1/2045                    | 14,000 Par                                                                                                    | 2,527            |
| *   | FHLMC 30 Yr Gold G08624 4.0% 1/1/2045                    | 14,000 Par                                                                                                    | 2,339            |
| *   | FHLMC 30 Yr Gold C09071 4.0% 2/1/2045                    | 19,000 Par                                                                                                    | 2,101            |
| *   | FHLMC 30 Yr Gold G07961 3.5% 3/1/2045                    | 27,000 Par                                                                                                    | 6,948            |
| *   | FHLMC 30 Yr Gold V81760 4.0% 5/1/2045                    | 30,000 Par                                                                                                    | 6,409            |
| *   | FHLMC 30 Yr Gold G08659 3.5% 8/1/2045                    | 29,000 Par                                                                                                    | 5,967            |
| *   | FHLMC 30 Yr Gold G08700 4.5% 3/1/2046                    | 1,000 Par                                                                                                     | 203              |
| *   | FHLMC 30 Yr Gold G08726 3.0% 9/1/2046                    | 6,000 Par                                                                                                     | 1,926            |
| *   | FHLMC 15 Yr Gold G18696 3.5% 7/1/2033                    | 3,000 Par                                                                                                     | 776              |
| *   | FHLMC 30 Yr Gold G08791 3.0% 11/1/2047                   | 2,000 Par                                                                                                     | 620              |
| *   | FHLMC 30 Yr Gold G08799 3.0% 2/1/2048                    | 6,000 Par                                                                                                     | 1,705            |
| *   | FHLMC 30 Yr Gold G08858 4.5% 1/1/2049                    | 4,000 Par                                                                                                     | 638              |
| *   | FHLMC 30 Yr Gold ZT1952 4.0% 5/1/2049                    | 3,000 Par                                                                                                     | 602              |
| *   | FHLMC 15 Yr Gold MA3489 3.5% 9/1/2033                    | 10,000 Par                                                                                                    | 2,238            |
| *   | FHLMC 30 Yr Gold G08843 4.5% 9/1/2048                    | 5,000 Par                                                                                                     | 1,162            |
| *   | FHLMC 30 Yr Gold ZT1818 4.5% 11/1/2048                   | 8,000 Par                                                                                                     | 2,019            |
| *   | FHLMC 30 Yr Gold ZA6946 4.0% 5/1/2049                    | 10,000 Par                                                                                                    | 2,351            |
| *   | FHLMC 30 Yr Gold SD8003 4.0% 7/1/2049                    | 3,000 Par                                                                                                     | 774              |
| *   | FHLMC 30 Yr Gold SD8019 4.5% 10/1/2049                   | 12,000 Par                                                                                                    | 3,958            |
| *   | FHLMC 30 Yr Gold SD8030 3.0% 12/1/2049                   | 23,000 Par                                                                                                    | 8,720            |
| *   | FHLMC 30 Yr Gold SD8057 3.5% 4/1/2050                    | 9,000 Par                                                                                                     | 4,207            |
| *   | FHLMC 30 Yr Gold SD8062 3.0% 5/1/2050                    | 5,000 Par                                                                                                     | 2,653            |
| *   | Fed Natl Mtg Assn 1.875% 9/24/2026                       | 74,000 Par                                                                                                    | 77,169           |
| *   | Fed Natl Mtg Assn 6.25% 5/15/2029                        | 19,000 Par                                                                                                    | 25,970           |
| *   | Fedl Natl Mtg Assn Pool BC2849 3.0% 9/1/2046             | 22,000 Par                                                                                                    | 7,691            |
| *   | Fedl Natl Mtg Assn Pool AZ2881 3.5% 8/1/2030             | 3,000 Par                                                                                                     | 1,046            |
| *   | Fedl Natl Mtg Assn Pool AX7732 3.5% 3/1/2045             | 3,000 Par                                                                                                     | 604              |
| *   | Fedl Natl Mtg Assn Pool AS4168 4.0% 12/1/2044            | 9,000 Par                                                                                                     | 2,177            |
| *   | Fedl Natl Mtg Assn Pool AL5213 4.5% 4/1/2044             | 11,000 Par                                                                                                    | 2,183            |
| *   | Fedl Natl Mtg Assn Pool AS0907 3.5% 11/1/2028            | 12,000 Par                                                                                                    | 1,813            |
| *   | Fedl Natl Mtg Assn Pool 310151 5.5%/ 11/1/2034           | 10,000 Par                                                                                                    | 2,296            |
| *   | Fedl Natl Mtg Assn Pool AV6368 3.5% 1/1/2029             | 2,000 Par                                                                                                     | 189              |
| *   | Fedl Natl Mtg Assn Pool 889579 6.0% 5/1/2038             | 61,000 Par                                                                                                    | 826              |
| *   | Fedl Natl Mtg Assn Pool AB1389 4.5% 8/1/2040             | 27,000 Par                                                                                                    | 1,360            |
| *   | Fedl Natl Mtg Assn Pool AH5583 4.5% 2/1/2041             | 22,000 Par                                                                                                    | 1,639            |
| *   | Fedl Natl Mtg Assn Pool AI4291 4.5% 6/1/2041             | 8,000 Par                                                                                                     | 1,081            |
| *   | Fedl Natl Mtg Assn Pool AS1626 4.5% 2/1/2044             | 10,000 Par                                                                                                    | 1,385            |
| *   | Fedl Natl Mtg Assn Pool BM1066 4.0% 2/1/2047             | 12,000 Par                                                                                                    | 3,281            |
| *   | Fedl Natl Mtg Assn Pool MA2920 3.0% 3/1/2047             | 17,000 Par                                                                                                    | 7,242            |
| *   | Fedl Natl Mtg Assn Pool MA3026 3.5% 5/1/2047             | 21,000 Par                                                                                                    | 4,865            |
| *   | Fedl Natl Mtg Assn Pool AS9829 3.5% 6/1/2047             | 8,000 Par                                                                                                     | 1,860            |
| *   | Fedl Natl Mtg Assn Pool MA3392 3.5% 6/1/2033             | 3,000 Par                                                                                                     | 764              |
| *   | Fedl Natl Mtg Assn Pool MA2938 4.5% 3/1/2047             | 3,000 Par                                                                                                     | 675              |

Column (d) has been omitted because it is not applicable.

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a) | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE | CURRENT<br>VALUE |
|-----|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|
| (b) |                                                          | (c)                                                                                                           | (e)              |
| *   | Fedl Natl Mtg Assn Pool MA3239 4.0% 1/1/2048             | 2,000 Par                                                                                                     | 596              |
| *   | Fedl Natl Mtg Assn Pool MA3277 4.0% 2/1/2048             | 3,000 Par                                                                                                     | 849              |
| *   | Fedl Natl Mtg Assn Pool MA3385 4.5% 4/1/2048             | 3,000 Par                                                                                                     | 717              |
| *   | Fedl Natl Mtg Assn Pool MA3442 3.5% 7/1/2048             | 7,000 Par                                                                                                     | 1,463            |
| *   | Fedl Natl Mtg Assn Pool MA3443 4.0% 7/1/2048             | 9,000 Par                                                                                                     | 1,614            |
| *   | Fedl Natl Mtg Assn Pool MA3632 3.5% 3/1/2034             | 2,000 Par                                                                                                     | 452              |
| *   | Fedl Natl Mtg Assn Pool MA3306 4.0% 3/1/2048             | 3,000 Par                                                                                                     | 798              |
| *   | Fedl Natl Mtg Assn Pool BK8810 4.0% 8/1/2048             | 3,000 Par                                                                                                     | 554              |
| *   | Fedl Natl Mtg Assn Pool MA3494 3.5% 10/1/2048            | 3,000 Par                                                                                                     | 564              |
| *   | Fedl Natl Mtg Assn Pool MA3496 4.5% 10/1/2048            | 4,000 Par                                                                                                     | 929              |
| *   | Fedl Natl Mtg Assn Pool MA3563 4.0% 1/1/2049             | 10,000 Par                                                                                                    | 1,609            |
| *   | Fedl Natl Mtg Assn Pool MA3592 4.0% 1/1/2049             | 13,000 Par                                                                                                    | 1,848            |
| *   | Fedl Natl Mtg Assn Pool MA3637 3.5% 1/1/2049             | 9,000 Par                                                                                                     | 1,674            |
| *   | Fedl Natl Mtg Assn Pool MA3614 3.5% 2/1/2049             | 5,000 Par                                                                                                     | 873              |
| *   | Fedl Natl Mtg Assn Pool MA3686 3.5% 5/1/2049             | 14,000 Par                                                                                                    | 2,974            |
| *   | Fedl Natl Mtg Assn Pool MA3692 3.5% 7/1/2049             | 6,000 Par                                                                                                     | 1,304            |
| *   | Fedl Natl Mtg Assn Pool MA3744 3.0% 8/1/2049             | 2,000 Par                                                                                                     | 504              |
| *   | Fedl Natl Mtg Assn Pool FM3340 3.5% 5/1/2035             | 3,000 Par                                                                                                     | 1,378            |
| *   | Fedl Natl Mtg Assn Pool CA2055 4.5% 7/1/2048             | 9,000 Par                                                                                                     | 1,951            |
| *   | Fedl Natl Mtg Assn Pool MA3466 4.0% 8/1/2048             | 11,000 Par                                                                                                    | 2,274            |
| *   | Fedl Natl Mtg Assn Pool MA3521 4.0% 11/1/2048            | 18,000 Par                                                                                                    | 3,311            |
| *   | Fedl Natl Mtg Assn Pool FM1598 4.0% 2/1/2049             | 11,000 Par                                                                                                    | 2,323            |
| *   | Fedl Natl Mtg Assn Pool MA3694 4.5% 7/1/2049             | 5,000 Par                                                                                                     | 1,547            |
| *   | Fedl Natl Mtg Assn Pool MA3745 3.5% 8/1/2049             | 5,000 Par                                                                                                     | 1,214            |
| *   | Fedl Natl Mtg Assn Pool MA3746 4.0% 8/1/2049             | 36,000 Par                                                                                                    | 10,333           |
| *   | Fedl Natl Mtg Assn Pool MA3775 3.5% 10/1/2049            | 45,000 Par                                                                                                    | 12,164           |
| *   | Fedl Natl Mtg Assn Pool MA3803 3.5% 10/1/2049            | 18,000 Par                                                                                                    | 5,372            |
| *   | Fedl Natl Mtg Assn Pool MA3804 4.0% 10/1/2049            | 7,000 Par                                                                                                     | 2,482            |
| *   | Fedl Natl Mtg Assn Pool BO7222 4.0% 1/1/2050             | 5,000 Par                                                                                                     | 2,352            |
| *   | Fedl Natl Mtg Assn Pool MA3906 3.5% 1/1/2050             | 10,000 Par                                                                                                    | 3,549            |
| *   | Fedl Natl Mtg Assn Pool MA3960 3.0% 2/1/2050             | 4,000 Par                                                                                                     | 1,586            |
| *   | Fedl Natl Mtg Assn Pool BP9638 3.0% 6/1/2050             | 3,000 Par                                                                                                     | 1,888            |
| *   | Fedl Natl Mtg Assn Pool CA2375 4.0% 9/1/2048             | 1,000 Par                                                                                                     | 185              |
| *   | Fedl Natl Mtg Assn Pool FM3664 4.0% 3/1/2049             | 121,000 Par                                                                                                   | 43,971           |
| *   | Fedl Natl Mtg Assn Pool BO0988 3.5% 7/1/2049             | 1,000 Par                                                                                                     | 297              |
| *   | Fedl Natl Mtg Assn Pool CA3866 3.5% 7/1/2049             | 37,000 Par                                                                                                    | 11,004           |
| *   | Fedl Natl Mtg Assn Pool CA3872 3.5% 7/1/2049             | 9,000 Par                                                                                                     | 2,423            |
| *   | Fedl Natl Mtg Assn Pool MA3871 3.0% 11/1/2049            | 33,000 Par                                                                                                    | 12,243           |
| *   | Fedl Natl Mtg Assn Pool FM6039 3.5% 6/1/2050             | 17,000 Par                                                                                                    | 11,901           |
| *   | US Treasury Note 2.25% 11/15/24                          | 115,000 Par                                                                                                   | 122,003          |
| *   | US Treasury Note 2.25% 8/15/27                           | 231,000 Par                                                                                                   | 246,025          |
| *   | US Treasury Note 3.125% 8/15/44                          | 32,000 Par                                                                                                    | 38,345           |
| *   | US Treasury Note 2.875% 11/15/46                         | 41,000 Par                                                                                                    | 47,813           |
|     |                                                          |                                                                                                               | <u>816,213</u>   |

Column (d) has been omitted because it is not applicable.

**MARKER, INC. RETIREMENT PLAN**  
**SCHEDULE H, Part IV, Line 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**EMPLOYER IDENTIFICATION NUMBER 34-4476858 / PLAN #003**  
**SEPTEMBER 30, 2021**

| (a)                 | IDENTITY OF ISSUE, BORROWER,<br>LESSOR, OR SIMILAR PARTY | DESCRIPTION OF INVESTMENT<br>INCLUDING MATURITY DATE<br>RATE OF INTEREST, COLLATERAL<br>PAR OR MATURITY VALUE | CURRENT<br>VALUE |
|---------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------|
| (b)                 | (c)                                                      | (e)                                                                                                           |                  |
|                     | <i>Hedge Funds</i>                                       |                                                                                                               |                  |
| *                   | Skybridge Mul-Ad Ser G Adv                               | 305 Shares                                                                                                    | 386,548          |
|                     | <i>Total Investments</i>                                 |                                                                                                               | 12,952,108       |
|                     | <i>Participant Loans</i>                                 |                                                                                                               |                  |
|                     |                                                          | 4.25-6.50%, maturing 2021-2026                                                                                | 16,975           |
|                     |                                                          |                                                                                                               | \$ 12,969,083    |
| * Party-in-interest |                                                          |                                                                                                               |                  |

Column (d) has been omitted because it is not applicable.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                            |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                     |                                                                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2020 or fiscal plan year beginning                  |                                                                | 10/01/2020                                                                                                                                                                      | and ending                                |
|                                                                            |                                                                | 09/30/2021                                                                                                                                                                      |                                           |
| <b>A</b> This return/report is for:                                        | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                            | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) ____                                                                                                                                   |                                           |
| <b>B</b> This return/report is:                                            | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                            | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . | <input type="checkbox"/>                                       |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                        | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                         |                                                |       |                                          |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------|-------|------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                   |                                                |       |                                          |
| <b>1a</b> Name of plan                                                                                  | Marker, Inc. Retirement Plan                   |       | <b>1b</b> Three-digit plan number (PN) ▶ |
|                                                                                                         |                                                |       | 003                                      |
|                                                                                                         |                                                |       | <b>1c</b> Effective date of plan         |
|                                                                                                         |                                                |       | 04/01/1989                               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)                                 | <b>2b</b> Employer Identification Number (EIN) |       |                                          |
| Mailing address (include room, apt., suite no. and street, or P.O. Box)                                 | 34-4476858                                     |       |                                          |
| City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <b>2c</b> Plan Sponsor's telephone number      |       |                                          |
| Marker, Inc.                                                                                            | (937) 599-2160                                 |       |                                          |
| 2084 U.S. Route 68 South                                                                                | <b>2d</b> Business code (see instructions)     |       |                                          |
| Bellefontaine                                                                                           | OH                                             | 43311 | 236200                                   |

**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.

|                  |                                           |             |                                                              |
|------------------|-------------------------------------------|-------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                           |             | Alison Marker                                                |
|                  | <b>Signature of plan administrator</b>    | <b>Date</b> | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                           |             | Alison Marker                                                |
|                  | <b>Signature of employer/plan sponsor</b> | <b>Date</b> | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                           |             |                                                              |
|                  | <b>Signature of DFE</b>                   | <b>Date</b> | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 160                                                                    |
| <b>6</b> 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).                                                                                                                               |                                                                                 |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                 | <b>6a(1)</b> 122                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      | <b>6a(2)</b> 127                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                     | <b>6b</b> 8                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                     | <b>6c</b> 37                                                                    |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....                                                                                                                                                                                                                                    | <b>6d</b> 172                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             | <b>6e</b> 1                                                                     |
| <b>f</b> Total. Add lines 6d and 6e.....                                                                                                                                                                                                                                               | <b>6f</b> 173                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                        | <b>6g</b> 162                                                                   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                             | <b>6h</b> 2                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   | <b>7</b>                                                                        |

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

2A 2E 2H 2J 2K 3D

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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) ☐ **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 \_\_\_\_\_

**MARKER, INC. RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**SEPTEMBER 30, 2021 and 2020**

---

|                                          | <u>2021</u>                 | <u>2020</u>                 |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS:</b>                           |                             |                             |
| Investments:                             |                             |                             |
| Non-participant directed:                |                             |                             |
| Investments at fair value (Note D)       | \$ 8,215,069                | \$ 6,832,880                |
| Participant-directed:                    |                             |                             |
| Investments at fair value (Note D)       | <u>4,737,039</u>            | <u>3,624,675</u>            |
| Total Investments                        | <u>12,952,108</u>           | <u>10,457,555</u>           |
| Receivables:                             |                             |                             |
| Employer contributions                   | 210,532                     | 130,320                     |
| Employee contributions                   | 0                           | 81                          |
| Notes receivable from participants       | 16,975                      | 32,474                      |
| Accrued interest and dividends           | <u>37</u>                   | <u>0</u>                    |
| Total Receivables                        | <u>227,544</u>              | <u>162,875</u>              |
| Cash                                     | <u>6,765</u>                | <u>2,489</u>                |
| Total Assets                             | <u>13,186,417</u>           | <u>10,622,919</u>           |
| <b>LIABILITIES:</b>                      |                             |                             |
| Accrued expenses                         | <u>4,634</u>                | <u>2,479</u>                |
| Total Liabilities                        | <u>4,634</u>                | <u>2,479</u>                |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 13,181,783</u></u> | <u><u>\$ 10,620,440</u></u> |

**MARKER, INC. RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED SEPTEMBER 30, 2021**

---

|                                                                       | <u>2021</u>                     |
|-----------------------------------------------------------------------|---------------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                         |                                 |
| Contributions:                                                        |                                 |
| Employer contributions                                                | \$ 802,960                      |
| Employee contributions                                                | 520,491                         |
| Employee rollovers                                                    | <u>17,110</u>                   |
|                                                                       | <u>1,340,561</u>                |
| Investment income:                                                    |                                 |
| Participant loan interest                                             | 1,254                           |
| Interest and dividends                                                | 300,638                         |
| Net realized and unrealized appreciation in fair value of investments | <u>1,821,173</u>                |
|                                                                       | <u>2,123,065</u>                |
| <br>Total Additions                                                   | <br><u>3,463,626</u>            |
| <br><b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>                  |                                 |
| Benefits paid to participants                                         | 762,129                         |
| Deemed distribution of participant loans                              | 288                             |
| Administrative expenses                                               | <u>139,866</u>                  |
| <br>Total Deductions                                                  | <br><u>902,283</u>              |
| <br><b>NET INCREASE</b>                                               | <br><u>2,561,343</u>            |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year</b>      | <br><u>10,620,440</u>           |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS - End of Year</b>            | <br><u><u>\$ 13,181,783</u></u> |