

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>MARITZ HOLDINGS INC. RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARITZ HOLDINGS INC.</u> <u>RICHARD RAMOS</u> <u>TAX DEPARTMENT</u> <u>1375 NORTH HIGHWAY DRIVE</u> <u>FENTON, MO 63099</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>43-0393480</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>636-827-1493</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>551112</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1966</u>		2b Employer Identification Number (EIN) <u>43-0393480</u>		2c Plan Sponsor's telephone number <u>636-827-1493</u>		2d Business code (see instructions) <u>551112</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>03/01/1966</u>											
2b Employer Identification Number (EIN) <u>43-0393480</u>											
2c Plan Sponsor's telephone number <u>636-827-1493</u>											
2d Business code (see instructions) <u>551112</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	RICHARD RAMOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	STEVE GALLANT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor MARITZ HOLDINGS INC RICHARD RAMOS 1375 NORTH HIGHWAY DRIVE FENTON, MO 63099		3b Administrator's EIN 43-0393480
		3c Administrator's telephone number 636-827-1493
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 2548
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 556
a(2) Total number of active participants at the end of the plan year		6a(2) 476
b Retired or separated participants receiving benefits.....		6b 455
c Other retired or separated participants entitled to future benefits		6c 824
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1755
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 111
f Total. Add lines 6d and 6e		6f 1866
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MARITZ HOLDINGS INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARITZ HOLDINGS INC.</u>	D Employer Identification Number (EIN) <u>43-0393480</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>106845265</u>
b Actuarial value	2b <u>100344284</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>1066</u> (2) Vested Funding Target <u>67216987</u> (3) Total Funding Target <u>67216987</u>
b For terminated vested participants.....	<u>926</u> <u>20550374</u> <u>20550374</u>
c For active participants	<u>556</u> <u>16979601</u> <u>16979601</u>
d Total.....	<u>2548</u> <u>104746962</u> <u>104746962</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.37</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>880000</u>
c Total (line 6a + line 6b)	6c <u>880000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/06/2022</u> Date
Signature of actuary		<u>20-07392</u> Most recent enrollment number
<u>JASON R. BENBOW</u> Type or print name of actuary		<u>314-719-5900</u> Telephone number (including area code)
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		
<u>7733 FORSYTH BOULEVARD</u> <u>SUITE 1350</u> <u>ST. LOUIS, MO 63105</u> Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3924762
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2236902
9 Amount remaining (line 7 minus line 8)	0	1687860
10 Interest on line 9 using prior year's actual return of <u>11.25</u> %	0	189884
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4758161
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> %		138417
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		251651
c Total available at beginning of current plan year to add to prefunding balance		5148229
d Portion of (c) to be added to prefunding balance		4194274
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6072018

Part III Funding Percentages

14 Funding target attainment percentage	14	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.65 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	880000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	10474696	1026591	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1906591	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2170539	2170539
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

SEQUOIA FINANCIAL GROUP, LLC

3500 EMBASSY PKWY
SUITE 100
AKRON, OH 44333

34-1913858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	88119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEALTHSTONE FAMILY OFFICE LLC

31-1059983

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	87008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON DELEWARE INC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65	NONE	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARAMETRIC PORTFOLIO ASSOCIATE

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	69193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUN LIFE INVESTMENT MANAGEMENT

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	51245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	46846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION, LLC

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65	NONE	12312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIRT INSURANCE RESEARCH

200 DAY HILL ROAD
#220
WINDSOR, CT 06095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2021</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THE BANK OF NEW YORK MELLON</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2937973</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON CASH RESERVE</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10445</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5125000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3425129	1714383
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	1646516	2801373
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	29605083	18272935
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7081367	5172978
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2004377	2948418
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44596130	41748667
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	14201393	21678638

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	107684995 94337392
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	116689 569523
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	116689 569523
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	107568306 93767869

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	660
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	660
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	2846
	(C) Corporate debt instruments	2b(1)(C)	727457
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	7300
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	737603
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	84478
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	925646
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1010124
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22274077
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22471626
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-197549
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3099165
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3099165

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		285
(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)		4854740
c Other income.....	2c		11000
d Total income. Add all income amounts in column (b) and enter total.....	2d		9516028
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11644399	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	10656000	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		22300399
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	46846	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	969220	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1016066
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		23316465
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-13800437
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ARMANINO, LLP

(2) EIN: 94-6214841

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 442742.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855 25-1871448		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	143

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 7.0 % Investment-Grade Debt: 27.0 % High-Yield Debt: 5.0 % Real Estate: _____ % Other: 61.0 %

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Maritz Holdings Inc. Retirement Plan

Financial Statements

December 31, 2021



MARITZ HOLDINGS INC. RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Maritz Holdings Inc. Retirement Plan
Fenton, MO

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Maritz Holdings Inc. Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2020, and the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Maritz Holdings Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021 and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the 2021 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Maritz Holdings Inc. Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Maritz Holdings Inc. Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit 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 Maritz Holdings Inc. Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Maritz Holdings Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter - 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 and reportable transactions for the year the ended (collectively, "supplemental schedules") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Maritz Holdings Inc. Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Armanino^{LLP}
St. Louis, Missouri

October 13, 2022

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Investments, at fair value (Note 3)	\$ 92,623,009	\$ 99,134,866
Total investments	<u>92,623,009</u>	<u>99,134,866</u>
Receivables:		
Employer contribution receivable	-	5,125,000
Interest and dividends	159,526	239,098
Pending trade receivables	<u>964,119</u>	<u>2,568,606</u>
Total receivables	<u>1,123,645</u>	<u>7,932,704</u>
Prepaid benefit payments	<u>590,738</u>	<u>617,425</u>
Total assets	<u>94,337,392</u>	<u>107,684,995</u>
Liabilities:		
Payable for securities purchased	<u>569,523</u>	<u>116,689</u>
Total liabilities	<u>569,523</u>	<u>116,689</u>
Net assets available for benefits	<u>\$ 93,767,869</u>	<u>\$ 107,568,306</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Employer cash contributions	\$ 660	\$ 5,125,000
Net appreciation of fair value of investments	7,767,356	8,936,754
Interest and dividends	<u>1,748,012</u>	<u>1,791,504</u>
Total additions	9,516,028	15,853,258
Deductions:		
Benefit payments to retired and terminated participants	11,644,399	16,854,554
Payments to insurance carriers for annuities sold	10,656,000	-
Administrative expenses	<u>1,016,066</u>	<u>1,179,612</u>
Total deductions	<u>23,316,465</u>	<u>18,034,166</u>
Change in net assets available for benefits	(13,800,437)	(2,180,908)
Net assets available for benefits:		
Beginning of year	<u>107,568,306</u>	<u>109,749,214</u>
End of year	<u>\$ 93,767,869</u>	<u>\$ 107,568,306</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statement of Accumulated Plan Benefits

December 31, 2020

	<u>2020</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retired participants receiving benefits	\$ 80,202,457
Other participants	<u>45,412,136</u>
Total vested benefits	125,614,593
Nonvested benefits:	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 125,614,593</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2020

	<u>2020</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 135,436,252
Increase (decrease) during year attributable to:	
Actuarial losses	396,919
Increase for interest resulting from decrease in discount period	3,946,851
Benefits paid	(16,854,554)
Changes in actuarial assumptions	<u>2,689,125</u>
Net decrease	<u>(9,821,659)</u>
Actuarial present value of accumulated plan benefits – end of year	<u>\$ 125,614,593</u>

See accompanying notes to financial statements.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) The Plan

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

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

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

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

Effective December 7, 2021, participation ceased for certain participants whose benefit and assets to fund such liability have been transferred to an insurance company pursuant to the provisions of a group annuity contract.

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

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

The Company's funding policy is to make annual contributions to the Plan in amounts, based on actuarial calculations, designed to fund current service costs annually and to fund prior service costs over a 25-year period. The minimum funding requirements of the Employee Retirement Income Security Act of 1974 were met in both 2021 and 2020.

(a) Death Benefits

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

(b) Distributions

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

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(1) The Plan (Continued)

(c) Actuarial Assumptions

The actuarial present value of accumulated benefits is presented based on actuarial calculations as of the beginning of the respective Plan years. The more significant assumptions underlying the actuarial valuations as of January 1, 2021 and 2020 are as follows:

	2021	2020
Average rate of return on investments	5.37% compounded annually	5.49% compounded annually
Discount rate for benefit obligations	2.83% per year	3.11% per year
Life expectancy of participants	Pri-2012 with MP-2019 scale adjustments	Pri-2012 with MP-2014 scale adjustments
Average retirement age	62 years of age	62 years of age
Normal entry age	Age on birthday nearest valuation date following employment	Age on birthday nearest valuation date following employment

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Valuation of Investments and Income Recognition

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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodian. See note 3 for a discussion of fair value measurements.

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

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(2) Summary of Significant Accounting Policies (Continued)

(c) Expenses

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

(d) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes thereon. Actual results could differ from those estimates.

(e) Pending trade receivables

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

(f) Subsequent Events

The Plan has evaluated subsequent events through August 23, 2022. Employer contributions receivable were \$5,125,000 for 2020 and none are anticipated for 2021.

(3) Fair Value Measurements

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

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

Notes to Financial Statements

December 31, 2021 and 2020

(3) Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

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

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

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

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2021 and 2020

(3) Fair Value Measurements (Continued)

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

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Government Agency Obligations	\$ 2,644,491	\$ 156,882	\$ -	\$ 2,801,373
Corporate Debt Instruments	-	18,272,935	-	18,272,935
Corporate Stock	5,172,978	-	-	5,172,978
Collective Trust Funds (a)	-	-	-	2,948,418
Exchange-Traded Fund	21,521,346	-	-	21,521,346
Private Equity Limited Partnership (a)	-	-	-	1,409,292
Mutual Funds	20,227,321	-	-	20,227,321
Hedge Funds (a)	-	-	-	20,269,346
Total investments, at fair value	<u>\$ 49,566,136</u>	<u>\$ 18,429,817</u>	<u>\$ -</u>	<u>\$ 92,623,009</u>

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

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

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(3) Fair Value Measurements (Continued)

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

Investment	Fair Value at 12/31/21	Fair Value at 12/31/20	Unfunded commitment	Redemption frequency	Redemption notice period
Collective Trust Funds	\$ 2,948,418	\$ 2,004,377	\$ -	Daily	7 days
Private Equity Limited Partnership					
SkyBridge Chime (g)	1,409,292	-	-	N/A	N/A
Hedge Funds:					
Goldentree Offshore Fund (a)	98,600	483,392	-	Quarterly	90 days
CF Pointer Offshore LTD (b)	2,007,106	3,698,944	-	Semi-annually	105 days
Serengeti Lycaon (c)	914,256	838,434	-	Quarterly	90 days
Riva Ridge Overseas Class F (f)	1,150,660	-	-	Quarterly	90 days
Riva Ridge Overseas Class F (f)	3,365,910	-	-	Quarterly	90 days
Riva Ridge Overseas Fund Ltd (f)	1,279,080	-	-	Quarterly	90 days
Goldentree Select Offshore LTD (a)	6,150,484	4,532,273	-	Annually	90 days
Serengeti Caracal Fund LTD (e)	886,738	697,668	-	Quarterly	45 days
Canyon Value Realization (d)	4,416,512	3,950,682	-	Quarterly	60 days
	<u>\$ 24,627,056</u>	<u>\$ 16,205,770</u>	<u>\$ -</u>		

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

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

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

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

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

(f) The investment strategy is to invest primarily in a number of related markets, including (but not limited to) distressed, high yield, special situations, leveraged loans, emerging markets, busted convertibles and troubled equities.

(g) The investment strategy is solely to purchase ownership interest in Chime Financial, Inc.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements
December 31, 2021 and 2020

(4) Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(5) Priorities upon Plan Termination

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

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age and early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of Plan benefits, and the amount of benefit protection is subject to certain limitations. The statutory ceiling on the amount of an individual's monthly pension benefit that the PBGC guarantees for normal retirement age of 65 was \$6,034 and \$5,813 for plan terminations occurring during 2021 and 2020, respectively. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits, (as described in the Plan's document), the assets available from the Company, and the level of benefits guaranteed by the PBGC at that time.

MARITZ HOLDINGS INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2021 and 2020

(6) Information Certified by Trustee

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

	December 31	
	2021	2020
Assets:		
Investments, at fair value (including the detail components reflected on the statements of net assets available for benefits)	\$ 92,623,009	\$ 99,134,866
Interest and dividends receivable	159,526	239,098
Pending trade receivables	964,119	2,568,606
Liabilities:		
Payable for securities purchased	569,523	116,689

	December 31	
	2021	2020
Investment income:		
Net appreciation of fair value of investments	\$ 7,767,356	\$ 8,936,754
Interest and dividends	1,748,012	1,791,504

Supplemental Schedules

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	3	1	0	0	0	0	0	0	0	4
35-39	0	15	8	0	0	0	0	0	0	0	23
40-44	0	11	30	22	0	0	0	0	0	0	63
45-49	0	8	22	25	16	1	0	0	0	0	72
50-54	0	7	32	28	30	19	2	0	0	0	118
55-59	0	8	34	22	35	45	11	1	0	0	156
60-64	0	4	24	11	18	20	9	7	1	0	94
65-69	0	3	6	2	4	2	2	2	0	0	21
70 & over	0	2	1	1	1	0	0	0	0	0	5
Total	0	61	158	111	104	87	24	10	1	0	556

Plan Name: Maritz Holdings, Inc. Retirement Plan
 EIN / PN: 43-0393480/001
 Plan Sponsor: Maritz Holdings, Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	2.22%
■ Second segment rate	5.36%	3.38%
■ Third segment rate	6.11%	3.92%
■ Effective interest rate	5.37%	3.33%

Annual rates of increase:

- Compensation N/A
- Interest crediting rate 4.00%

Demographic and Other Assumptions

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

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy**
Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).
- **Disabled**
Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

Termination

Rates varying by age and service.

Representative Termination Rates

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

Disability

None.

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Plan Sponsor: Maritz Holdings, Inc.
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SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 62.

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

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

Benefit commencement date:

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

Form of payment

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
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SCHEDULE SB ATTACHMENTS

Percent married	100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Plan-related expenses	\$880,000. Plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable.

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

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

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

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

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

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and service because of expected differences in termination rates by service.

Plan Name: Maritz Holdings, Inc. Retirement Plan
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SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.
- The assumed plan related expenses added to the normal cost were changed from \$1,125,000 in 2020 to \$880,000 in 2021.

Plan Name: Maritz Holdings, Inc. Retirement Plan
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Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

MARITZ HOLDINGS INC. RETIREMENT PLAN**EIN#43-0393480 PLAN 001**Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2021

(a) Identity of the party involved	(b) Description of asset	Number of Transactions	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value	(i) Net gain or loss
EB Temp Inv Fd	COLTV Short Term	307	\$ 44,191,620	-	-	-	\$ 44,191,620	\$ 44,191,620	-
	Investment Fund	173	-	\$ 43,258,024	-	-	43,258,024	43,258,024	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MARITZ HOLDINGS INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARITZ HOLDINGS INC.	D Employer Identification Number (EIN) 43-0393480	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	106,845,265
	b Actuarial value	2b	100,344,284
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	1,066	67,216,987
	b For terminated vested participants.....	926	20,550,374
	c For active participants	556	16,979,601
	d Total.....	2,548	104,746,962
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.37%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	880,000
	c Total (line 6a + line 6b)	6c	880,000

Statement by Enrolled Actuary

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

SIGN HERE	JASON R. BENBOW <i>JRB</i> Signature of actuary JASON R. BENBOW Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 7733 FORSYTH BOULEVARD SUITE 1350 ST. LOUIS MO 63105 Address of the firm	10-6-2022 Date 2007392 Most recent enrollment number 314-719-5900 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II	Beginning of Year Carryover and Prefunding Balances
----------------	--

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,924,762
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,236,902
9	Amount remaining (line 7 minus line 8)	0	1,687,860
10	Interest on line 9 using prior year's actual return of <u>11.25%</u>	0	189,884
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,758,161
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49%</u>		138,417
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		251,651
	c Total available at beginning of current plan year to add to prefunding balance		5,148,229
	d Portion of (c) to be added to prefunding balance		4,194,274
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6,072,018

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	90.00%
15	Adjusted funding target attainment percentage	15	90.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

Equity Shareholders at end of quarter of the plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI	Miscellaneous Items		
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28 Unpaid minimum required contributions for all prior years.....			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0
Part VIII	Minimum Required Contribution For Current Year		
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 880,000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	10,474,696		1,026,591
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1,906,591
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,170,539	2,170,539
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

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

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

Participation date Date of becoming a covered employee

Definitions

Vesting service Years and months of service from date of participation.

Pension service Years and months of service from date of participation and no service accruing after December 31, 2009.

Average earnings The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date

Covered compensation The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains Social Security Retirement Age (as defined in Section 415(b)(8) of the Internal Revenue Code).

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service.

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Monthly Pension Benefit

Monthly pension benefit under prior plan As of any date, one-twelfth of the sum of:

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

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

Minimum pension benefit under prior plan

The greater of:

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

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

Opening balance credit

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Cash balance benefit

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

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

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

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

Monthly preretirement death benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

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

Postponed retirement

Retirement after NRD

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
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Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse
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Benefits Paid Upon the Following Events

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

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the 417(e) applicable mortality table and an 8.00% interest rate.
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Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Pension Increases None

Plan participants' contributions None

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

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021

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

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2021

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
*	BNY Temporary Investment Fund	Collective Trust Fund	\$ 2,937,973	\$ 2,937,973
*	BNY Mellon Cash Reserve	Collective Trust Fund	10,445	10,445
	California St	Government Agency Obligations	137,551	156,882
	U S Treasury Bd Cpn Strip	Government Agency Obligations	275,640	393,080
	U S Treasury Bd Cpn Strip	Government Agency Obligations	166,335	239,093
	U S Treasury Bd Cpn Strip	Government Agency Obligations	245,564	379,694
	U S Treasury Bd Cpn Strip	Government Agency Obligations	181,231	209,056
	U S Treasury Note	Government Agency Obligations	30,478	30,412
	U S Treasury Note	Government Agency Obligations	205,160	205,571
	U S Treasury Note	Government Agency Obligations	54,880	54,372
	U S Treasury Note	Government Agency Obligations	145,045	145,000
	U S Treasury Note	Government Agency Obligations	450,650	450,599
	U S Treasury Note	Government Agency Obligations	499,961	500,175
	U S Treasury Note	Government Agency Obligations	36,450	37,439
	AFLAC Inc	Corporate Debt Instruments - Preferred	82,818	77,236
	Allstate Corp/The	Corporate Debt Instruments - Preferred	98,230	114,408
	Amazon.com Inc	Corporate Debt Instruments - Preferred	193,160	181,649
	Ameren Illinois Co	Corporate Debt Instruments - Preferred	168,382	199,300
	Anthem Inc	Corporate Debt Instruments - Preferred	184,628	203,093
	Apple Inc	Corporate Debt Instruments - Preferred	191,440	221,384
	Berkshire Hathaway Energy Co	Corporate Debt Instruments - Preferred	297,766	296,481
	Boston Gas Co 144A	Corporate Debt Instruments - Preferred	179,062	178,540
	Burlington Northern Santa Fe L	Corporate Debt Instruments - Preferred	165,054	181,318
	Cameron Lng LLC 144A	Corporate Debt Instruments - Preferred	65,150	67,749
	Capital One Financial Corp	Corporate Debt Instruments - Preferred	334,467	342,059
	Chubb INA Holdings Inc	Corporate Debt Instruments - Preferred	41,065	43,419
	CISCO Systems Inc/Delaware	Corporate Debt Instruments - Preferred	111,980	111,668
	Citigroup Inc	Corporate Debt Instruments - Preferred	111,709	111,776
	Comcast Corp	Corporate Debt Instruments - Preferred	261,666	304,689
	Comcast Corp	Corporate Debt Instruments - Preferred	96,675	108,808
	Commonwealth Edison Co	Corporate Debt Instruments - Preferred	70,733	73,426
	Commonwealth Edison Co	Corporate Debt Instruments - Preferred	77,371	72,732
	Conocophillips Holding Co	Corporate Debt Instruments - Preferred	134,207	138,255
	Consolidated Edison Co Of New	Corporate Debt Instruments - Preferred	112,848	113,082
	DTE Electric Co	Corporate Debt Instruments - Preferred	232,201	212,400
	Electricite De France Sa 144A	Corporate Debt Instruments - Preferred	112,579	132,168
	Equinor Asa	Corporate Debt Instruments - Preferred	170,336	166,082
	Equinor Asa	Corporate Debt Instruments - Preferred	154,493	174,893
	Florida Power & Light Co	Corporate Debt Instruments - Preferred	180,023	194,828
	General Dynamics Corp	Corporate Debt Instruments - Preferred	94,784	91,816
	General Motors Financial Co	Corporate Debt Instruments - Preferred	109,955	109,215
	Gilead Sciences Inc	Corporate Debt Instruments - Preferred	146,827	167,031
	Goldman Sachs Group Inc/The	Corporate Debt Instruments - Preferred	194,093	191,972
	HSBC Holdings PLC	Corporate Debt Instruments - Preferred	183,724	181,124
	Intercontinental Exchange Inc	Corporate Debt Instruments - Preferred	105,222	101,977
	Johnson & Johnson	Corporate Debt Instruments - Preferred	131,254	148,272
	Johnson & Johnson	Corporate Debt Instruments - Preferred	74,501	71,158
	JPMorgan Chase & Co	Corporate Debt Instruments - Preferred	156,082	156,964
	JPMorgan Chase & Co	Corporate Debt Instruments - Preferred	333,060	346,916
	Loews Corp	Corporate Debt Instruments - Preferred	179,546	189,252
	Manufacturers & Traders Trust	Corporate Debt Instruments - Preferred	186,878	197,684
	Mastercard Inc	Corporate Debt Instruments - Preferred	180,330	197,460
	Medtronic Inc	Corporate Debt Instruments - Preferred	126,048	141,668
	Mill City Mortgage	Corporate Debt Instruments - Preferred	85,850	87,913
	National Rural Utilities Coope	Corporate Debt Instruments - Preferred	334,779	374,285
	New Residential Mor	Corporate Debt Instruments - Preferred	112,200	114,558

MARITZ HOLDINGS INC. RETIREMENT PLAN

EIN#43-0393480 PLAN 001

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes

(Held at End of Year)

December 31, 2021

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	New York Life Insurance C 144A	Corporate Debt Instruments - Preferred	\$ 117,776	\$ 125,651
	Oncor Electric Delivery Co LLC	Corporate Debt Instruments - Preferred	174,004	203,058
	Oracle Corp	Corporate Debt Instruments - Preferred	213,793	202,762
	Pacificorp	Corporate Debt Instruments - Preferred	48,525	48,747
	Pepsico Inc	Corporate Debt Instruments - Preferred	166,975	174,942
	PNC Bank Na	Corporate Debt Instruments - Preferred	170,626	190,757
	Public Service Electric & Gas	Corporate Debt Instruments - Preferred	153,060	172,914
	Public Service Electric & Gas	Corporate Debt Instruments - Preferred	59,245	59,142
	Shell International Finance Bv	Corporate Debt Instruments - Preferred	175,246	188,420
	Southwestern Public Service Co	Corporate Debt Instruments - Preferred	44,710	56,502
	Southwestern Public Service Co	Corporate Debt Instruments - Preferred	170,409	194,381
	State Street Corp	Corporate Debt Instruments - Preferred	118,395	118,693
	3M Co	Corporate Debt Instruments - Preferred	171,048	173,677
	Truist Bank	Corporate Debt Instruments - Preferred	174,671	179,975
	Trustees of Princeton University	Corporate Debt Instruments - Preferred	62,425	60,184
	Union Electric Co	Corporate Debt Instruments - Preferred	167,907	184,191
	United Parcel Service Inc	Corporate Debt Instruments - Preferred	92,579	119,324
	Valley National Bancorp	Corporate Debt Instruments - Preferred	74,814	79,641
	Walmart Inc	Corporate Debt Instruments - Preferred	60,000	60,676
	Walt Disney Co/ The	Corporate Debt Instruments - Preferred	71,926	69,698
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	308,744	351,162
	Wells Fargo & Co	Corporate Debt Instruments - Preferred	73,563	75,112
	Wells Fargo Commercial LC25 B	Corporate Debt Instruments - Preferred	45,861	48,697
	Abbvie Inc	Corporate Debt Instruments	113,129	112,370
	AERCAP Ireland Capital DAC / A	Corporate Debt Instruments	105,317	104,833
	Alibaba Group Holding Ltd	Corporate Debt Instruments	193,197	194,646
	American International Group	Corporate Debt Instruments	118,822	124,481
	American Tower Corp	Corporate Debt Instruments	184,969	190,791
	Anheuser-Busch Inbev Worldwide	Corporate Debt Instruments	111,764	110,664
	AT&T Inc	Corporate Debt Instruments	76,032	73,074
	AT&T Inc	Corporate Debt Instruments	115,832	112,657
	Aviation Capital Group LI 144A	Corporate Debt Instruments	149,643	154,418
	BNP Paribas SA	Corporate Debt Instruments	144,635	144,158
	BP Capital Markets America Inc	Corporate Debt Instruments	114,473	126,934
	Banco Santander Sa	Corporate Debt Instruments	171,565	175,860
	Bank Of America Corp	Corporate Debt Instruments	252,050	248,455
	Barclays PLC	Corporate Debt Instruments	150,222	148,923
	Bayview Opportunit	Corporate Debt Instruments	171,600	164,731
	Belrose Funding Trust	Corporate Debt Instruments	85,185	83,429
	Benchmark 2020-IG2 B 144A	Corporate Debt Instruments	147,848	141,470
	Benchmark 2020-IG3 T33B 144A	Corporate Debt Instruments	107,660	101,404
	CF Hippolyta LLC 1A A1 144A	Corporate Debt Instruments	96,432	94,658
	CVS Health Corp	Corporate Debt Instruments	180,745	190,175
	Centerpoint Energy Resources	Corporate Debt Instruments	60,716	61,638
	Cigna Corp	Corporate Debt Instruments	74,310	70,638
	Comcast Corp	Corporate Debt Instruments	69,937	69,090
	ConAgra Brands Inc	Corporate Debt Instruments	69,769	66,900
	Corporate Office Properties LP	Corporate Debt Instruments	48,705	48,115
	Dupont De Nemours Inc	Corporate Debt Instruments	151,899	165,818
	Eli Lilly & Co	Corporate Debt Instruments	88,899	82,662
	Emerson Electric Co	Corporate Debt Instruments	59,695	59,829
	Energy Transfer LP	Corporate Debt Instruments	174,875	171,990
	Exxon Mobil Corp	Corporate Debt Instruments	146,019	148,857
	FREMF 2016-K53 MORT K53 C 144A	Corporate Debt Instruments	106,034	115,143
	FREMF 2016-K60 MORT K60 C 144A	Corporate Debt Instruments	87,363	93,586
	Home Depot Inc/The	Corporate Debt Instruments	143,668	168,658
	John Deere Capital Corp	Corporate Debt Instruments	108,883	110,847

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

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes
(Held at End of Year)
December 31, 2021

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Kimberly-Clark Corp	Corporate Debt Instruments	\$ 178,624	\$ 186,326
	Kimco Realty Corp	Corporate Debt Instruments	143,343	150,790
	Kinder Morgan Energy Partners	Corporate Debt Instruments	204,451	218,565
	Lloyds Banking Group PLC	Corporate Debt Instruments	141,125	136,215
	Lowe's Cos Inc	Corporate Debt Instruments	112,951	104,571
	Lowe's Cos Inc	Corporate Debt Instruments	59,819	57,069
	ManuLife Financial Corp	Corporate Debt Instruments	77,396	75,357
	Markel Corp	Corporate Debt Instruments	213,200	204,086
	Microsoft Corp	Corporate Debt Instruments	81,792	90,613
	Mitsubishi UFJ Financial Group	Corporate Debt Instruments	180,128	183,638
	National Rural Utilities Coope	Corporate Debt Instruments	49,888	55,066
	Natwest Group Plc	Corporate Debt Instruments	60,080	59,210
	New Residential Mor	Corporate Debt Instruments	89,938	89,487
	Northrop Grumman Corp	Corporate Debt Instruments	80,666	80,327
	Omnicom Group Inc / Omnicom Ca	Corporate Debt Instruments	55,141	55,796
	Pfizer Inc	Corporate Debt Instruments	168,660	201,643
	Prologis LP	Corporate Debt Instruments	103,675	97,757
	Prudential Financial Inc	Corporate Debt Instruments	106,049	102,757
	Siemens Financieringsmaat 144A	Corporate Debt Instruments	352,285	372,045
	Simon Property Group LP	Corporate Debt Instruments	186,917	198,549
	Spectra Energy Partners LP	Corporate Debt Instruments	179,496	181,125
	Telefonica Emisiones SA	Corporate Debt Instruments	150,614	143,179
	Unitedhealth Group Inc	Corporate Debt Instruments	155,397	194,961
	Ventas Realty LP	Corporate Debt Instruments	179,629	186,444
	Verizon Communications Inc	Corporate Debt Instruments	83,391	75,813
	Verizon Communications Inc	Corporate Debt Instruments	173,709	193,006
	VMWare Inc	Corporate Debt Instruments	61,526	59,916
	Welltower Inc	Corporate Debt Instruments	251,575	257,708
	Alphabet Inc-CL A	Corporate Stock - Common	124,688	408,483
	Analog Devices Inc	Corporate Stock - Common	185,014	339,060
	Armstrong World Industries Inc	Corporate Stock - Common	83,308	132,841
	CDW Corp/De	Corporate Stock - Common	34,769	66,963
	Crown Castle International Cor	Corporate Stock - Common	193,692	263,847
	Dollar Tree Inc	Corporate Stock - Common	174,300	257,995
	Electronic Arts Inc	Corporate Stock - Common	20,657	29,809
	Fiserv Inc	Corporate Stock - Common	340,947	373,229
	Intercontinental Exchange Inc	Corporate Stock - Common	145,921	250,016
	LKQ Corp	Corporate Stock - Common	148,827	222,051
	Liveramp Holdings Inc	Corporate Stock - Common	74,727	72,884
	Lowe'S Cos Inc	Corporate Stock - Common	58,998	164,652
	Medtronic PLC	Corporate Stock - Common	315,303	373,248
	Norfolk Southern Corp	Corporate Stock - Common	55,809	98,244
	Otis Worldwide Corp	Corporate Stock - Common	149,578	154,201
	Public Storage	Corporate Stock - Common	148,908	269,309
	S&P Global Inc	Corporate Stock - Common	90,396	230,774
	Skyworks Solutions Inc	Corporate Stock - Common	171,130	246,207
	Sotera Health Co	Corporate Stock - Common	66,815	64,951
	Sysco Corp	Corporate Stock - Common	345,415	352,690
	Verisign Inc	Corporate Stock - Common	66,345	84,522
	Verisk Analytics Inc	Corporate Stock - Common	99,114	126,716
	VISA Inc	Corporate Stock - Common	109,313	136,527
	Vulcan Materials Co	Corporate Stock - Common	110,127	190,558
	Waste Management Inc	Corporate Stock - Common	157,016	263,201
	Kopernik Global All-Cap-Inst	Mutual Funds	2,124,047	3,046,349
	Vanguard Tot Int St Idx-Inst	Mutual Funds	12,317,264	14,718,025
	Virtus Vntbl Em Mkts Opp-I	Mutual Funds	2,876,124	2,462,947

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

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets for Investment Purposes

(Held at End of Year)

December 31, 2021

(a)	(b) Issuer	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Columbia Emerging Markets Co	Exchange-Traded Fund	\$ 1,961,260	\$ 1,736,926
	Ishares Core MSCI Emerging	Exchange-Traded Fund	1,449,891	1,497,577
	Ishares Core S&P 500 ETF	Exchange-Traded Fund	11,060,295	18,286,843
	SkyBridge Chime	Private Equity Limited Partnership	1,500,000	1,409,292
	Canyon Value Realization	Hedge Funds	1,000,001	4,416,512
	CF Pointer Offshore Ltd III	Hedge Funds	667,396	2,007,106
	Goldentree Offshore Fund	Hedge Funds	71,392	98,600
	Goldentree Select Offshore Ltd	Hedge Funds	4,564,558	6,150,484
	Riva Ridge Overseas Class F	Hedge Funds	1,000,000	1,150,660
	Riva Ridge Overseas Class F	Hedge Funds	3,000,000	3,365,910
	Riva Ridge Overseas Fund Ltd	Hedge Funds	1,000,000	1,279,080
	Serengeti Caracal	Hedge Funds	761,231	886,738
	Serengeti Lycaon	Hedge Funds	1,000,000	914,256
		Ending Value	<u>\$ 72,744,774</u>	<u>\$ 92,623,009</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2021

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2021	(914,950)	15.00000	(914,950)	(85,311)
2. Shortfall	01/01/2020	11,843,028	14.00000	11,389,646	1,111,902
Total				10,474,696	1,026,591

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2021