

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>016</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INFORMA MEDIA LLC</u></p> <p><u>1468 W. 9TH STREET</u> <u>3RD FLOOR</u> <u>CLEVELAND, OH 44113</u></p>	<p><b>1c</b> Effective date of plan <u>08/07/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-2875386</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>216-696-7000</u></p> <p><b>2d</b> Business code (see instructions) <u>511120</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/10/2025	STEPHEN E MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	935
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	28
	<b>6a(2)</b>	25
	<b>6b</b>	216
	<b>6c</b>	576
	<b>6d</b>	817
	<b>6e</b>	44
	<b>6f</b>	861
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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.

<b>A</b> Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>016</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INFORMA MEDIA LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2875386</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>29730965</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>32697982</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>243</u>	<u>11610690</u>
	<b>b</b> For terminated vested participants .....	<u>664</u>	<u>23739218</u>
	<b>c</b> For active participants .....	<u>28</u>	<u>1248437</u>
	<b>d</b> Total .....	<u>935</u>	<u>36598345</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.78 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1090698</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1090698</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>08/26/2025</u>
	<u>ANDREW W. WEIS</u>	Date
	Type or print name of actuary	<u>23-08469</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>314-854-0707</u>
	<u>MSC#17755 P.O. BOX 551343</u>	Telephone number (including area code)
	<u>ATLANTA, GA 30355</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	266255
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	266255
<b>10</b>	Interest on line 9 using prior year's actual return of <u>1.85</u> % .....	0	4926
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		1776
	<b>b(1)</b> 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>5.56</u> % .....		99
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		1875
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	271181

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	88.60 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	88.60 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.72 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/05/2024	360000	0					
06/06/2024	360000	0					
09/03/2024	276000	0					
08/14/2025	295366	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1291366	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 1237490	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> 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:

<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 62

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	1090698
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	4171544	417932
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	1508630
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	271181	271181

**36** Additional cash requirement (line 34 minus line 35)..... **36** 1237449

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1237490

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	41
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	41

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

<b>A</b> Name of plan <b>PENTON MEDIA, INC. RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INFORMA MEDIA LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2875386</b>	

**Part I Service Provider Information (see instructions)**

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

**GLOBAL TRUST COMPANY**

**88-6547562**

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

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	386379	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON INVESTMENTS USA INC.

98-1090818

(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?
27 28 50	NONE	70536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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 50	NONE	37643	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>016</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INFORMA MEDIA LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2875386</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>13-5160382-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13914547</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE CR BD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-038</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>186050</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL CAP EQUITY INDEX PENSION</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON US INTERMEDIATE GOVERNMENT PENS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-043</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>106186</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS CL I PENSION PL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL REAL ESTATE CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX PENSION</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-046</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YR U S TREAS STRIPS		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-036	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20180
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONG CR BD		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-040	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12016620
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY CL I		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI ASSET CREDIT FUND PENSION		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-041	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-US EQUITY INDEX PENSION PN		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-044	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE PENSION PLAN TRUST		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-037	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVERNMENT INDEX		
<b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
<b>c</b> EIN-PN 37-6543784-042	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10766
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF		
<b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
<b>c</b> EIN-PN 88-6547562-007	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1426244
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF		
<b>b</b> Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
<b>c</b> EIN-PN 88-6547562-006	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 879603
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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

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**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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>12/01/2023</b> and ending <b>11/30/2024</b>	
<b>A</b> Name of plan <b>PENTON MEDIA, INC. RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>016</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INFORMA MEDIA LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2875386</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	385000	295366
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	277887	200692
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	1829495	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	27519644	28560196
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	30012026	29056254
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	79175	122598
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	79175	122598
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	29932851	28933656

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	1291366	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1291366
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	-28	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		-28
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1969690	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1829495	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		140195
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		3130165
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4561698

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4619439	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4619439
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	386379	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	70536	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	37643	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	446896	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		941454
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5560893

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-999195
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

**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 0.

**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 547755.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>PENTON MEDIA, INC. RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>016</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>INFORMA MEDIA LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2875386</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-2875386

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	64
--	---	----

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 51.0 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 49.0 % Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**PENTON MEDIA, INC. RETIREMENT PLAN**

**FINANCIAL REPORT**

**NOVEMBER 30, 2024 and 2023**



PENTON MEDIA, INC. RETIREMENT PLAN

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## Independent Auditors' Report

To the Participants and Plan Administrator  
Penton Media, Inc. Retirement Plan  
Cleveland, Ohio

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of the Penton Media, 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 statements of net assets available for benefits as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of November 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audits of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, 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 ("GAAP").
- The information in the accompanying financial statements 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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.

## **Subsequent Events**

As discussed in Note 1 to the financial statements, in March 2025, Informa Media LLC finalized its intent to terminate the Plan effective November 30, 2024. The financial statements have not been adjusted to reflect the Plan termination. Our opinion is not modified with respect to this matter.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 the 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.

## **Auditors' Responsibilities for the Audits of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than 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 GAAS, 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 the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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 GAAP.

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 GAAP.

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

### **Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of November 30, 2024 and the supplemental schedules of reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits 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 GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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 to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Meloney + Novotny LLC*

Cleveland, Ohio  
September 9, 2025

PENTON MEDIA, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Common/collective trust funds	\$28,560,196	\$27,519,644
Alternative investments	-	1,829,495
Total investments, at fair value	<u>28,560,196</u>	<u>29,349,139</u>
RECEIVABLES		
Interest receivable	27,545	1,561
Due from broker for pending transactions	173,147	-
Employer contributions	295,366	385,000
Total receivables	<u>496,058</u>	<u>386,561</u>
PREPAID EXPENSES	<u>-</u>	<u>276,326</u>
Total assets	29,056,254	30,012,026
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>122,598</u>	<u>79,175</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$28,933,656</u>	<u>\$29,932,851</u>

The accompanying notes are an integral part of these financial statements.

PENTON MEDIA, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended November 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 3,205,213	\$ 540,422
Interest and dividends	<u>65,119</u>	<u>33,243</u>
Total investment income	3,270,332	573,665
Employer contributions	<u>1,291,366</u>	<u>1,150,000</u>
Total additions	4,561,698	1,723,665
DEDUCTIONS		
Benefits paid directly to participants	4,619,439	4,276,779
Administrative expenses	<u>941,454</u>	<u>746,020</u>
Total deductions	<u>5,560,893</u>	<u>5,022,799</u>
NET DECREASE	(999,195)	(3,299,134)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>29,932,851</u>	<u>33,231,985</u>
END OF YEAR	<u>\$28,933,656</u>	<u>\$29,932,851</u>

The accompanying notes are an integral part of these financial statements.

# PENTON MEDIA, INC. RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

### **Note 1. Description of Plan**

The following description of the Penton Media, Inc. Retirement Plan (the "Plan") is provided for general information only. Information about the Plan agreement, the vesting, and benefit provisions are contained in the Plan document. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a non-contributory defined benefit plan administered by Informa Media LLC ("Informa" or the "Company"), that covers certain employees of the Company, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

In December 2003, the Plan was amended to cease the accrual of any benefits under the Plan after December 31, 2003. Accordingly, any employee hired after that date is not eligible to participate in the Plan. After December 31, 2003, any earnings, covered compensation, and annualized covered compensation earned or paid shall not be taken into account for purposes of determining the amount of a participant's benefit payable under the Plan. However, after December 31, 2003, subsequent years of service are considered in order to determine a participant's vesting status or eligibility for early retirement. The benefit accruals in the frozen plan are payable to participants when they qualify for retirement. In May 2024, the termination of the Plan was approved by Informa to be effective November 30, 2024. Management noted that liquidation was not considered imminent until March 2025 when the Company notified the Pension Benefit Guaranty Corporation ("PBGC") of its intentions to terminate and liquidate. The financial statements have not been adjusted to reflect the Plan termination.

#### **Benefits and Vesting**

The Plan provides for a career average pension which is payable to vested participants upon retirement, death, or disability or, in a reduced amount, upon early retirement.

Employees are considered vested in the Plan if they have five years of vesting service (working a minimum of 1,000 hours per year) or reach age 65 while working for Informa. The normal retirement age under the Plan is age 65. The Plan permits early retirement at ages 55-64 with ten years of service.

Vested participants can elect to receive benefits under an annuity arrangement or elect to receive such benefits in a lump-sum.

#### **Disability Benefits**

The Plan provides a disability benefit for eligible active employees who become totally disabled. However, disability pension benefits will be deferred if the employee is covered by, and receiving benefits from, a long-term disability insurance plan provided through Informa.

### **Note 2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 2. Summary of Significant Accounting Policies (Continued)**

**Subsequent Events**

The Company has evaluated subsequent events through September 9, 2025, which is the date the financial statements were available to be issued.

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 7). The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee.

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

**Benefit Payments**

Benefit payments are recorded when paid to participants.

**Expenses of the Plan**

All administrative expenses relating to the operations of the Plan are paid by the Plan or the Company at the Company's discretion.

**Risks and Uncertainties**

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

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 3. Actuarial Value of Accumulated Plan Benefits**

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services rendered by employees prior to January 1, 2004. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who are deceased, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee services rendered up to December 31, 2003.

The actuarial present value of accumulated plan benefits was determined by the independent actuary, Aon, at December 1, 2023. The present value amount was determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirements) between the valuation date and the expected date of payment.

**Actuarial Assumptions**

Significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of December 1, 2023 are as follows:

Actuarial cost method	Standard unit credit cost method
Mortality rate	Pri-2012 Mortality Table (Scale MP-2021)
Retirement	Rates varying by age (100% at age 65)
Interest rates	4.75% - Annuity
	5.50%/5.76%/5.83% - Lump-sum

Distributions are assumed to be paid in a lump-sum to participants who retire from active status. For participants who retire from terminated vested status, 75% are assumed to elect a lump-sum and 25% are assumed to elect an annuity.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. These assumptions do not consider the Plan termination as discussed in Note 1.

**Accumulated Plan Benefits**

Accumulated plan benefit information at December 1, 2023 and 2022 is as follows:

	December 1, <u>2023</u>	December 1, <u>2022</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	\$12,315,453	\$11,569,891
Other participants	<u>26,606,038</u>	<u>30,103,397</u>
	38,921,491	41,673,288
Nonvested benefits	<u>-</u>	<u>-</u>
	<u>\$38,921,491</u>	<u>\$41,673,288</u>

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 3. Actuarial Value of Accumulated Plan Benefits (Continued)**

**Accumulated Plan Benefits (Continued)**

The changes in the accumulated plan benefits for the year ended December 1, 2023 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$41,673,288
Changes during the year attributable to:	
Interest accumulation	1,958,256
Benefits paid	(4,276,779)
Assumption changes	30,375
Additional benefits earned, including experience gains and losses	(463,649)
Total	<u>(2,751,797)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$38,921,491</u>

Changes in actuarial assumptions from the December 1, 2022 valuation consist of the discount rate for annuities which increased from 4.95% and the three-tiered segment rate for lump-sums which changed from 5.09%/5.60%/5.41%.

**Note 4. Funding Policy**

Contributions are made by Informa in amounts not less than the minimum amounts required under the applicable sections of ERISA and in accordance with the Internal Revenue Code ("IRC"). The determination of such amounts by the independent actuary is based on certain assumptions as described in Note 3. The Plan has met the minimum funding requirements of ERISA for 2024 and 2023 plan years.

**Note 5. Plan Termination**

As described in Note 1, after the end of the plan year, Informa determined its intent to terminate the Plan. At that time, the Plan will purchase annuities to provide for the payment of accumulated benefits in accordance with the priorities specified by ERISA. Management believes the funding of the Plan will enable the Plan to satisfy all remaining benefits. Informa remits premiums to the PBGC to ensure payment of benefits, up to specified limitations as described in ERISA, which otherwise may not be payable in the event of the Plan's termination. The Plan's net assets may not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 6. Information Certified by the Plan Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator received certifications from The Bank of New York Mellon ("BNY"), the Trustee of the Plan, acknowledging the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at November 30, 2024 and 2023, the schedule of assets (held at end of year) at November 30, 2024, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended November 30, 2024 and 2023, the schedules of reportable transactions for the year ended November 30, 2024, and investment related information in the accompanying notes to the financial statements. This information has not been audited by independent accountants.

**Note 7. Fair Value of Financial Instruments**

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for plan assets measured at fair value:

- The common/collective trust investments are held by BNY and managed by Aon Investments USA, Inc. The fair value of the investments held in this account is based on its reported net asset value ("NAV"). The NAV is based primarily on observable inputs and the market value of the underlying investments, and is classified as Level 2.
- Alternative investments are valued at fair value using the NAV per share (or its equivalent) practical expedient and, therefore, have not been classified in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2023 to 2024. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 7. Fair Value of Financial Instruments (Continued)**

The following tables set forth by level the Plan's assets at fair value as of November 30, 2024 and 2023:

	Assets at Fair Value as of November 30, 2024			
	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$28,560,196	\$ -	\$28,560,196
	Assets at Fair Value as of November 30, 2023			
	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$27,519,644	\$ -	\$27,519,644
Investments measured at NAV:				
Alternative investments				1,829,495
Total				\$29,349,139

The Plan values substantially all of its investments in the Aon alternative investment funds at amounts reported by the investment manager and as validated through consideration of the audited financial statements of the investments. Accordingly, the Plan does not use separate quantitative information to value the investments.

The following table summarizes investments measured at fair value based on NAV per share as of November 30, 2023:

Instrument	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Aon Diversifying Alternatives Portfolio Fund Ltd. (a)	\$ 306,089	\$ -	Monthly	15 days
Aon Return Enhancing Alternatives Portfolio Fund (b)	1,523,406	-	Semi-Annually	95 days

PENTON MEDIA, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**Note 7. Fair Value of Financial Instruments (Continued)**

- (a) Aon Diversifying Alternatives Portfolio Fund Ltd. (the "Fund"), formerly known as Aon Liquid Alternatives Fund Ltd., is an open-ended private investment company incorporated as an exempted company under the laws of the Cayman Islands on December 11, 2012. The Fund is registered under the Cayman Islands Mutual Funds Law and commenced operations on May 1, 2013. The Fund's investment objective is to generate consistent long-term capital appreciation with diversification of risk through the use of a "multi-manager, multi-strategy" global investment approach. The Fund seeks to achieve its objective by allocating its capital primarily among a select group of experienced portfolio managers ("Managers"), identified for their expertise in implementing a number of different alternative investment strategies in a variety of markets, through investments in collective investment vehicles ("Portfolio Entities") and/or discretionary managed accounts ("Advisory Accounts" and, collectively with Portfolio Entities, "investment funds") managed by such Managers.
- (b) Aon Return Enhancing Alternatives Portfolio Fund's (the "Portfolio") investment objective is to seek to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital. These investment opportunities may arise due to complexity, illiquidity, size, or other structural or thematic factors that typically require a medium-term horizon to pursue. Examples include purchasing undervalued bonds or loans, and holding to maturity, or buying mispriced structured securities and liquidating them over time to extract value.

**Note 8. Transactions With Parties-in-Interest**

The Plan's Trustee is BNY. While Trustee, the Company appointed BNY or an affiliate to serve as the third party administrator of the Plan. The Company also appointed Aon to serve as actuary and the investment manager of the Plan. BNY and Aon receive administrative fees from the Plan.

**Note 9. Income Tax Status**

In connection with the termination of the Plan, the Internal Revenue Service has determined and informed the Plan by a letter dated July 22, 2025, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The plan administrator believes the Plan is currently being operated in compliance with the requirements of the IRC. Therefore, no provision for taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of November 30, 2024, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
 Penton Media, Inc. Retirement Plan  
 EIN: 36-2875386 PN: 016

Schedule SB, line 26a — Schedule of Active Participant Data  
 as of December 1, 2023

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		1								
50-54		5								
55-59		6	1	3	2					
60-64		1	1		2	2				
65-69				1			3			
70+										

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Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on the full yield curve with no lookback (as of November 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:  Duration 0.5 – 5.78% Duration 5.5 – 5.41% Duration 10.5 – 5.75% Duration 15.5 – 5.88% Duration 20.5 – 5.87% Duration 25.5 – 5.85% Duration 30.5 – 5.84%
<b>Optional Payment Form Election Percentage</b>	All actives are assumed to take a lump sum. For current terminated vested participants, 25% are assumed to elect a single life annuity and 75% are assumed to elect a lump sum.
<b>Optional Payment Form Conversion Interest Rate</b>	Same as funding interest rate above for lump sums.
<b>Optional Payment Form Conversion Mortality</b>	Current 417(e) table
<b>Retirement Age</b>	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
<b>Withdrawal Rates</b>	See Table 2
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

12/1/2021 Plan Year	6.00%, limited to 6.11%
12/1/2022 Plan Year	6.00%, limited to 5.92%
12/1/2023 Plan Year	6.00%, limited to 5.74%

**Trust Expenses Included in Target Normal Cost**

Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$1,090,698 for plan year beginning December 1, 2023.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

December 1, 2023

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Table 1

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	8.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	25.1940%	36.3870%	40	10.9165%	15.5721%
16	25.1940%	36.3870%	41	10.2961%	14.6832%
17	25.1940%	36.3870%	42	9.7110%	13.8450%
18	25.1940%	36.3870%	43	9.0198%	12.8547%
19	25.1940%	36.3870%	44	8.3779%	11.9350%
20	25.1940%	36.3870%	45	7.7815%	11.0813%
21	25.1940%	36.3870%	46	7.2277%	10.2886%
22	25.1940%	36.3870%	47	6.7133%	9.5527%
23	24.2831%	35.0355%	48	6.2356%	8.8693%
24	23.4052%	33.7342%	49	5.7918%	8.2349%
25	22.5590%	32.4812%	50	5.3795%	7.6457%
26	21.7434%	31.2748%	51	4.9967%	7.0988%
27	20.9573%	30.1131%	52	4.6410%	6.5910%
28	20.1995%	28.9947%	53	3.9000%	5.8500%
29	19.4693%	27.9178%	54	2.6000%	3.9000%
30	18.7654%	26.8808%	55+	0.0000%	0.0000%
31	18.0869%	25.8824%			
32	17.4330%	24.9210%			
33	16.4423%	23.4984%			
34	15.5078%	22.1569%			
35	14.6264%	20.8922%			
36	13.7952%	19.6996%			
37	13.0112%	18.5751%			
38	12.2717%	17.5146%			
39	11.5743%	16.5148%			

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

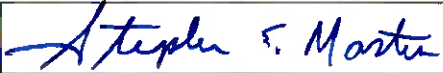
For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<b>1a</b> Name of plan PENTON MEDIA, INC. RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	016
	<b>1c</b> Effective date of plan	08/07/1998
<b>2a</b> 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)  INFORMA MEDIA LLC  1468 W. 9TH STREET 3RD FLOOR CLEVELAND OH 44113	<b>2b</b> Employer Identification Number (EIN)	36-2875386
	<b>2c</b> Plan Sponsor's telephone number	216-696-7000
	<b>2d</b> Business code (see instructions)	511120

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**  
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		<u>9/10/2025</u>	STEPHEN E MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	935
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines 6d and 6e..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	28
	<b>6a(2)</b>	25
	<b>6b</b>	216
	<b>6c</b>	576
	<b>6d</b>	817
	<b>6e</b>	44
	<b>6f</b>	861
	<b>6g(1)</b>	
	<b>6g(2)</b>	
	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I 3H

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

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

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) - Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information - Small Plan)
- (3)  **A** (Insurance Information) - Number Attached \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended November 30, 2024

SERIES OF SECURITY TRANSACTIONS IN EXCESS OF 5%  
OF THE CURRENT VALUE OF PLAN ASSETS  
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan	
Assets - December 1, 2023.....	\$30,012,026
5% of Total Current Value of	
Plan Assets .....	1,500,601

Identity of (a) <u>Party</u>	Description (b) <u>of Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
BNY Mellon	EB Temp Inv Fd of BNY	\$ 8,553,588	N/A	N/A	-	N/A	\$ 8,553,588	N/A
BNY Mellon	EB Temp Inv Fd of BNY	N/A	\$ 6,049,514	N/A	-	\$ 6,049,514	6,049,514	\$ -
NISA	Ultra Long Treasury Fund	2,240,000	N/A	N/A	-	N/A	2,240,000	N/A
NISA	Ultra Long Treasury Fund	N/A	2,837,000	N/A	-	2,740,341	2,837,000	96,659

PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended November 30, 2024

INDIVIDUAL SECURITY TRANSACTIONS IN EXCESS OF 5%  
OF THE CURRENT VALUE OF PLAN ASSETS  
AT THE BEGINNING OF THE YEAR

Total Current Value of Plan Assets - December 1, 2023.....	\$30,012,026
5% of Total Current Value of Plan Assets .....	1,500,601

Identity of (a) <u>Party</u>	Description (b) of <u>Asset</u>	Purchase (c) <u>Price</u>	Selling (d) <u>Price</u>	Lease (e) <u>Rental</u>	Expenses Incurred With (f) <u>Transaction</u>	Cost of (g) <u>Asset</u>	Current Value of Assets on Transaction (h) <u>Date</u>	Net Gain or (i) <u>Loss</u>
Aon	Global Real Estate Fund	N/A	\$ 2,630,643	N/A	\$ -	\$ 2,026,032	\$ 2,630,643	\$ 604,611
Aon	Long Credit Bond Fund	N/A	2,380,000	N/A	-	2,453,545	2,380,000	(73,545)
Aon	Long Credit Bond Fund	N/A	2,135,000	N/A	-	2,200,974	2,135,000	(65,974)
Aon	Long Credit Bond Fund	N/A	1,750,000	N/A	-	1,799,876	1,750,000	(49,876)
Aon	Long Credit Bond Fund	N/A	3,000,000	N/A	-	3,025,624	3,000,000	(25,624)
BNY Mellon	EB Temp Inv Fd of BNY	N/A	2,262,248	N/A	-	2,262,248	2,262,248	-
BNY Mellon	EB Temp Inv Fd of BNY	\$ 2,630,643	N/A	N/A	-	N/A	2,630,643	N/A
BNY Mellon	EB Temp Inv Fd of BNY	2,917,328	N/A	N/A	-	N/A	2,917,328	N/A
BNY Mellon	EB Temp Inv Fd of BNY	2,453,000	N/A	N/A	-	N/A	2,453,000	N/A
BNY Mellon	EB Temp Inv Fd of BNY	1,800,000	N/A	N/A	-	N/A	1,800,000	N/A
BNY Mellon	EB Temp Inv Fd of BNY	3,530,000	N/A	N/A	-	N/A	3,530,000	N/A
NISA	Ultra Long Treasury Fund	1,900,000	N/A	N/A	-	N/A	1,900,000	N/A

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **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.

<b>A</b> Name of plan PENTON MEDIA, INC. RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	016
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INFORMA MEDIA LLC	<b>D</b> Employer Identification Number (EIN) 36-2875386	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	29,730,965	
<b>b</b> Actuarial value .....	<b>2b</b>	32,697,982	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	243	11,610,690	11,610,690
<b>b</b> For terminated vested participants.....	664	23,739,218	23,739,218
<b>c</b> For active participants.....	28	1,248,437	1,248,437
<b>d</b> Total .....	935	36,598,345	36,598,345
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.78%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,090,698	
<b>c</b> Target normal cost.....	<b>6c</b>	1,090,698	

**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.

<b>SIGN HERE</b>	ANDREW W. WEIS		
	<i>A. W.</i>		08/26/2025
	Signature of actuary		Date
	ANDREW W. WEIS		2308469
	Type or print name of actuary		Most recent enrollment number
	Aon Consulting, Inc.		314-854-0707
	Firm name		Telephone number (including area code)
	MSC#17755 P.O. Box 551343		
	Atlanta GA 30355		
	Address of the firm		

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



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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

b Applicable month (enter code)..... **21b**

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

b Is the plan required to provide a projection of expected benefit payments? 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** 1,090,698

b Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment .....	4,171,544	417,932
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** 1,508,630

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	271,181	271,181
36 Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 1,237,449
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 1,237,490

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) ..... **38a** 41

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 41

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 the American Rescue Plan Act of 2021 (See Instructions)**

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 12/1/2023 at 5.78%</b>	<b>Interest Adjusted Contribution</b>
March 5, 2024	\$ 360,000	95	\$ 354,787
June 6, 2024	360,000	188	349,758
September 3, 2024	276,000	277	264,509
August 14, 2025	295,366	622	268,436
<b>Total Contribution</b>	<b>\$ 1,291,366</b>		<b>\$ 1,237,490</b>

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	5.00%	0.9200	2.60
57.5	5.00%	0.8740	2.51
58.5	5.00%	0.8303	2.43
59.5	5.00%	0.7888	2.35
60.5	10.00%	0.7493	4.53
61.5	10.00%	0.6744	4.15
62.5	25.00%	0.6070	9.48
63.5	10.00%	0.4552	2.89
64.5	10.00%	0.4097	2.64
65	100.00%	0.3687	23.97
Weighted Average			61.99

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on the full yield curve with no lookback (as of November 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows:  Duration 0.5 – 5.78% Duration 5.5 – 5.41% Duration 10.5 – 5.75% Duration 15.5 – 5.88% Duration 20.5 – 5.87% Duration 25.5 – 5.85% Duration 30.5 – 5.84%
<b>Optional Payment Form Election Percentage</b>	All actives are assumed to take a lump sum. For current terminated vested participants, 25% are assumed to elect a single life annuity and 75% are assumed to elect a lump sum.
<b>Optional Payment Form Conversion Interest Rate</b>	Same as funding interest rate above for lump sums.
<b>Optional Payment Form Conversion Mortality</b>	Current 417(e) table
<b>Retirement Age</b>	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
<b>Mortality Rates</b>	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
<b>Withdrawal Rates</b>	See Table 2
<b>Disability Rates</b>	None
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
<b>Surviving Spouse Benefit</b>	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

**Valuation of Plan Assets**

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

**Expected Return on Assets**

12/1/2021 Plan Year	6.00%, limited to 6.11%
12/1/2022 Plan Year	6.00%, limited to 5.92%
12/1/2023 Plan Year	6.00%, limited to 5.74%

**Trust Expenses Included in Target Normal Cost**

Prior year administrative expenses excluding PBGC premiums paid plus current year estimated PBGC premiums, \$1,090,698 for plan year beginning December 1, 2023.

**Actuarial Method**

Standard unit credit cost method

**Valuation Date**

December 1, 2023

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Table 1

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	8.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	25.1940%	36.3870%	40	10.9165%	15.5721%
16	25.1940%	36.3870%	41	10.2961%	14.6832%
17	25.1940%	36.3870%	42	9.7110%	13.8450%
18	25.1940%	36.3870%	43	9.0198%	12.8547%
19	25.1940%	36.3870%	44	8.3779%	11.9350%
20	25.1940%	36.3870%	45	7.7815%	11.0813%
21	25.1940%	36.3870%	46	7.2277%	10.2886%
22	25.1940%	36.3870%	47	6.7133%	9.5527%
23	24.2831%	35.0355%	48	6.2356%	8.8693%
24	23.4052%	33.7342%	49	5.7918%	8.2349%
25	22.5590%	32.4812%	50	5.3795%	7.6457%
26	21.7434%	31.2748%	51	4.9967%	7.0988%
27	20.9573%	30.1131%	52	4.6410%	6.5910%
28	20.1995%	28.9947%	53	3.9000%	5.8500%
29	19.4693%	27.9178%	54	2.6000%	3.9000%
30	18.7654%	26.8808%	55+	0.0000%	0.0000%
31	18.0869%	25.8824%			
32	17.4330%	24.9210%			
33	16.4423%	23.4984%			
34	15.5078%	22.1569%			
35	14.6264%	20.8922%			
36	13.7952%	19.6996%			
37	13.0112%	18.5751%			
38	12.2717%	17.5146%			
39	11.5743%	16.5148%			

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	August 7, 1998. Amended and restated effective January 1, 2017.
<b>Eligibility for Participation</b>	<p>An employee shall become a participant in this plan on the January 1 following the completion of one year of eligibility service.</p> <p>The plan is frozen to new entrants after December 31, 2003.</p>
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to the sum of (1), (2) and (3):</p> <ol style="list-style-type: none"><li>(1) 1.2% of compensation up to covered compensation multiplied by benefit service up to a maximum of 35 years;</li><li>(2) 1.85% of compensation in excess of covered compensation multiplied by benefit service up to a maximum of 35 years;</li><li>(3) 1.2% of compensation multiplied by benefit service is excess of 35 years.</li></ol> <p>Benefit accruals were frozen effective December 31, 2003.</p>
<b>Early Retirement</b>	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 1/180 of 1% for each of the first 60 months and 1/360 of 1% for each of the next 60 months that early retirement precedes normal retirement.
<b>Vested Termination</b>	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

**Disability**

Eligibility	Totally and permanently disabled with five years of vesting service.
Benefit	The accrued benefit at the date of disability, payable immediately with the same reductions as early retirement and further reduced actuarially for commencement prior to age 55.

**Surviving Spouse**

Eligibility	Married for one year and five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

**Normal Form of Annuity**

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

**Optional Forms of Annuity**

Single life annuity  
5-year certain and life annuity  
10-year certain and life annuity  
15-year certain and life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
66<sup>2</sup>/<sub>3</sub>% joint and survivor annuity  
50% joint and survivor annuity  
Level income annuity  
Single life annuity with full cash refund  
Lump sum

**Actuarial Equivalence**

1971 Group Annuity Mortality Table for Males, set back one year for participants and five years for beneficiaries and 6% interest rate.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

**Definitions**

Compensation	Total, regular cash compensation including overtime, bonuses, commissions, incentive compensation, unused vacation pay and income realized for federal income tax purposes as a result of the grant or exercise of a stock option.
Benefit Service	A full year of credited service is earned if the employee works 1,000 or more hours in one plan year. No benefit service may be earned after December 31, 2003.
Vesting Service	A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

**Plan Changes Since the Prior Year**

The funding valuation reflects the following plan changes since the prior year:

- The Penton Media, Inc. Retirement Plan was terminated on November 30, 2024.

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

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

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
 Penton Media, Inc. Retirement Plan  
 EIN: 36-2875386 PN: 016

Schedule SB, line 26a — Schedule of Active Participant Data  
 as of December 1, 2023

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49		1								
50-54		5								
55-59		6	1	3	2					
60-64		1	1		2	2				
65-69				1			3			
70+										

N-28

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 692,835	December 1, 2020	12	\$ 76,451
Shortfall	\$ (385,739)	December 1, 2021	13	\$ (40,306)
Shortfall	\$ 3,209,567	December 1, 2022	14	\$ 319,411
Shortfall	\$ 654,881	December 1, 2023	15	\$ 62,376

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
 Penton Media, Inc. Retirement Plan  
 EIN: 36-2875386 PN: 016

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2023

<b>Date</b>	<b>Amount</b>	<b>Days to Discount to 12/1/2023 at 5.78%</b>	<b>Interest Adjusted Contribution</b>
March 5, 2024	\$ 360,000	95	\$ 354,787
June 6, 2024	360,000	188	349,758
September 3, 2024	276,000	277	264,509
August 14, 2025	295,366	622	268,436
<b>Total Contribution</b>	<b>\$ 1,291,366</b>		<b>\$ 1,237,490</b>

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	8.00%	1.0000	4.44
56.5	5.00%	0.9200	2.60
57.5	5.00%	0.8740	2.51
58.5	5.00%	0.8303	2.43
59.5	5.00%	0.7888	2.35
60.5	10.00%	0.7493	4.53
61.5	10.00%	0.6744	4.15
62.5	25.00%	0.6070	9.48
63.5	10.00%	0.4552	2.89
64.5	10.00%	0.4097	2.64
65	100.00%	0.3687	23.97
Weighted Average			61.99

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

## Schedule SB, Part V — Summary of Plan Provisions

<b>Effective Date</b>	August 7, 1998. Amended and restated effective January 1, 2017.
<b>Eligibility for Participation</b>	<p>An employee shall become a participant in this plan on the January 1 following the completion of one year of eligibility service.</p> <p>The plan is frozen to new entrants after December 31, 2003.</p>
<b>Normal Retirement</b>	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to the sum of (1), (2) and (3):</p> <ol style="list-style-type: none"><li>(1) 1.2% of compensation up to covered compensation multiplied by benefit service up to a maximum of 35 years;</li><li>(2) 1.85% of compensation in excess of covered compensation multiplied by benefit service up to a maximum of 35 years;</li><li>(3) 1.2% of compensation multiplied by benefit service is excess of 35 years.</li></ol> <p>Benefit accruals were frozen effective December 31, 2003.</p>
<b>Early Retirement</b>	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	A monthly benefit equal to the normal retirement benefit reduced by 1/180 of 1% for each of the first 60 months and 1/360 of 1% for each of the next 60 months that early retirement precedes normal retirement.
<b>Vested Termination</b>	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit at the date of termination. Reduced payments may begin any time after eligibility for early retirement based on the same reductions as early retirement from active status.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
EIN: 36-2875386 PN: 016

**Disability**

Eligibility	Totally and permanently disabled with five years of vesting service.
Benefit	The accrued benefit at the date of disability, payable immediately with the same reductions as early retirement and further reduced actuarially for commencement prior to age 55.

**Surviving Spouse**

Eligibility	Married for one year and five years of vesting service.
Benefit	A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

**Normal Form of Annuity**

Without Spouse	Single life annuity.
With Spouse	50% Joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

**Optional Forms of Annuity**

Single life annuity  
5-year certain and life annuity  
10-year certain and life annuity  
15-year certain and life annuity  
100% joint and survivor annuity  
75% joint and survivor annuity  
66<sup>2</sup>/<sub>3</sub>% joint and survivor annuity  
50% joint and survivor annuity  
Level income annuity  
Single life annuity with full cash refund  
Lump sum

**Actuarial Equivalence**

1971 Group Annuity Mortality Table for Males, set back one year for participants and five years for beneficiaries and 6% interest rate.

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
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**Definitions**

Compensation	Total, regular cash compensation including overtime, bonuses, commissions, incentive compensation, unused vacation pay and income realized for federal income tax purposes as a result of the grant or exercise of a stock option.
Benefit Service	A full year of credited service is earned if the employee works 1,000 or more hours in one plan year. No benefit service may be earned after December 31, 2003.
Vesting Service	A full year of vesting service is earned if the employee works 1,000 or more hours in one plan year.

**Plan Changes Since the Prior Year**

The funding valuation reflects the following plan changes since the prior year:

- The Penton Media, Inc. Retirement Plan was terminated on November 30, 2024.

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

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

PENTON MEDIA, INC. RETIREMENT PLAN

EMPLOYER NO. 36-2875386

PLAN NO. 016

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

November 30, 2024

(a)	Identity of (b) <u>Party</u>	(c) <u>Description of Investment</u>	Shares/ <u>Units</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		Common/collective trust funds:			
*	BNY	EB Temporary Investment Fund of BNY	13,914,547	\$13,914,547	\$13,914,547
*	Aon	Non-U.S. Equity Index Fund	1,609	10,412	10,766
*	Aon	Large Cap Equity Index Fund	10,936	102,556	106,186
*	Aon	Core Real Estate Fund	1,359,346	12,009,581	12,016,620
*	Aon	High Yield Plus Class I	17,976	169,475	186,050
*	Aon	Small Cap Equity Index Fund	3,808	20,093	20,180
	Global Trust	Global Equity Fund	75,323	875,919	879,603
	Global Trust	Global Real Estate Fund	109,730	<u>1,399,659</u>	<u>1,426,244</u>
		Total common/collective trust funds		<u>\$28,502,242</u>	<u>\$28,560,196</u>

\* Represents a party-in-interest

Schedule SB Attachment (Form 5500)—December 1, 2023 Plan Year  
Penton Media, Inc. Retirement Plan  
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 692,835	December 1, 2020	12	\$ 76,451
Shortfall	\$ (385,739)	December 1, 2021	13	\$ (40,306)
Shortfall	\$ 3,209,567	December 1, 2022	14	\$ 319,411
Shortfall	\$ 654,881	December 1, 2023	15	\$ 62,376