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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MARITZ HOLDINGS INC.

TAX DEPARTMENT
1375 NORTH HIGHWAY DRIVE
FENTON, MO 63099

2b Employer Identification Number (EIN)
43-0393480

2c Plan Sponsor's telephone number
636-827-1493

2d Business code (see instructions)
551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	STEVEN GALLANT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	HOLLY FRANCOIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

MARITZ HOLDINGS INC

1375 NORTH HIGHWAY DRIVE
FENTON, MO 63099

3b Administrator's EIN
40-0393480

3c Administrator's telephone number
636-827-1493

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1642
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	383
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	326
b	Retired or separated participants receiving benefits	**6b**	474
c	Other retired or separated participants entitled to future benefits	**6c**	651
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1451
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	101
f	Total. Add lines **6d** and **6e**.	**6f**	1552
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 04/30/2025

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

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

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	81648130
b Actuarial value	**2b**	79486886

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	564	47971843	47971843
b For terminated vested participants	696	17121156	17121156
c For active participants	383	14750888	14750888
d Total	1643	79843887	79843887

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	108000
c Target normal cost	**6c**	108000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2026
Date

JASON R. BENBOW
Type or print name of actuary

26-07392
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5900
Telephone number (including area code)

WILLIS TOWERS WATSON US LLC
7733 FORSYTH BOULEVARD SUITE 1350
ST. LOUIS, MO 63105

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 II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9283667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1185492
9	Amount remaining (line 7 minus line 8)	0	8098175
10	Interest on line 9 using prior year's actual return of 6.94 %	0	562013
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.94 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8660188

Part III Funding Percentages

14	Funding target attainment percentage	14	88.70 %
15	Adjusted funding target attainment percentage	15	88.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 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**	108000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9017189	358207
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**	466207

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	466207	466207

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

WILLIS TOWERS WATSON

PIERRE LACLEDE CENTER
7733 FORSYTH BLVD STE 1350
ST.LOUIS, MO 63105

(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?
11 50	NONE	324249	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUN LIFE INVESTMENT MANAGEMENT

68-0635051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	175220	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEQUOIA FINANCIAL GROUP LLC

3500 EMBASSY PKWY
SUITE 100
AKRON, OH 44333

34-1913858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	109784	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	36314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION BENEFIT INFORMATION

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 65	NONE	14810	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMPSON COBURN

ONE US BANK PLAZA
ST. LOUIS, MO 63101

(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?
29 50	NONE	10717	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: THE BANK OF NEW YORK MELLON

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	1844730

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4093155	3742799
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	9424400	9362700
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	32077031	35682703
(B) All other	1c(3)(B)	20880937	25796202
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3102060	2523885
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10087526	1844730
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2556648	2058178
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	82221757	81011197
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	86832	96724
1k Total liabilities (add all amounts in lines 1g through1j)	1k	86832	96724
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	82134925	80914473

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2002	
(B) U.S. Government securities	2b(1)(B)	192241	
(C) Corporate debt instruments	2b(1)(C)	2602925	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7299	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2800463
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	263363	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		263363
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	22895535	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22566951	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		328584
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1426872	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1426872

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		109692
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11833
c Other income	2c		3256971
d Total income. Add all **income** amounts in column (b) and enter total	2d		8174112
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8549417	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8549417
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	285004	
(6) Bank or trust company trustee/custodial fees	2i(6)	36314	
(7) Actuarial fees	2i(7)	324249	
(8) Legal fees	2i(8)	10717	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	188863	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		845147
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9394564
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1220452
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 616235.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 25-1926855 25-1871448

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 66

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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:

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 91.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 6.0 % Other: 2.0 %

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_____.

Maritz Holdings, Inc. Retirement Plan

EIN 43-0393480 PN 001

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 (in Liquidation) and 2024 (Ongoing)

Maritz Holdings, Inc. Retirement Plan
Contents
December 31, 2025 (in Liquidation) and 2024 (Ongoing)

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 16

Schedule H, Line 4j – Schedule of Reportable Transactions 22

Forvis Mazars, LLP
One Metropolitan, 211 N. Broadway, Suite 600
St. Louis, MO 63102
P 314.231.5544 | F 314.231.9731
forvismazars.us

Independent Auditor's Report

Plan Administrator and Benefits Committee
Maritz Holdings, Inc. Retirement Plan
Fenton, Missouri

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

We have performed audits of the financial statements of Maritz Holdings, Inc. Retirement Plan (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 December 31, 2025 and 2024, 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 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 Auditor's Responsibilities for the Audit 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.

- 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 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 Auditor's Responsibilities for the Audit 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Benefits Committee of Maritz Holdings, Inc., the Plan Sponsor, approved a resolution to terminate the Plan effective April 30, 2025, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2024 financial statements to the liquidation basis in presenting the 2025 financial statements. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with 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 certification, 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 accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor'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 Department of Labor'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 by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

St. Louis, Missouri
October 8, 2026

Federal Employer Identification Number: 44-0160260

Maritz Holdings, Inc. Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 (in Liquidation) and 2024 (Ongoing)

	2025	2024
ASSETS		
Investments, at Fair Value	$ 77,268,398	$ 78,128,602
Receivables		
Accrued interest and dividends	671,434	650,037
Pending trade receivables	2,597,791	2,956,323
	3,269,225	3,606,360
Prepaid Benefit Payments	473,574	486,795
Total Assets	81,011,197	82,221,757
LIABILITIES		
Other Liabilities	96,724	86,832
Net Assets Available for Benefits	$ 80,914,473	$ 82,134,925

See Notes to Financial Statements

Maritz Holdings, Inc. Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 (in Liquidation) and 2024 (Ongoing)

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 5,000,594	$ 2,957,187
Interest and dividends	3,173,518	2,484,077
Total Additions	8,174,112	5,441,264
Deductions		
Benefits paid to participants	8,549,417	7,773,171
Administrative expenses	845,147	541,060
Total Deductions	9,394,564	8,314,231
Net Decrease	(1,220,452)	(2,872,967)
Net Assets Available for Benefits, Beginning of Year (Ongoing)	82,134,925	85,007,892
Net Assets Available for Benefits, End of Year (Ongoing)		$ 82,134,925
Net Assets Available for Benefits, End of Year (In Liquidation)	$ 80,914,473	

Note 1. Description of the Plan

The following description of Maritz Holdings, Inc. Retirement Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan Document, which is available from the Plan Administrator.

General

The Plan is a noncontributory defined benefit plan covering eligible employees of Maritz Holdings, Inc. and its domestic subsidiaries (the Company) and provides for retirement, death and disability benefits. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Bank of New York Mellon/ BNY Mellon, N.A. is the trustee of the Plan.

Employees are a participant in the Plan if they participated in the prior retirement plan and were an active employee on January 1, 1996. Otherwise, employees are eligible after completing 1,000 hours in the first 12 months of employment, if attained by April 30, 2007.

The Plan is administered by the Company's Benefits Committee (Committee), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Benefits Committee approved a resolution to terminate the Plan effective April 30, 2025. The net assets of the Plan will be allocated as laid out further in Note 3. The liquidation of the Plan is considered imminent.

Contributions

The Company has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past-service costs plus interest on them over a period of 25 years. The Plan has met the minimum funding requirements established by ERISA.

Pension Benefits

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

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

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

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

Benefits under the Plan are based on employees' compensation during their years of service. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55. Accrued benefits are payable as an annuity over the participant's lifetime or as a qualified joint and one half-survivor annuity. Participants may elect to receive the portion of the accrued benefits attributable to the participant's contributions in the form of a lump-sum payment.

Death Benefits

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

Vesting

Participants who leave the Company are entitled to receive his or her vested accrued benefit. All accumulated plan benefits are fully vested as of December 31, 2025.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying 2024 financial statements were prepared on the accrual basis of accounting. Due to the approved termination of the Plan, the accompanying 2025 financial statements were prepared on the liquidation basis of accounting.

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. Mutual funds, exchange-traded funds, and U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

The Plan's interest in the common collective trust fund, private equity limited partnership and hedge funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians and insurance companies. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution, except for prepaid benefit payments.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated plan benefits, see Note 6, are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries.

Benefits under the Plan are based on employees' average compensation during their years of service. Benefits payable under all circumstances—retirement, death, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Pending Trade Receivables

Pending trade receivables represents pending trades at year-end that have not been settled. The Plan records these trades as an asset until the transaction is settled and the resulting cash proceeds will be used to fund benefit payments.

Prepaid Benefit Payments

Prepaid benefit payments represent January annuity payments paid prior to year-end. The Plan records these payments as an asset at year-end, until the subsequent month when the distribution is recorded.

Note 3. Plan Termination

Upon plan termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below

c. All other vested benefits (that is, vested benefits not insured by the PBGC)

d. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC upon Plan termination. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, The Bank of New York Mellon/BNY Mellon, N.A., a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.
- Investment information included in the accompanying Schedule of Assets (Held at End of Year) as of December 31, 2025 and the accompanying Schedule of Reportable Transactions for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 5. Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

	2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Government agency obligations	$ 9,362,700	$ 9,107,729	$ 254,971	$ -
Corporate debt instruments	61,478,905	-	61,478,905	-
Exchange-traded fund	2,058,178	2,058,178	-	-
Total assets in the fair value hierarchy	72,899,783	$ 11,165,907	$ 61,733,876	$ -
Investments measured at net asset value [(A)]	4,368,615			
	$ 77,268,398			

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Government agency obligations	$ 9,424,400	$ 9,123,029	$ 301,371	$ -
Corporate debt instruments	52,957,968	-	52,957,968	-
Exchange-traded fund	2,556,648	2,556,648	-	-
Total assets in the fair value hierarchy	64,939,016	$ 11,679,677	$ 53,259,339	$ -
Investments measured at net asset value [(A)]	13,189,586			
	$ 78,128,602			

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. The Plan has no Level 3 investments.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Equity Long/Short Hedge Fund[A]	$ 121,098	N/A	Semi-Annually	105 Days
Common Collective Trust Funds[B]	1,844,730	N/A	Daily	7 Days
Multi-Strategy Hedge Funds[C]	1,621,813	N/A	Quarterly	45 Days
Private Equity Fund[D]	780,974	N/A	N/A	N/A
	$ 4,368,615			

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Equity Long/Short Hedge Fund[A]	$ 146,065	N/A	Semi-Annually	105 Days
Common Collective Trust Funds[B]	10,087,526	N/A	Daily	7 Days
Multi-Strategy Hedge Funds[C]	1,546,703	N/A	Quarterly	45 Days
Private Equity Fund[D]	1,409,292	N/A	N/A	N/A
	$ 13,189,586			

(A) This category includes investments in hedge funds that take both long and short positions, primarily in U.S. common stocks. Management of the funds has the ability to shift investments among differing investment strategies. The funds aim to provide investors with immediate exposure to long and short positions to further diversify the portfolio of investments.

(B) This category includes collective trust funds that invest in investments that pursue multiple strategies to exceed the performance of certain industrial averages or to provide targeted returns.

(C) This category includes membership interests in registered private investment funds which are "non-traditional" or "alternative" investment strategies seeking to achieve consistent, non-correlated returns with reduced volatility. Management of the funds focus on investments in select, targeted markets. The funds aim to provide investors with immediate exposure to a large, diverse portfolio of quality investments.

(D) This category includes a private equity fund that has the sole purpose to purchase an interest in Skybridge Chime. Investments primarily consist of private preferred stock investments, with the transaction price being the best estimate of fair value at inception. The Fund generally uses the market approach to value investments in private operating companies.

Note 6. Accumulated Plan Benefits

An actuary from Willis Towers Watson LLC determines the actuarial present value of accumulated plan benefits, which is the amount that results from 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of January 1, 2025 was as follows:

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits	
Retired participants receiving payments	$ 48,177,413
Other participants	31,566,234
Total actuarial present value of accumulated plan benefits	$ 79,743,647

Changes in the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits, January 1, 2024	$ 82,938,356
Increase (decrease) during the year attributable to	
Change in actuarial assumptions	(815,890)
Increase for interest due to the decrease in the discount period	4,181,766
Actuarial loss	1,212,586
Benefits paid	(7,773,171)
Net decrease	(3,194,709)
Actuarial present value of accumulated plan benefits, January 1, 2025	$ 79,743,647

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 1.69%
- Discount rate for benefit plans: 5.29%
- Mortality basis: Pri-2012 with MP 2019 scale adjustments
- Retirement: Rates varying by age, average age 62
- Asset valuation: Market

The actuarial assumptions are based on the assumption that the plan termination is as of April 30, 2025. The assumed rate of return on the investments is based on the assumption that at January 1, 2025, the Plan assets would be more liquid in nature for the plan termination. The rate of return on investments will vary depending on timing of final termination and assets held throughout the termination process. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

Note 7. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

The Bank of New York Mellon/BNY Mellon, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Company directly pays any other fees related to the Plan's operations.

The Company provides certain administrative services at no cost to the Plan.

Note 8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated July 28, 2016, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. 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 statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported 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 estimation and assumption 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.

Note 10. Subsequent Events

Subsequent events have been evaluated through October 8, 2026, which is the date the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The Interest crediting rate was updated from 5.00% to 4.38%.

Plan Name:	Maritz Holdings, Inc. Retirement Plan
EIN / PN:	43-0393480/001
Plan Sponsor:	Maritz Holdings, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	8	10	1	0	0	0	0	0	0	19
45-49	0	7	18	22	1	0	0	0	0	0	48
50-54	0	8	18	21	17	2	0	0	0	0	66
55-59	0	4	22	20	33	27	1	0	0	0	107
60-64	0	4	26	11	27	25	4	2	0	0	99
65-69	0	0	6	5	10	7	3	3	1	0	35
70 & over	0	0	1	2	2	0	0	1	0	0	6
Total	0	33	102	82	90	61	8	6	1	0	383

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	2,565,166	2,253,357	5,705,220	10,523,743
2026	1,848,848	1,909,170	5,468,417	9,226,435
2027	1,524,684	1,976,107	5,223,111	8,723,902
2028	1,484,302	1,809,124	4,969,372	8,262,798
2029	1,290,865	1,681,522	4,707,981	7,680,368
2030	1,174,828	1,546,363	4,438,351	7,159,542
2031	1,089,918	1,524,195	4,163,504	6,777,617
2032	945,018	1,318,196	3,887,065	6,150,279
2033	905,808	1,169,506	3,608,823	5,684,137
2034	851,600	1,107,465	3,330,984	5,290,049
2035	734,917	1,005,575	3,056,056	4,796,548
2036	689,579	903,398	2,786,545	4,379,522
2037	589,715	831,585	2,524,948	3,946,248
2038	580,525	710,253	2,273,616	3,564,394
2039	518,299	666,391	2,034,644	3,219,334
2040	474,319	574,239	1,809,824	2,858,382
2041	462,677	526,455	1,600,537	2,589,669
2042	436,543	437,843	1,407,697	2,282,083
2043	403,141	426,503	1,231,736	2,061,380
2044	378,553	374,549	1,072,640	1,825,742
2045	355,165	352,689	929,993	1,637,847
2046	334,923	334,666	803,070	1,472,659
2047	317,177	306,213	690,913	1,314,303
2048	294,614	264,211	592,429	1,151,254
2049	280,025	240,070	506,441	1,026,536
2050	261,375	229,072	431,739	922,186
2051	245,232	198,717	367,135	811,084
2052	228,974	181,110	311,492	721,576

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	212,109	163,297	263,742	639,148
2054	196,064	146,327	222,910	565,301
2055	179,590	131,153	188,107	498,850
2056	163,706	115,943	158,541	438,190
2057	148,024	102,109	133,513	383,646
2058	132,868	88,618	112,413	333,899
2059	118,343	76,386	94,696	289,425
2060	104,549	65,208	79,884	249,641
2061	91,594	55,135	67,554	214,283
2062	79,565	46,183	57,329	183,077
2063	68,524	38,335	48,879	155,738
2064	58,504	31,543	41,914	131,961
2065	49,514	25,737	36,185	111,436
2066	41,539	20,832	31,479	93,850
2067	34,540	16,734	27,609	78,883
2068	28,463	13,344	24,421	66,228
2069	23,242	10,568	21,781	55,591
2070	18,805	8,312	19,582	46,699
2071	15,073	6,494	17,732	39,299
2072	11,967	5,040	16,157	33,164
2073	9,409	3,885	14,797	28,091
2074	7,325	2,974	13,601	23,900

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

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2049	280,025	240,070	506,441	1,026,536
2050	261,375	229,072	431,739	922,186
2051	245,232	198,717	367,135	811,084
2052	228,974	181,110	311,492	721,576

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	212,109	163,297	263,742	639,148
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2055	179,590	131,153	188,107	498,850
2056	163,706	115,943	158,541	438,190
2057	148,024	102,109	133,513	383,646
2058	132,868	88,618	112,413	333,899
2059	118,343	76,386	94,696	289,425
2060	104,549	65,208	79,884	249,641
2061	91,594	55,135	67,554	214,283
2062	79,565	46,183	57,329	183,077
2063	68,524	38,335	48,879	155,738
2064	58,504	31,543	41,914	131,961
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2066	41,539	20,832	31,479	93,850
2067	34,540	16,734	27,609	78,883
2068	28,463	13,344	24,421	66,228
2069	23,242	10,568	21,781	55,591
2070	18,805	8,312	19,582	46,699
2071	15,073	6,494	17,732	39,299
2072	11,967	5,040	16,157	33,164
2073	9,409	3,885	14,797	28,091
2074	7,325	2,974	13,601	23,900

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	1	0	0	0	0	0	0	0	3
40-44	0	8	10	1	0	0	0	0	0	0	19
45-49	0	7	18	22	1	0	0	0	0	0	48
50-54	0	8	18	21	17	2	0	0	0	0	66
55-59	0	4	22	20	33	27	1	0	0	0	107
60-64	0	4	26	11	27	25	4	2	0	0	99
65-69	0	0	6	5	10	7	3	3	1	0	35
70 & over	0	0	1	2	2	0	0	1	0	0	6
Total	0	33	102	82	90	61	8	6	1	0	383

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	1,299,089	15.00000	1,299,089	121,128
2. Shortfall	01/01/2024	374,445	14.00000	348,857	34,067
3. Shortfall	01/01/2023	3,277,506	13.00000	2,920,497	300,156
4. Shortfall	01/01/2022	(4,407,698)	12.00000	(3,744,287)	(407,322)
5. Shortfall	01/01/2021	(914,950)	11.00000	(735,929)	(85,311)
6. Shortfall	01/01/2020	11,843,028	10.00000	8,928,962	1,111,902
Total				9,017,189	1,074,620
Prorated for short plan year					358,207

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective on March 17, 2025.

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

Definitions

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

SCHEDULE SB ATTACHMENTS

Monthly Pension Benefit

Monthly pension benefit under prior plan

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

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

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

Minimum pension benefit under prior plan

The greater of:

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

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

Opening balance credit

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

SCHEDULE SB ATTACHMENTS

Cash balance benefit

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

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

The above amounts are credited each year a participant completes at least 1,000 hours of service. All amounts are accumulated using an interest credit equal to the average yield on 1-year treasuries for the month of October preceding the first day of the plan year. In no event will the interest credit be less than 4% nor greater than 8%. The interest crediting rate for interest granted after April 30, 2025 was set at 4.38% as a result of the plan termination.

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

Monthly preretirement death benefit

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

Eligibility for Benefits

Normal retirement

Retirement on NRD

SCHEDULE SB ATTACHMENTS

Early retirement	For grandfathered participants, Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service. For non-grandfathered participants, Retirement may occur anytime after separation from service and completion of three years of vesting service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

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

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the 417(e) applicable mortality table and an 8.00% interest rate.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
2021 Retiree Annuity Purchase	In December 2021, retirees and in-payment beneficiaries with monthly benefits less than or equal to $300 per month and in payment as of January 1, 2021 were settled through the purchase of an annuity contract. Assets and liabilities for the affected participants and beneficiaries were transferred to Western-Southern Life Assurance Agency for payments commencing January 1, 2022. Participants and beneficiaries were excluded if their benefit was impacted by a QDRO, they resided outside of the US or in the state of New York, or if they had other administrative complexities.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

The Maritz Holdings Inc. Retirement Plan has set an effective date of plan termination of April 30, 2025. It is intended the plan will offer lump sum payments to certain participants (who are not receiving annuity payments) and will settle all remaining benefits owed by the plan through a group annuity contract with a reputable and secure insurance company.

Changes in Benefits Valued Since Prior Year

The plan was amended effective March 17, 2025 to update the following provisions:

- Set a plan termination date effective April 30, 2025
- Update the interest crediting rate to 4.38% after the plan termination date
- Update the 417(e)(3) annuity conversion rates that apply after the plan termination date (segment rates of 3.02%, 4.16%, 4.51%).
- Update the small benefit cashout limit from $5,000 to $7,000
- Update the required minimum distribution age from 70 ½ to the applicable age as defined by Section 401(a)(9)(C)(5) of the Code.

There were no other substantive plan changes.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.29%	5.28%

Annual rates of increase:

- Compensation: N/A
- Interest crediting rate: 4.38%

Expenses assumed to be paid from the trust are treated as an addition to target normal cost.

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
• Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Disabled	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and service.

Representative Termination Rates

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

Disability

None.

Retirement

Rates varying by age, average age 62.

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

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

SCHEDULE SB ATTACHMENTS

From Terminated Vested Status Percentage retiring during the year		
Age	GF Rate	NGF Rate
55	5%	5%
56	5%	5%
57	5%	5%
58	5%	5%
59	5%	5%
60	5%	10%
61	5%	10%
62	5%	10%
63	5%	10%
64	5%	10%
65	60%	25%
66	25%	25%
67	25%	25%
68	25%	25%
69	25%	25%
70	100%	100%

Benefit commencement date:

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

Form of payment

Actives electing payment: Calculation of Lump Sum: 70% of participants are assumed to elect a lump sum form of payment under the plan when eligible. 50% of those electing an annuity are assumed to elect a 50% Joint and Survivor annuity.

Terminated vested electing payment: 90% of participants with access to a lump sum are assumed to elect a lump sum form of payment; the remaining 10% are assumed to elect a single life annuity. For participants with no lump sum option, 75% of participants are assumed to elect a single life annuity and 25% of participants are assumed to elect a 100% Joint and Survivor annuity

SCHEDULE SB ATTACHMENTS

Percent married	100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Plan-related expenses	$108,000. Plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming plan year.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

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

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

Benefits not valued

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

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

Plan Name: Maritz Holdings, Inc. Retirement Plan
EIN / PN: 43-0393480/001
Plan Sponsor: Maritz Holdings, Inc.
Valuation Date: January 1, 2025

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 04/30/2025

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

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

A Name of plan
MARITZ HOLDINGS INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MARITZ HOLDINGS INC.

D Employer Identification Number (EIN)
43-0393480

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	81,648,130
b Actuarial value	2b	79,486,886

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	564	47,971,843	47,971,843
b For terminated vested participants	696	17,121,156	17,121,156
c For active participants	383	14,750,888	14,750,888
d Total	1,643	79,843,887	79,843,887

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.29%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	108,000
c Target normal cost	6c	108,000

Statement by Enrolled Actuary

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

SIGN HERE

JASON R. BENBOW JRB
Signature of actuary

10-13-2026
Date

JASON R. BENBOW
Type or print name of actuary

2607392
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

314-719-5900
Telephone number (including area code)

7733 FORSYTH BOULEVARD
SUITE 1350
ST. LOUIS MO 63105
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 II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	9,283,667
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,185,492
9	Amount remaining (line 7 minus line 8)	0	8,098,175
10	Interest on line 9 using prior year's actual return of 6.94 %	0	562,013
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.94 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,660,188

Part III Funding Percentages

14	Funding target attainment percentage	14	88.70 %
15	Adjusted funding target attainment percentage	15	88.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 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	108,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9,017,189	358,207
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	466,207

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	466,207	466,207

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under 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

Maritz Holdings, Inc. Retirement Plan
EIN 43-0393480 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Issuer and Description of Investment	Shares/Units/Par	Current Value
Exchange Traded Fund		
STONE RIDGE H/Y REIN RSK-I	230,996 shares	$ 2,058,178
Government Agency Obligations		
GNMA GTD REMIC P/T 24-29 AE	143,707 par	138,594
CALIFORNIA ST	100,000 par	116,377
U S TREASURY NOTE	140,000 par	143,030
U S TREASURY NOTE	325,000 par	327,792
U S TREASURY NOTE	540,000 par	545,654
U S TREASURY NOTE	1,155,000 par	1,165,834
U S TREASURY NOTE	255,000 par	254,243
U S TREASURY NOTE	620,000 par	612,442
U S TREASURY BOND	115,000 par	104,435
U S TREASURY BOND	155,000 par	142,781
U S TREASURY BOND	380,000 par	375,071
U S TREASURY BOND	420,000 par	432,730
U S TREASURY BOND	140,000 par	138,250
U S TREASURY BD CPN STRIP	775,000 par	207,173
U S TREASURY BD CPN STRIP	465,000 par	175,477
U S TREASURY BD CPN STRIP	1,715,000 par	702,876
U S TREASURY BD CPN STRIP	775,000 par	312,890
U S TREASURY BD CPN STRIP	465,000 par	185,079
U S TREASURY BD CPN STRIP	385,000 par	149,040
U S TREASURY BD CPN STRIP	200,000 par	76,540
U S TREASURY BD CPN STRIP	1,470,000 par	538,858
U S TREASURY BD CPN STRIP	100,000 par	36,197
U S TREASURY BD CPN STRIP	1,340,000 par	467,178
U S TREASURY BD CPN STRIP	200,000 par	68,804
U S TREASURY BD CPN STRIP	350,000 par	117,439
U S TREASURY BD CPN STRIP	935,000 par	305,951
U S TREASURY BD CPN STRIP	1,190,000 par	365,175
U S TREASURY BD CPN STRIP	550,000 par	164,379
U S TREASURY BD CPN STRIP	420,000 par	119,129
U S TREASURY BD CPN STRIP	1,010,000 par	279,558
U S TREASURY BD CPN STRIP	730,000 par	200,086
U S TREASURY BD CPN STRIP	425,000 par	103,080
U S TREASURY BD CPN STRIP	570,000 par	137,126
U S TREASURY BD PRIN STRIP	610,000 par	153,432
		9,362,700

Issuer and Description of Investment	Shares/Units/Par	Current Value
Corporate Debt Instruments		
ABBVIE INC	280,000 par	290,321
AERCAP IRELAND CAPITAL DAC / A	605,000 par	586,747
ALEXANDRIA REAL ESTATE EQUITIE	425,000 par	364,467
ALLSTATE CORP/THE	310,000 par	256,231
ALPHABET INC	235,000 par	221,741
AMAZON.COM INC	850,000 par	511,292
AMEREN ILLINOIS CO	195,000 par	149,294
AMERICAN ELECTRIC POWER CO INC	315,000 par	324,617
AMERICAN EXPRESS CO	420,000 par	432,705
AMERICAN HONDA FINANCE CORP	290,000 par	308,444
AMERICAN HONDA FINANCE CORP	260,000 par	262,930
AMERICAN TOWER CORP	735,000 par	725,364
AMGEN INC	450,000 par	408,470
AMPHENOL CORP	230,000 par	220,630
ANHEUSER-BUSCH INBEV WORLDWIDE	685,000 par	710,605
APPLE INC	905,000 par	809,287
ARES CAPITAL CORP	350,000 par	358,659
ARTHUR J GALLAGHER & CO	240,000 par	243,053
ASTRAZENECA PLC	125,000 par	84,254
AT&T INC	300,000 par	296,928
AVALONBAY COMMUNITIES INC	555,000 par	577,833
BANK OF AMERICA CORP	390,000 par	288,639
BANK OF AMERICA CORP	465,000 par	443,708
BBCMS MORTGAGE TRUST 20 C22 AS	60,000 par	66,176
BENCHMARK 2020-I IG3 T33B 144A	100,000 par	75,292
BHP BILLITON FINANCE USA LTD	380,000 par	388,280
BLACKSTONE PRIVATE CREDIT FUND	515,000 par	505,982
BMO 2022-C2 MORTGAGE TRU C2 AS	70,000 par	69,038
BMO 2023-C7 A5	125,000 par	134,249
BMO 2025-C12 MORTGAGE T C12 AS	195,000 par	208,605
BNP PARIBAS SA 144A	490,000 par	464,280
BORGWARNER INC	520,000 par	532,506
BOSTON GAS CO 144A	450,000 par	430,295
BP CAPITAL MARKETS AMERICA INC	660,000 par	602,012
BREAN ASSET BACKE RM11 A1 144A	184,563 par	182,094
BREAN ASSET BACKED RM6 A1 144A	86,140 par	86,325
BREAN ASSET BACKED RM7 A2 144A	110,000 par	107,142
BROADCOM INC	195,000 par	192,641
BURLINGTON NORTHERN SANTA FE L	440,000 par	427,222
CAMERON LNG LLC 144A	485,000 par	447,907
CANADIAN NATIONAL RAILWAY CO	240,000 par	183,310
CAPITAL ONE FINANCIAL CORP	390,000 par	394,649
CENTERPOINT ENERGY RESOURCES C	305,000 par	271,965
CF HIPPOLYTA ISSUER 1A A1 144A	93,133 par	75,195

Issuer and Description of Investment	Shares/Units/Par	Current Value
Corporate Debt Instruments, Continued		
CHUBB INA HOLDINGS LLC	265,000 par	271,593
CIGNA GROUP/THE	270,000 par	250,790
CISCO SYSTEMS INC	115,000 par	119,493
CISCO SYSTEMS INC	305,000 par	314,464
CITIGROUP INC	500,000 par	468,540
COMCAST CORP	820,000 par	803,461
COMCAST CORP	350,000 par	244,293
COMMONWEALTH EDISON CO	65,000 par	52,645
COMMONWEALTH EDISON CO	295,000 par	231,495
CONAGRA BRANDS INC	700,000 par	665,147
CONOCOPHILLIPS CO	290,000 par	271,022
CONSOLIDATED EDISON CO OF NEW	431,000 par	376,841
CONSUMERS ENERGY CO	50,000 par	50,942
COPT DEFENSE PROPERTIES LP	515,000 par	481,247
COREBRIDGE FINANCIAL INC	680,000 par	696,436
CVS HEALTH CORP	635,000 par	564,547
DELL INTERNATIONAL LLC / EMC C	280,000 par	284,068
DRIVE AUTO RECEIVAB S1 R1 144A	174,713 par	176,374
DRIVE AUTO RECEIVABLES TRU 2 D	700,000 par	705,901
DTE ELECTRIC CO	525,000 par	488,439
DTE ELECTRIC CO	145,000 par	95,709
EASTERN ENERGY GAS HOLDINGS LL	390,000 par	412,491
ELEVANCE HEALTH INC	565,000 par	550,321
ELI LILLY & CO	265,000 par	213,829
EMERSON ELECTRIC CO	90,000 par	92,036
ENEL FINANCE INTERNATIONA 144A	475,000 par	468,797
ENERGY TRANSFER LP	155,000 par	167,589
ENERGY TRANSFER LP	670,000 par	669,444
ENTERGY TEXAS INC	305,000 par	313,375
ENTERPRISE PRODUCTS OPERATING	250,000 par	253,273
EPR PROPERTIES	35,000 par	35,103
EQUINOR ASA	360,000 par	303,624
EVERSOURCE ENERGY	365,000 par	359,981
EXETER AUTOMOBILE RE 2A E 144A	95,000 par	94,618
EXETER AUTOMOBILE RECEIVA 1A C	690,000 par	698,577
EXETER AUTOMOBILE RECEIVA 2A D	376,179 par	376,473
EXETER AUTOMOBILE RECEIVA 4A D	215,000 par	219,730
EXETER AUTOMOBILE RECEIVA 5A D	245,000 par	246,154
EXXON MOBIL CORP	80,000 par	54,827
FINANCE OF AMERICA S6 A1 144A	91,253 par	91,495
FLORIDA POWER & LIGHT CO	535,000 par	446,976
GA GLOBAL FUNDING TRUST 144A	110,000 par	112,588
GENERAL DYNAMICS CORP	615,000 par	565,339
GENERAL MOTORS FINANCIAL CO IN	530,000 par	529,216

Issuer and Description of Investment	Shares/Units/Par	Current Value
Corporate Debt Instruments, Continued		
GEORGIA POWER CO	330,000 par	336,907
GOLDMAN SACHS GROUP INC/THE	560,000 par	497,913
GOLDMAN SACHS GROUP INC/THE	270,000 par	243,275
HALEON US CAPITAL LLC	615,000 par	586,040
HCA INC	540,000 par	553,424
HOME DEPOT INC/THE	490,000 par	424,806
HONEYWELL INTERNATIONAL INC	335,000 par	318,032
HYUNDAI CAPITAL AMERICA 144A	615,000 par	634,957
INTERCONTINENTAL EXCHANGE INC	450,000 par	335,034
IRV TRUST 2025-200 200P C 144A	310,000 par	315,196
JOHN DEERE CAPITAL CORP	390,000 par	402,991
JOHNSON & JOHNSON	440,000 par	405,579
JPMDB COMMERCIAL MORTGAG C5 AS	190,000 par	174,422
JPMORGAN CHASE & CO	540,000 par	485,752
JPMORGAN CHASE & CO	525,000 par	501,459
KIMBERLY-CLARK CORP	55,000 par	43,332
KIMCO REALTY OP LLC	145,000 par	143,750
KIMCO REALTY OP LLC	445,000 par	491,569
KINDER MORGAN INC	435,000 par	447,715
LOCKHEED MARTIN CORP	90,000 par	71,663
LPL HOLDINGS INC	350,000 par	358,526
MANUFACTURERS & TRADERS TRUST	705,000 par	696,766
MANULIFE FINANCIAL CORP	425,000 par	423,649
MARS INC 144A	210,000 par	211,737
METROPOLITAN LIFE GLOBAL 144A	250,000 par	240,955
MICROSOFT CORP	235,000 par	144,231
MICROSOFT CORP	445,000 par	292,814
MIDAMERICAN ENERGY CO	190,000 par	156,197
MILL CITY MORTGAGE L 2 M3 144A	85,000 par	80,952
MORGAN STANLEY	765,000 par	672,473
MOTOROLA SOLUTIONS INC	615,000 par	630,523
MPLX LP	190,000 par	191,558
NATIONAL RURAL UTILITIES COOPE	160,000 par	158,104
NATIONAL RURAL UTILITIES COOPE	350,000 par	375,739
NATWEST GROUP PLC	385,000 par	380,827
NEVADA POWER CO	565,000 par	556,853
NEW YORK LIFE INSURANCE C 144A	375,000 par	279,124
NORFOLK SOUTHERN CORP	45,000 par	46,066
NSTAR ELECTRIC CO	110,000 par	112,495
OGE ENERGY CORP	330,000 par	342,042
OMNICOM GROUP INC	490,000 par	445,062
ONCOR ELECTRIC DELIVERY CO LLC	450,000 par	340,637
ORACLE CORP	285,000 par	291,125
ORACLE CORP	170,000 par	170,913
O'REILLY AUTOMOTIVE INC	550,000 par	482,378
PACIFIC GAS AND ELECTRIC CO	375,000 par	363,641

Issuer and Description of Investment	Shares/Units/Par	Current Value
Corporate Debt Instruments, Continued		
PAGAYA AI DEBT GRANTO 1 C 144A	489,958 par	492,712
PAGAYA AI DEBT GRANTO 8 B 144A	210,000 par	210,334
PAYPAL HOLDINGS INC	200,000 par	205,458
PEPSICO INC	260,000 par	171,501
PFIZER INVESTMENT ENTERPRISES	540,000 par	513,049
PHILIP MORRIS INTERNATIONAL IN	390,000 par	398,549
PLAINS ALL AMERICAN PIPELINE L	140,000 par	140,917
PNC BANK NA	650,000 par	651,157
PROLOGIS LP	540,000 par	550,849
PRUDENTIAL FINANCIAL INC	360,000 par	280,544
PUBLIC SERVICE CO OF COLORADO	180,000 par	182,781
PUBLIC SERVICE ELECTRIC AND GA	325,000 par	274,255
REALTY INCOME CORP	135,000 par	137,591
RIDE 2025-SHRE SHRE A 144A	515,000 par	530,378
SANTANDER DRIVE AUTO RECEI 1 C	205,000 par	207,489
SANTANDER DRIVE AUTO RECEI 1 D	90,000 par	91,432
SANTANDER DRIVE AUTO RECEI 4 C	170,000 par	174,294
SANTANDER DRIVE AUTO RECEI 5 D	255,000 par	256,772
SANTANDER HOLDINGS USA INC	650,000 par	646,009
SCOTT TRUST 2023-SF SFS A 144A	50,000 par	51,318
SFAVE COMMERCIAL 5AVE A2B 144A	935,000 par	808,027
SIEMENS FUNDING BV 144A	200,000 par	209,492
SIMON PROPERTY GROUP LP	475,000 par	358,388
SOUTHERN CALIFORNIA EDISON CO	60,000 par	60,392
SOUTHERN CALIFORNIA EDISON CO	380,000 par	388,672
SOUTHWEST AIRLINES CO	350,000 par	354,452
STATE STREET CORP	320,000 par	331,434
TARGA RESOURCES CORP	75,000 par	75,204
TELEFONICA EMISIONES SA	495,000 par	494,609
TEXAS INSTRUMENTS INC	195,000 par	174,461
T-MOBILE USA INC	260,000 par	266,230
T-MOBILE USA INC	80,000 par	82,434
TOTALENERGIES CAPITAL SA	160,000 par	161,678
TOYOTA MOTOR CREDIT CORP	355,000 par	329,678
TRANSCANADA PIPELINES LTD	300,000 par	296,817
TRAVELERS COS INC/THE	260,000 par	211,848
TRINITY HEALTH CORP	35,000 par	25,613
TRUIST BANK	460,000 par	461,426
UBS COMMERCIAL MORTGAGE T C3 B	130,000 par	125,090
UNITED PARCEL SERVICE INC	525,000 par	407,363
UNITEDHEALTH GROUP INC	130,000 par	146,818
UNITEDHEALTH GROUP INC	705,000 par	696,166
US BANCORP	385,000 par	378,186
VENTAS REALTY LP	175,000 par	180,107

Issuer and Description of Investment	Shares/Units/Par	Current Value
Corporate Debt Instruments, Continued		
VERIZON COMMUNICATIONS INC	570,000 par	551,081
VICI PROPERTIES LP	255,000 par	258,691
VIRGINIA ELECTRIC AND POWER CO	485,000 par	503,725
WALMART INC	130,000 par	108,839
WALMART INC	410,000 par	362,501
WELLS FARGO & CO	700,000 par	702,820
WELLS FARGO COMMERCIAL LC25 B	45,000 par	44,419
WELLS FARGO COMMERCIAL M C35 B	120,000 par	118,534
WELLTOWER OP LLC	125,000 par	115,890
WILLIAMS COS INC/THE	50,000 par	50,541
		61,478,905
Common Collective Trust Fund		
EB TEMP INV FD*	1,844,730 units	1,844,730
Private Equity Limited Partnership		
SKYBRIDGE CHIME	780,974 units	780,974
Hedge Funds		
SERENGETI LYCAON	189,641 units	189,641
SERENGETI CARACAL FUND LTD	785 units	991,456
SERENGETI CARACAL II	450 units	440,716
POINTER OFFSHORE III LTD	121,098 units	121,098
		1,742,911
		$ 77,268,398

* Represents a party-in-interest to the Plan

Maritz Holdings, Inc. Retirement Plan
EIN 43-0393480 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity	Description	Purchase Price	Selling Price	Expenses Incurred in Transactions	Cost of Asset	Net Gain (Loss)
Single Transactions						
Sales						
EB TEMP INV FD	Short Term Investment Fund	$ -	$ 6,964,478	$ -	$ 6,964,478	$ -
Series of Transactions						
Purchases						
EB TEMP INV FD	Short Term Investment Fund	$ 19,629,702	$ -	$ -	$ -	$ -
Sales						
EB TEMP INV FD	Short Term Investment Fund	$ -	$ 27,872,498	$ -	$ 27,872,498	$ -