Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/16/1992

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)
FIRST TRUST PORTFOLIOS L.P.

120 E LIBERTY DRIVE, STE 400
WHEATON, IL 60187

2b Employer Identification Number (EIN) 36-3768815

2c Plan Sponsor's telephone number 630-765-8611

2d Business code (see instructions) 523900

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.	10/06/2021	PATRICIA COSTELLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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**	898
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)**	835
a(2) Total number of active participants at the end of the plan year	**6a(2)**	901
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	55
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	956
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**	**6f**	958
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	904
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2R 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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).. . . . . [X] 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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

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

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

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(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?
15 36 37 38 50 64	NONE	18113	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BMO HARRIS BANK NA

36-2085229

(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?
19 21 25 28 52 62 68	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BMO HARRIS BANK NA	19 21 25 28 52 62 68	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK NA 2.25 BPS ON MARKET VALUE ANNUALIZED MONTHLY

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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: FIRST TRUST TARGET DATE FUND 2020

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-046	C	133502

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2030

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-047	C	942842

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2040

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-048	C	2068483

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST TRUST TARGET DATE FUND 2050

b Name of sponsor of entity listed in (a): HAND BENEFITS & TRUST COMPANY

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)
74-2008758-049	C	1264183

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

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

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	229	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	261789	259516
(2) Participant contributions	1b(2)	172850	179169
(3) Other	1b(3)	35864	20121
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	53312	44629
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1042996	1030345
(9) Value of interest in common/collective trusts	1c(9)	3467043	4409011
(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)	156449294	191677376
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13175995	20471783

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	174659372	218091950
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	174659372	218091950

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)	2304009	
	(B) Participants	2a(1)(B)	12816083	
	(C) Others (including rollovers)	2a(1)(C)	178524	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15298616
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	66903	
	(F) Other	2b(1)(F)	4483	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71386
	(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)	2135247	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2135247
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16941	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	51368	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-34427
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-4826	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-4826

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		631925
(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)		26555270
c Other income	2c		4179646
d Total income. Add all **income** amounts in column (b) and enter total	2d		48832837
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5382146	
(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)		5382146
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	18113	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		18113
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5400259
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		43432578
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		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	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		5000000
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**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FIRST TRUST PORTFOLIOS L.P. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FIRST TRUST PORTFOLIOS L.P.

D Employer Identification Number (EIN)
36-3768815

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 39-6436442

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

First Trust Portfolios L.P. 401(k) Plan

Financial Statements as of December 31, 2020 and 2019, and for the Year Ended December 31, 2020, Supplemental Schedule as of December 31, 2020, and Independent Auditors' Report

EIN: 36-3768815, Plan No: 001

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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INDEPENDENT AUDITORS' REPORT

First Trust Portfolios L.P. 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of First Trust Portfolios L.P. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by BMO Harris Bank N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in

the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

September 30, 2021

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS:		
Cash	$ -	$ 229
Participant-directed investments-at fair value	216,602,799	173,145,644
Notes receivable from participants	1,030,345	1,042,996
Participant contributions receivable	179,169	172,850
Employer contributions receivable	259,516	261,789
Accrued investment income	20,121	35,864
Total assets	218,091,950	174,659,372
NET ASSETS AVAILABLE FOR BENEFITS	$ 218,091,950	$ 174,659,372

See notes to financial statements.

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2020

ADDITIONS:		
Contributions:		
Employer contributions	$	2,304,009
Participant contributions		12,816,083
Rollover contributions		178,524
Total contributions		15,298,616
Investment income:		
Net appreciation in fair value of investments		31,327,588
Dividends and interest		2,135,247
Net investment income		33,462,835
Interest from notes receivable from participants		71,386
DEDUCTIONS:		
Benefits paid to participants		5,382,146
Administrative expenses		18,113
Total deductions		5,400,259
INCREASE IN NET ASSETS		43,432,578
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		174,659,372
End of year	$	218,091,950

See notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of the First Trust Portfolios L.P. 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined contribution plan, amended and restated effective January 1, 2015 to comply with regulatory requirements, covering substantially all salaried and non-salaried employees of First Trust Portfolios L.P. (the "Partnership"), the sponsor of the Plan. BMO Harris Bank N.A. ("BMO" or the "Trustee") serves as trustee and custodian of the Plan. OneAmerica Retirement Services LLC provides recordkeeping and administrative services. The Plan, established on March 16, 1992, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility of Participants — Employees of the Partnership become eligible for participation in the Plan on the date of hire. The effective date of participation is the first day of the month following the hire date. If the first day of employment is the first day of the month, benefits are effective immediately. In addition, once eligibility requirements have been met, employees may enter the Plan monthly, on the first day of each month.

Contributions — The Plan is funded by participants' pre-tax voluntary contributions and may also be funded by Partnership contributions. Each year, participants may contribute up to 100% of their pre-tax annual compensation, as defined in the Plan document, subject to certain Internal Revenue Code ("IRC") limitations. Effective July 1, 2012, the Plan was amended to exclude all fringe benefits, expense reimbursements, deferred compensation and welfare benefits from the definition of plan compensation for purposes of matching contributions. During the year ended December 31, 2020, the Partnership made matching contributions equal to 25% of a participant's contributions, up to 6% of a participant's eligible compensation. Participants need to be employed on the last day of each quarter to receive that quarter's match. The Plan also permits catch up contributions and rollovers.

Plan Amendments— Effective March 1, 2019, the Plan was amended to provide automatic enrollment with a 6% deferral for those participants who contribute less than 6%. Employees who currently defer 6% or more are not subject to automatic enrollment. Employees may choose to opt out of the automatic enrollment with proper notice. The Plan also implemented an annual 1% auto-escalation of contributions up to 15% as of January 1, 2020.

Participant Accounts — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Partnership's matching contribution, and the participant's investment earnings, and charged with withdrawals, activity fees, and the participant's investment losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments — Participants direct the investment of their contributions into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. Participants may direct their investments through a trustee sponsored brokerage account, which offers the option to invest in a variety of individual stocks, exchange traded funds, limited partnerships, mutual funds, collective trusts and money market funds.

Vesting — Participants are 100% vested at all times in the portion of their account attributable to their contributions and the earnings thereon. Partnership contributions and earnings thereon vest at a rate of 20% per year over a period of five years.

Notes Receivable from Participants — Participants may borrow from their Plan accounts up to a maximum of $50,000 or 50% of their account balance, whichever is less. The maximum loan term is 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the vested balance in the participant's account

and bear interest at a rate determined by the Plan. Interest rates are based on the prime rate plus 2% at the time the loan is made. Principal and interest are paid ratably through payroll deductions.

Distributions and Withdrawals — Participation in the Plan terminates upon retirement, death, or disability; such former participant or designated beneficiary will receive a lump-sum distribution. Upon termination of employment with the Partnership, for other than retirement, death, or disability, participants with vested account balances less than $1,000 will receive a lump-sum distribution, while the participants with vested account balances of $5,000 or more may elect to receive a lump-sum distribution or may elect to defer payment until reaching the age of 65. For participants with vested account balances between $1,000 and $5,000, the Plan document provides that this amount, if not otherwise directed by the employee, will be rolled over into an IRA. Participants of the Plan actively employed by the Partnership upon attainment of the normal retirement age of 65 may elect to defer distributions until the earlier of an actual retirement date or age 70½.

Participants may withdraw a portion of their vested account balance upon demonstrating a "financial hardship" as defined in the Plan document.

Forfeited Accounts — Amounts related to forfeited nonvested accounts are used to reduce Partnership contributions. For the year ended December 31, 2020, Partnership contributions were reduced by $329 from forfeited nonvested accounts. There were forfeitures outstanding of $11,521 and $305 as of December 31, 2020 and 2019, respectively.

Coronavirus Aid, Relief, and Economic Security Act (CARES)—The Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was passed by the Congress on March 26, 2020. Section 2202 of the CARES Act permits eligible Plan participants to request penalty-free distributions of up to $100,000 or 100% of the participant's vested account and extend the period for loan repayment for up to one year for qualifying coronavirus-related reasons. These reasons include adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19. The Plan adopted the CARES Act distribution option in April of 2020.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the value of the participants' account balances and the amounts reported in the financial statements.

The COVID-19 outbreak continues as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions, therefore the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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 are valued at the daily closing price as reported by the fund. Mutual funds held by the plan are open-ended mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The money market fund is represented by the net asset value ("NAV") of their shares. The limited partnerships are publicly listed and are valued at quoted market prices at year end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Exchange Traded Funds are valued based on at the daily closing price as reported by the fund. The collective trusts are valued at the net

asset value of units of a bank collective trust. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

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/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan has a revenue-sharing agreement, whereby certain investment managers return a portion of the investment fees to the Plan. These fees or revenue sharing amounts are allocated to individual participant accounts based on their respective shares of each investment. For the current year, $135,476 was allocated from the revenue-sharing agreement and is included in Net appreciation in the fair value of investments on the Statement of Changes in Net Assets Available for Benefits. The Plan held undistributed revenues of $0 and $229 on December 31, 2020 and December 31, 2019, respectively.

Notes Receivable from Participants — Notes receivables from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as distributions based on the terms of the Plan document.

Contributions — Contributions from participants are recorded when withheld from payroll. Employer matching contributions are recorded on a quarterly basis.

Administrative Expenses — Expenses recorded in the Statement of Changes in Net Assets Available for Benefits include loan activity charges and activity charges for other withdrawals. All other administrative expenses of the Plan are paid by the Partnership. Fees paid by the Plan for mutual fund and collective trust investment management services are included as a reduction of return for such investments.

Payment of Benefits — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan but have not yet been paid at December 31, 2020 and 2019.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. For the year ended December 31, 2020, there were no transfers in or out of Levels 1, 2, or 3.

The following tables set forth by level within the fair value hierarchy a summary of the Plan investments at December 31, 2020 and 2019, both of which are measured at fair value on a recurring basis.

	Plan Investments			
	Fair Value Measurements at December 31, 2020			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Fund – Short Government	$ 2,594,269	$ -	$ -	$ 2,594,269
Mutual Fund -- Long Government	9,573,971	-	-	9,573,971
Mutual Fund – Intermediate -Term Bond	5,081,287	-	-	5,081,287
Mutual Fund – Balanced	7,363,719	-	-	7,363,719
Mutual Fund – Large Cap Blend	42,073,834	-	-	42,073,834
Mutual Fund – Large Cap Growth	31,711,279	-	-	31,711,279
Mutual Fund – Large Cap Value	16,392,808	-	-	16,392,808
Mutual Fund – Mid-Cap Value	5,226,635	-	-	5,226,635
Mutual Funds – Mid-Cap Growth	17,404,615	-	-	17,404,615
Mutual Fund -- Mid-Cap	4,740,483	-		4,740,483
Mutual Fund – Small Cap Value	4,384,160	-	-	4,384,160
Mutual Fund -- Small Cap	5,904,237	-		5,904,237
Mutual Fund -- Small Cap Growth	4,301,345	-		4,301,345
Mutual Fund – Foreign Large Cap	8,372,122	-	-	8,372,122
Mutual Fund – Emerging Markets	5,879,957	-	-	5,879,957
Mutual Fund – High Yield Bond	1,906,726	-	-	1,906,726
Mutual Funds – Target Retirement	6,845,906	-	-	6,845,906
Mutual Fund – International Growth	10,441,442			10,441,442
Mutual Fund - Retirement Income Fund	263,246			263,246
Mutual Fund - High Income Fund	1,215,336	-	-	1,215,336
Individually Directed Accounts:				
Common Stocks	8,025,340	-	-	8,025,340
Limited Partnership	44,629	-	-	44,629
Exchange Traded Funds	8,778,667	-	-	8,778,667
Mutual Funds	506,841	-	-	506,841
Money Market	3,160,935	-	-	3,160,935
Total	$ 212,193,789	$ -	$ -	$ 212,193,789

	Plan Investments Fair Value Measurements at December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual Fund – Short Government	$ 1,798,099	$ -	$ -	$ 1,798,099
Mutual Fund -- Long Government	6,233,565	-	-	6,233,565
Mutual Fund – Intermediate -Term Bond	4,169,840	-	-	4,169,840
Mutual Fund – Balanced	5,425,924	-	-	5,425,924
Mutual Fund – Large Cap Blend	35,716,314	-	-	35,716,314
Mutual Fund – Large Cap Growth	23,688,088	-	-	23,688,088
Mutual Fund – Large Cap Value	14,525,685	-	-	14,525,685
Mutual Fund – Mid-Cap Value	5,054,173	-	-	5,054,173
Mutual Funds – Mid-Cap Growth	16,016,480	-	-	16,016,480
Mutual Fund -- Mid-Cap	3,114,352	-		3,114,352
Mutual Fund – Small Cap Value	4,567,033	-	-	4,567,033
Mutual Fund -- Small Cap	4,245,842	-		4,245,842
Mutual Fund -- Small Cap Growth	2,871,088	-		2,871,088
Mutual Fund – Foreign Large Cap	8,610,908	-	-	8,610,908
Mutual Fund – Emerging Markets	4,826,028	-	-	4,826,028
Mutual Fund – High Yield Bond	1,668,308	-	-	1,668,308
Mutual Funds – Target Retirement	4,787,246	-	-	4,787,246
Mutual Funds- Internatonal Growth	7,797,187	-	-	7,797,187
Mutual Funds- Retirement Income Fund	139,878	-	-	139,878
Mutual Fund - High Income Fund	1,193,256	-	-	1,193,256
Individually Directed Accounts:				
Common Stocks	4,929,612	-	-	4,929,612
Limited Partnership	53,312	-	-	53,312
Exchange Traded Funds	6,021,528	-	-	6,021,528
Mutual Funds	389,622	-	-	389,622
Money Market	1,835,233	-	-	1,835,233
Total	$ 169,678,601	$ -	$ -	$ 169,678,601

The following tables set forth a summary of the Plan investments at December 31, 2020 and 2019, which are valued using the NAV practical expedient:

	Fair Value Estimated Using Net Asset Value per Share at December 31, 2020		
Plan Investment	Fair Value	Redemption Frequency	Redemption Notice Period
First Trust Target Funds	$ 4,409,010	Immediate	None

	Fair Value Estimated Using Net Asset Value per Share at December 31, 2019		
Plan Investment	Fair Value	Redemption Frequency	Redemption Notice Period
First Trust Target Funds	$ 3,467,043	Immediate	None

There are no unfunded commitments to the First Trust Target Funds as of December 31, 2020 and 2019.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2020 and 2019, and for the year ended December 31, 2020, included in the Plan's financial statements, including Note 3 (with the exception of levels), and the supplemental schedule, that was prepared by or derived from information prepared by BMO, the Trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee that such information is complete and accurate of December 31, 2020 and 2019, and for the year ended December 31, 2020.

The 2020 and 2019 Plan investments are shown below. Investments that represent a significant concentration of the Plan's net assets available for benefits as of December 31, 2020 and 2019 are marked with an asterisk:

Plan Investments	2020	Plan Investments	2019
T. Rowe Price Growth Stock Fund*	$ 31,711,279	T. Rowe Price Growth Stock Fund *	$ 23,688,088
Vanguard Short Term Federal	2,594,269	Vanguard Short Term Federal	1,798,099
Pimco Total Return	5,081,287	Pimco Total Return	4,169,840
Vanguard Balanced Index Fund	7,363,719	Vanguard Balanced Index Fund	5,425,924
Vanguard Developed Markets Index Fund	8,372,122	Vanguard Developed Markets Index Fund	8,610,908
Wells Fargo Advantage Emerging Market Equity	5,879,957	Wells Fargo Advantage Emerging Market Equity	4,826,028
Goldman Sachs High Yield	-	Goldman Sachs High Yield	1,668,308
Northern Small Cap Value	4,384,160	Northern Small Cap Value	4,567,033
Vanguard Institutional Index Fund*	42,073,834	Vanguard Institutional Index Fund	35,716,314
T. Rowe Price Mid-Cap Growth Fund *	11,083,064	T. Rowe Price Mid-Cap Growth Fund *	10,938,197
Individually Directed Account *	20,516,412	Individually Directed Account *	13,229,307
Dodge and Cox Stock Fund*	16,392,808	Dodge and Cox Stock Fund *	14,525,685
Columbia Acorn Fund	6,321,551	Columbia Acorn Fund	5,078,283
First Trust Target Funds (a)	4,409,010	First Trust Target Funds (a)	3,467,043
Vanguard Target Retirement Funds	6,845,906	Vanguard Target Retirement Funds	4,787,246
Federated US Treasury Cash Reserve Fund	9,573,971	Federated US Treasury Cash Reserve Fund	6,233,565
First Trust Short Duration High Income Fund	1,215,336	First Trust Short Duration High Income Fund	1,193,256
Vanguard Mid Cap Value Index Fund	5,226,635	Vanguard Mid Cap Value Index Fund	5,054,173
Vanguard Mid Cap Index Fund	4,740,483	Vanguard Mid Cap Index Fund	3,114,352
Vanguard Small Cap Growth Index Fund	4,301,345	Vanguard Small Cap Growth Index Fund	2,871,088
Vanguard Small Cap Index Fund	5,904,237	Vanguard Small Cap Index Fund	4,245,842
John Hancock International Growth	10,441,442	John Hancock International Growth*	7,797,187
Vanguard High Yield Corp FD ADM	1,906,726	Vanguard High Yield Corp FD ADM	-
Vanguard Retirement Income Fund	263,246	Vanguard Retirement Income Fund	139,878
Total	$ 216,602,799	Total	$ 173,145,644

(a) Represents party-in-interest to the Plan.

* Represents 5% or more of the Plan's net assets available for benefits as of the respective year-ended.

The following information was certified by BMO as of December 31, 2020 and 2019 and for the year ended December 31, 2020:

	2020	2019
Statements of Net Assets Available for Benefits		
Notes receivable from participants	$ 1,030,345	$ 1,042,996
Statement of Changes in Net Assets Available for Benefits		
Dividends and interest	$ 2,135,247	
Net appreciation in fair value of investments	31,327,588	
Net investment income	$ 33,462,835	
Interest from notes receivable from participants	$ 71,386	

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

Note 3: All investment balances and investment information, excluding the level of investments in Note 3, Fair Value Measurements.

4. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of four collective trusts and one mutual fund managed by the Partnership and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were included as a reduction of the return earned on the collective trusts and mutual fund. Certain investment managers affiliated with the Plan return a portion of the investment fees to the plan under a revenue sharing agreement. The Plan issues loans to participants, which are secured by the vested balances in the participants' accounts.

5. PLAN TERMINATION

Although it has not expressed any intention to do so, the Partnership has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, any unallocated amounts will be allocated to participant accounts in accordance with the Plan document; all amounts in participant accounts will then become fully vested, and participants will be entitled to a distribution equal to their entire account balance.

6. FEDERAL INCOME TAX STATUS

The plan uses a prototype plan document sponsored by BMO. BMO received an opinion letter from the Internal Revenue Service ("IRS"), dated September 24, 2015, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

7. SUBSEQUENT EVENTS

Management has evaluated events subsequent to December 31, 2020, to assess the need for potential recognition or disclosure in the financial statements. Such events were evaluated through September 30, 2021, the date these financial statements were available to be issued. Based upon this evaluation, it was determined that no subsequent events occurred that require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

FIRST TRUST PORTFOLIOS L.P. 401(k) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 36-3768815

Plan #001

Identity of Issuer, Borrower, Lessor, or similar party	Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Columbia Acorn Fund	Mutual Fund	**	$ 6,321,551
Dodge and Cox Stock Fund #145	Mutual Fund	**	16,392,808
Federated US Treasury Cash Reserve Fund	Mutual Fund	**	9,573,971
First Trust Target Fund 2020*	Collective Trust	**	133,502
First Trust Target Fund 2030*	Collective Trust	**	942,842
First Trust Target Fund 2040*	Collective Trust	**	2,068,483
First Trust Target Fund 2050*	Collective Trust	**	1,264,183
First Trust Short Duration High Income Fund*	Mutual Fund	**	1,215,336
Vanguard High Yield Corp FD ADM	Mutual Fund	**	1,906,726
John Hancock International Growth Fund	Mutual Fund	**	10,441,442
Northern Small Cap Value Fund	Mutual Fund	**	4,384,160
Pimco Total Return	Mutual Fund	**	5,081,287
T. Rowe Price Growth Stock Fund	Mutual Fund	**	31,711,279
T. Rowe Price Mid-Cap Growth Fund	Mutual Fund	**	11,083,064
Vanguard Devloped Markets Index Fund	Mutual Fund	**	8,372,122
Vanguard Balanced Index Fund	Mutual Fund	**	7,363,719
Vanguard Mid Cap Value Index Fund	Mutual Fund	**	5,226,635
Vanguard Mid Cap Index Fund	Mutual Fund	**	4,740,483
Vanguard Short Term Federal Fund	Mutual Fund	**	2,594,269
Vanguard Small Cap Index Fund	Mutual Fund	**	5,904,237
Vanguard Small Cap Growth Index Fund	Mutual Fund	**	4,301,345
Vanguard Target Retirement Fund 2020	Mutual Fund	**	857,278
Vanguard Target Retirement Fund 2030	Mutual Fund	**	1,581,249
Vanguard Target Retirement Fund 2040	Mutual Fund	**	1,751,726
Vanguard Target Retirement Fund 2050	Mutual Fund	**	1,277,819
Vanguard Target Retirement Fund 2060	Mutual Fund	**	1,377,834
Vanguard Target Retirement Income Fund	Mutual Fund	**	263,246
Vanguard Institutional Index Fund	Mutual Fund	**	42,073,834
Wells Fargo Advantage Emerging Mrket Equity	Mutual Fund	**	5,879,957
Loans To Various Participants*	Interest Rate Range 5.25% To 7.50% maturing 2020-2033	**	1,030,345
Self Directed Brokerage Accounts	IDA Accounts	**	20,516,412
		Total	$ 217,633,144

* Represents parties in interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

See accompanying Independent Auditors' Report.

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020

SPONSOR: FIRST TRUST PORTFOLIOS, LP
EIN: 36-3768815
PLAN NUMBER: 001
NAME: FIRST TRUST PORTFOLIOS LP 401(K) PLAN

	(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*		FIRST TRUST TARGET DATE FUND 2020 R0	COMMON COLLECTIVE FUND	**	133,502
*		FIRST TRUST TARGET DATE FUND 2030 R0	COMMON COLLECTIVE FUND	**	942,842
*		FIRST TRUST TARGET DATE FUND 2040 R0	COMMON COLLECTIVE FUND	**	2,068,483
*		FIRST TRUST TARGET DATE FUND 2050 R0	COMMON COLLECTIVE FUND	**	1,264,183
		COLUMBIA ACORN FUND CLASS Z #492	MUTUAL FUND	**	6,321,551
		DODGE & COX STOCK FUND #145	MUTUAL FUND	**	16,392,807
		FEDERATED US TREASURY CASH RESERVE FUND CLASS I #125	MUTUAL FUND	**	9,573,970
*		FIRST TRUST SHORT DURATION HIGH INCOME FUND CL I #114	MUTUAL FUND	**	1,215,336
		JOHN HANCOCK INTERNATIONAL GROWTH FUND	MUTUAL FUND	**	10,441,441
		NORTHERN SMALL CAP VALUE FD #603	MUTUAL FUND	**	4,384,160
		PIMCO TOTAL RETURN CLASS A	MUTUAL FUND	**	5,081,287
		T ROWE PRICE GROWTH STOCK FUND #40	MUTUAL FUND	**	31,711,279
		T ROWE PRICE MID-CAP GROWTH FUND #64	MUTUAL FUND	**	11,083,064
		VANGUARD DEVELOPED MARKETS INDEX FUND - ADM #127	MUTUAL FUND	**	8,372,122
		VANGUARD BALANCED INDEX FUND ADM #502	MUTUAL FUND	**	7,363,719
		VANGUARD HIGH YIELD CORP FD ADM	MUTUAL FUND	**	1,906,726
		VANGUARD MID CAP VALUE INDEX FUND ADM #5835	MUTUAL FUND	**	5,226,635
		VANGUARD MID-CAP INDEX FUND - ADM #5859	MUTUAL FUND	**	4,740,483
		VANGUARD SHORT TERM FEDERAL FUND ADM #549	MUTUAL FUND	**	2,594,269
		VANGUARD SMALL CAP INDEX FUND ADM #548	MUTUAL FUND	**	5,904,237
		VANGUARD SMALL-CAP GROWTH INDEX FUND ADM #5861	MUTUAL FUND	**	4,301,345
		VANGUARD TARGET RETIREMENT 2020 FUND	MUTUAL FUND	**	857,278
		VANGUARD TARGET RETIREMENT 2030 FUND	MUTUAL FUND	**	1,581,249
		VANGUARD TARGET RETIREMENT 2040 FUND	MUTUAL FUND	**	1,751,726
		VANGUARD TARGET RETIREMENT 2050 FUND	MUTUAL FUND	**	1,277,819
		VANGUARD TARGET RETIREMENT 2060 FUND	MUTUAL FUND	**	1,377,834
		VANGUARD TARGET RETIREMENT INCOME FUND	MUTUAL FUND	**	263,246
		VANGUARD INSTITUTIONAL INDEX FUND	MUTUAL FUND	**	42,073,834
		WELLS FARGO EMERGING MARKETS EQUITY FUND - INST #4146	MUTUAL FUND	**	5,879,957
		LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE 5.25% TO 7.50%	**	1,030,345
		ALLIANCE RESOURCE PARTNERS L P UNIT	LIMITED PARTNERSHIP	**	2,495
		AMERICA FIRST MULTIFAMILY INVESTORS	LIMITED PARTNERSHIP	**	425
		BROOKFIELD INFRASTRUCTURE PA	LIMITED PARTNERSHIP	**	1,334
		BROOKFIELD PPTY PARTNERS L P UNIT	LIMITED PARTNERSHIP	**	1,447
		CEDAR FAIR LP DEPOSITARY UNIT	LIMITED PARTNERSHIP	**	11,802
		ENERGY TRANSFER	LIMITED PARTNERSHIP	**	25,450
		NEXTERA ENERGY PARTNERS LP	LIMITED PARTNERSHIP	**	1,676
		SELF DIRECTED BROKERAGE ACCOUNTS	IDA ACCOUNTS	**	20,471,783

* A party-in-interest as defined by ERISA
** Cost ommitted for participant directed accounts