

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>MOEN INCORPORATED PENSION PLAN</u>                                                                                                                                                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>07/01/1951</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>36-0548230</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>440-962-2000</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>423700</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>07/01/1951</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>36-0548230</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>440-962-2000</u> |  | <b>2d</b> Business code (see instructions)<br><u>423700</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>07/01/1951</u>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>36-0548230</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>440-962-2000</u>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>423700</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>MOEN INCORPORATED</u><br><br><br><u>25300 AL MOEN DRIVE</u><br><u>NORTH OLMSTED, OH 44070-8022</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2021 | MATTHEW LENZ                                                 |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>FBHS EMPLOYEE BENEFITS COMMITTEE<br><br>520 LAKE COOK ROAD<br>SUITE 300<br>DEERFIELD, IL 60015                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3b</b> Administrator's EIN<br>61-1411546                                                                                                                                           |              |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>3c</b> Administrator's telephone number<br>847-484-4400                                                                                                                            |              |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                     |              |      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>5</b></td> <td style="width: 85%; text-align: right;">4164</td> </tr> </table>     | <b>5</b>     | 4164 |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | 4164                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6a(1)</b></td> <td style="width: 85%; text-align: right;">1048</td> </tr> </table> | <b>6a(1)</b> | 1048 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | 1048                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6a(2)</b></td> <td style="width: 85%; text-align: right;">954</td> </tr> </table>  | <b>6a(2)</b> | 954  |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | 954                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |              |      |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6b</b></td> <td style="width: 85%; text-align: right;">1811</td> </tr> </table>    | <b>6b</b>    | 1811 |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 1811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6c</b></td> <td style="width: 85%; text-align: right;">1097</td> </tr> </table>    | <b>6c</b>    | 1097 |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 1097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6d</b></td> <td style="width: 85%; text-align: right;">3862</td> </tr> </table>    | <b>6d</b>    | 3862 |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 3862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6e</b></td> <td style="width: 85%; text-align: right;">237</td> </tr> </table>     | <b>6e</b>    | 237  |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       |              |      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6f</b></td> <td style="width: 85%; text-align: right;">4099</td> </tr> </table>    | <b>6f</b>    | 4099 |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 4099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                       |              |      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6g</b></td> <td style="width: 85%;"></td> </tr> </table>                           | <b>6g</b>    |      |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>6h</b></td> <td style="width: 85%; text-align: right;">0</td> </tr> </table>       | <b>6h</b>    | 0    |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                       |              |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>7</b></td> <td style="width: 85%;"></td> </tr> </table>                            | <b>7</b>     |      |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |                                                                                                                                                                                       |              |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                       |              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |                                                                                                                                                                                       |              |      |

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

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

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

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

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

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

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                         |                                                                                                                                                  |
| ▶ 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<br>MOEN INCORPORATED PENSION PLAN                                                                                   | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MOEN INCORPORATED                                             | D Employer Identification Number (EIN)<br>36-0548230                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                       |                            |                           |                          |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                     |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                               |                            |                           |                          |
| a      | Market value .....                                                                                                                                                                                    | 2a                         | 323273798                 |                          |
| b      | Actuarial value .....                                                                                                                                                                                 | 2b                         | 308831639                 |                          |
| 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.....                                                                                                                                     | 1969                       | 148759761                 | 148759761                |
| b      | For terminated vested participants.....                                                                                                                                                               | 1147                       | 67987107                  | 67987107                 |
| c      | For active participants .....                                                                                                                                                                         | 1048                       | 70259449                  | 74114467                 |
| d      | Total.....                                                                                                                                                                                            | 4164                       | 287006317                 | 290861335                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.43 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                               | 6                          | 3416585                   |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |
| MICHAEL H. FRANTZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09/24/2021                             |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                   |
| AON CONSULTING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20-05485                               |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Most recent enrollment number          |
| 4 OVERLOOK POINT<br>LINCOLNSHIRE, IL 60069                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 847-295-5000                           |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone number (including area code) |

| 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                     | 0                      |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                     | 0                      |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                     | 0                      |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>20.08</u> % .....                                                                              | 0                     | 0                      |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                       | 15229842               |
| b(1)                                                        | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> % ..... |                       | 852871                 |
| 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 .....                                                                     |                       | 16082713               |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                                                   |                       | 14553719               |
| 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                     | 14553719               |

| Part III Funding Percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 101.17 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 106.17 % |
| 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 | 97.67 %  |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/14/2021                                                                        | 8550000                           | 0                               |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 8550000                           | 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 7814398                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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                                                             |
| 0                                                                                                                             | 0                                                                   |
| (3) 3rd                                                                                                                       | (4) 4th                                                             |
| 0                                                                                                                             | 0                                                                   |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 3416585**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 3416585**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**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** 0**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**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** 7814398**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 7814398**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>MOEN INCORPORATED PENSION PLAN                                    | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MOEN INCORPORATED         | <b>D</b> Employer Identification Number (EIN)<br>36-0548230 |     |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NORTHERN TRUST CORPORATION                                                                                        |
| 36-2723087                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 50               | NONE                                                                                              | 473598                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AON HEWITT INVESTMENT CONSULTING

36-3109431

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 417400                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50 51            | NONE                                                                                              | 65240                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 58488                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 50                  | NONE                                                                                              | 20332                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BDO USA, LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 14296                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>        |  |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| A Name of plan<br>MOEN INCORPORATED PENSION PLAN                                                                                                                                      |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 001                                                                   |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>MOEN INCORPORATED                                                                                                    |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>36-0548230                                                   |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FORTUNE BRANDS H & S, INC. MRT                                                                                                                |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| b Name of sponsor of entity listed in (a): FORTUNE BRANDS HOME & SECURITY, INC                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                        |  |
| c EIN-PN 45-3265619-001                                                                                                                                                               |  | d Entity code M                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356716179 |  |
| 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)           |  |
| 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,                                                                    |  |

**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**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>MOEN INCORPORATED PENSION PLAN</u>                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MOEN INCORPORATED</u>                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><u>36-0548230</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 7400000               | 8550000         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 302390946             | 356716179       |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 309790946 365266179 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 27446 0             |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 27446 0             |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 309763500 365266179 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 23050000  |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 23050000  |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 0         |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 48544103  |
| (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 71594103  |

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

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 13470912 |          |
| (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) |          | 13470912 |
| 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) | 488992   |          |
| (2) Contract administrator fees .....                                               | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 562558   |          |
| (4) Other.....                                                                      | 2i(4) | 1568962  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 2620512  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 16091424 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 55502679 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BDO USA, LLP**

(2) EIN: **13-5381590**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                 | No                 | Amount   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                     |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                                 |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                      |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                             | X                   |                    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                              |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                           |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                 |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                       | X                   |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                            | X                   |                    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                         |                     |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                  |                     |                    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                   |                     |                    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                         |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     | X                  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                             |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                         |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                         | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    |          |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4343231</u> . |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                    |                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>MOEN INCORPORATED PENSION PLAN                            | <b>B</b> Three-digit plan number (PN) ▶<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>MOEN INCORPORATED | <b>D</b> Employer Identification Number (EIN)<br>36-0548230 |

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

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

|                                                                                                                                                                                                                                                             |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0  |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 36-3046063 |          |    |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 11 |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

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

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

Schedule R (Form 5500) 2020  
v. 200204

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

**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: 36.9 % Investment-Grade Debt: 52.0 % High-Yield Debt: 0.9 % Real Estate: 3.2 % Other: 7.0 %

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



# **Moen Incorporated Pension Plan**

**Financial Statements**  
As of and for the Years Ended  
December 31, 2020 and 2019

## **Moen Incorporated Pension Plan**

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Financial Statements  
As of and for the Years Ended  
December 31, 2020 and 2019

# Moen Incorporated Pension Plan

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## **Independent Auditor's Report**

The Employee Benefits Committee  
Moen Incorporated Pension Plan  
Chicago, Illinois

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements***

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2020 financial statements performed in accordance with ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2020, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### ***Opinion on the 2020 Financial Statements***

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report:

- The amounts and disclosures in the accompanying 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying 2020 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion on the 2020 Financial Statements***

We conducted our audit 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 2020 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.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 2020 Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2020 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2020 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2020 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

***Other Matter – Report on the 2019 Financial Statements***

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institutions. Our audit report, dated October 12, 2020, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not, express an opinion on the 2019 financial statements, and (b) the form and content of the information included in the 2019 financial statements other than that derived from the information certified by the qualified institutions, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*BDO USA, LLP*

October 8, 2021

**Moen Incorporated Pension Plan**  
**Statements of Net Assets Available for Benefits**

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| <i>December 31,</i>                                                                                         | <b>2020</b>           | <b>2019</b>           |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                                                                               |                       |                       |
| Investments, at fair value:                                                                                 |                       |                       |
| Plan's interest in Fortune Brands Home & Security, Inc.<br>Master Retirement Trust                          | <b>\$ 346,948,858</b> | <b>\$ 293,104,546</b> |
| Investments, at contract value:                                                                             |                       |                       |
| Plan's interest in Fortune Brands Home & Security, Inc.<br>Master Retirement Trust - Group annuity contract | <b>9,767,321</b>      | <b>9,286,400</b>      |
| Employer contribution receivable                                                                            | <b>8,550,000</b>      | <b>7,400,000</b>      |
| <b>Total Assets</b>                                                                                         | <b>365,266,179</b>    | <b>309,790,946</b>    |
| <b>Liabilities</b>                                                                                          |                       |                       |
| Accrued administrative expenses                                                                             | <b>-</b>              | <b>27,446</b>         |
| <b>Net Assets Available for Benefits</b>                                                                    | <b>\$ 365,266,179</b> | <b>\$ 309,763,500</b> |

*See accompanying notes to financial statements.*

# Moen Incorporated Pension Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Years ended December 31,</i>                                                           | <b>2020</b>           | <b>2019</b>           |
|-------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Additions</b>                                                                          |                       |                       |
| Change in Plan's interest in Fortune Brands Home & Security, Inc. Master Retirement Trust | \$ 48,544,103         | \$ 51,429,050         |
| Employer contributions                                                                    | 23,050,000            | 7,400,000             |
| <b>Total Additions</b>                                                                    | <b>71,594,103</b>     | <b>58,829,050</b>     |
| <b>Deductions</b>                                                                         |                       |                       |
| Benefit payments                                                                          | 13,470,912            | 12,499,627            |
| Administrative expenses                                                                   | 2,620,512             | 3,150,865             |
| <b>Total Deductions</b>                                                                   | <b>16,091,424</b>     | <b>15,650,492</b>     |
| <b>Net Increase</b>                                                                       | <b>55,502,679</b>     | <b>43,178,558</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b>                               | <b>309,763,500</b>    | <b>266,584,942</b>    |
| <b>Net Assets Available for Benefits, end of year</b>                                     | <b>\$ 365,266,179</b> | <b>\$ 309,763,500</b> |

*See accompanying notes to financial statements.*

# Moen Incorporated Pension Plan

## Notes to Financial Statements

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### 1. Description of Plan

The following is a brief description of the Moen Incorporated Pension Plan (the Plan). Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan administrator.

#### *General*

The Plan is a non-contributory defined benefit plan covering all employees of Moen Incorporated (the Company) not covered by a collective-bargaining agreement, except for certain participants transferred into the Plan from other benefit plans sponsored by the Company. The Company's ultimate beneficial owner is Fortune Brands Home & Security, Inc. (FBHS).

Employee retirement benefits are based on length of service, as well as earnings prior to retirement. An employee shall become eligible for participation in the Plan when the individual has completed at least 1,000 hours of service in the 12-month period beginning with his or her date of hire or any calendar year thereafter. Effective January 1, 2008, the Plan closed to new entrants with the exception of special rules that apply to certain transferred employees as outlined in the Plan document. Effective January 1, 2010, employees in the Company's Las Vegas location who were employed on a salaried basis prior to January 1, 2008 became eligible to participate in the Plan. Benefit service and accruals were frozen on December 31, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### *Pension Benefits*

Employees become fully vested after five years of vesting service. Participants are eligible for monthly pension benefit payments beginning at the normal retirement age (the later of age 65 or after five years of vesting service in the Plan if their employment is terminated with all FBHS entities). Benefits are calculated according to an integrated benefit formula based upon total years and months of credited service multiplied by a percentage of final average monthly earnings.

The normal form of pension benefit for a participant with no eligible spouse is an annuity payable for the participant's lifetime only. The normal form of pension benefit for a participant with an eligible spouse is an annuity payable at an actuarially reduced amount for the participant's lifetime and, thereafter, at a specific percentage of such amount for the eligible spouse's lifetime.

A participant may elect to modify the normal form of pension benefit by exercising one of several options, including a single-life annuity, various joint and survivor annuities, or various period-certain annuity options. Reduced benefits are payable upon early retirement after attaining age 55 with a minimum of five years of vesting service.

The Plan also provides for disability and deferred pension benefits. A participant is considered disabled as long as he or she meets the definition of totally and permanently disabled in the Plan. A participant is eligible for a deferred vested pension if his or her employment is terminated with the Company before death or retirement after completing at least five years of vesting service.

# Moen Incorporated Pension Plan

## Notes to Financial Statements

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### ***Funding Policy***

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The minimum funding requirements of ERISA were satisfied in 2020 and 2019.

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

### ***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting 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 and 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. Actual results could differ from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments, except for the group annuity contract, which is at contract value, are reflected at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the principal or most advantageous market for the asset or liability. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk.

Purchases and sales of investments by FBHS Master Retirement Trust 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 or depreciation 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 when paid.

### ***Administrative Expenses***

The Plan provides for payment of certain administrative expenses from Plan assets. Expenses paid to The Northern Trust Company (the Trustee) and the investment managers are allocated to the Plan based on the ratio of the Plan's assets to the fair value of all assets held in the FBHS Master Retirement Trust and are included in the accompanying statements of changes in net assets available for benefits in change in Plan's interest in FBHS Master Retirement Trust for the years ended December 31, 2020 and 2019. Expenses paid to the Pension Benefit Guaranty Corporation (PBGC), the actuary and other various Plan-related expenses that may be incurred are allocated specifically to each plan and are presented in the accompanying statements of changes in net assets available for benefits as administrative expenses.

# Moen Incorporated Pension Plan

## Notes to Financial Statements

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### *Risks and Uncertainties*

The Plan holds a beneficial interest in the FBHS Master Retirement Trust. The FBHS Master Retirement Trust 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 reasonably possible that changes in the value 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 and the statements of changes in net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spread globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant volatility in financial markets. However, because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The value of the Plan's investments has a direct impact on its funded status. As a result of such declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated Plan benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

### **3. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated Plan benefits is determined by Aon, the Plan's actuary, and 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.

# Moen Incorporated Pension Plan

## Notes to Financial Statements

Accumulated Plan benefits as of January 1, 2020 are as follows:

Actuarial present value of accumulated Plan benefits:

|                                                                   |                       |
|-------------------------------------------------------------------|-----------------------|
| Vested benefits:                                                  |                       |
| Participants currently receiving payments                         | \$ 152,488,964        |
| Other participants                                                | 158,489,115           |
| <b>Total Vested Benefits</b>                                      | <b>310,978,079</b>    |
| <b>Non-Vested Benefits</b>                                        | <b>3,385,737</b>      |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 314,363,816</b> |

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

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| <b>Present Value of Accumulated Plan Benefits, January 1, 2019</b> | <b>\$ 274,414,185</b> |
| Increase (decrease) during the year attributable to:               |                       |
| Interest accumulation                                              | 15,692,812            |
| Benefits paid                                                      | (12,499,627)          |
| Changes in actuarial assumptions                                   | 37,045,561            |
| Other changes                                                      | (289,115)             |
| <b>Present Value of Accumulated Plan Benefits, January 1, 2020</b> | <b>\$ 314,363,816</b> |

The significant actuarial assumptions used in the valuation as of January 1, 2020 were as follows:

|                            |                                                                                                                                                                            |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality                  | Pri-2012 employee, retiree, and contingent survivor mortality tables, projected generationally from 2012 using Scale MP-2020 as adjusted through 2023 (2019 Scale MP-2019) |
| Retirement age assumptions | The age at which current active employees are assumed to retire varies between ages 55 and 70. All employees age 70 are assumed to retire.                                 |
| Interest rate              | 4.75% (2019 interest rate 5.85%)                                                                                                                                           |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

### 4. Fair Value Measurements

The Plan's management established a three-tiered hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

# Moen Incorporated Pension Plan

## Notes to Financial Statements

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The three levels of the fair value hierarchy are as follows:

*Level 1* - Inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

*Level 2* - Inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including:

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

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

*Level 3* - Inputs are unobservable for the asset or liability (including the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability) and significant to the fair value measurement.

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

The Plan's investment assets are held in the FBHS Master Retirement Trust, along with the investment assets of two other plans sponsored by subsidiaries of FBHS. The Plan's investment in the FBHS Master Retirement Trust as of December 31, 2020 and 2019 is presented at fair value, which has been determined based on the fair value of the underlying investments of the FBHS Master Retirement Trust. The Plan's investment in the group annuity contract is at contract value.

Plan management uses the following methods and significant assumptions to estimate fair value of investments in the FBHS Master Retirement Trust as of December 31, 2020 and 2019. There have been no changes in the methodologies used at December 31, 2020 and 2019.

The investments held by the FBHS Master Retirement Trust are valued as follows:

*Collective Funds* - These funds are valued at the net asset value (NAV) of units of each bank collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is provided by the Trustee and is based on the fair value of the underlying investments held by the funds less their liabilities. Were the Plan to initiate a full redemption of a collective trust, the investment advisor generally reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

# Moen Incorporated Pension Plan

## Notes to Financial Statements

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*Multi-Strategy Hedge Fund* - This fund is valued at the NAV, as reported to the Plan from the fund's manager. The NAV is used as a practical expedient to estimate fair value and is calculated based on the Plan's share of the total fund's net assets at fair value.

*Real Estate Fund* - This fund is valued at the NAV, as reported to the Plan from the fund's manager. The NAV is used as a practical expedient to estimate fair value and is calculated based on the Plan's share of the total fund's net assets at fair value.

There are no unfunded commitments related to these investments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. See Note 5, Interest in FBHS Master Retirement Trust, for the investments held by the FBHS Master Retirement Trust by level within the fair value hierarchy as of December 31, 2020 and 2019.

In accordance with the policy of stating investments at fair value, the Plan's portion of net appreciation in the fair value of the investments in the FBHS Master Retirement Trust consists of realized gains and losses and unrealized appreciation on those investments. The net appreciation of the FBHS Master Retirement Trust, along with interest, dividend, and other income, net of FBHS Master Retirement Trust expenses, are presented in the accompanying statements of changes in net assets available for benefits as change in Plan's interest in FBHS Master Retirement Trust for the years ended December 31, 2020 and 2019.

### 5. Interest in FBHS Master Retirement Trust

The FBHS Master Retirement Trust investments are stated at fair value or contract value, as reported by the Trustee and management. The ratio of the Plan's assets to the fair value of all assets held in the FBHS Master Retirement Trust is used to allocate interest income, dividend income, other income, realized gains (losses), and unrealized appreciation (depreciation) in the market value of investments and certain investment management fees on a monthly basis. Other changes in net assets available for Plan benefits are directly attributable to the Plan and are, therefore, not subject to allocation.

The Plan has an undivided interest of 45.7% and 44.9% in the FBHS Master Retirement Trust at December 31, 2020 and 2019, respectively.

# Moen Incorporated Pension Plan

## Notes to Financial Statements

The FBHS Master Retirement Trust's net assets and the Plan's interest in the FBHS Master Retirement Trust's net assets were as follows:

*December 31,*

|                                                                                    | 2020                 |                      | 2019                  |                       |
|------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------|-----------------------|
|                                                                                    | Master Trust         | Plan's Interest      | Master Trust          | Plan's Interest       |
| <b>Assets</b>                                                                      |                      |                      |                       |                       |
| Interest and dividends receivable                                                  | \$ 625               | \$ 285               | \$ 24,105             | \$ 10,820             |
| Due from broker for securities sold                                                | 25,685               | 11,726               | 11,914,725            | 5,348,237             |
| Investments, at fair value:                                                        |                      |                      |                       |                       |
| Collective funds                                                                   | 713,687,143          | 325,829,651          | 608,108,974           | 272,965,648           |
| Multi-strategy hedge fund                                                          | 24,563,060           | 11,214,120           | 23,151,804            | 10,392,293            |
| Real-estate fund                                                                   | 21,851,031           | 9,975,959            | 21,703,226            | 9,742,062             |
| Investments, at contract value:                                                    |                      |                      |                       |                       |
| Group annuity contract                                                             | 21,394,036           | 9,767,321            | 20,688,111            | 9,286,400             |
| <b>Total Investments</b>                                                           | <b>781,495,270</b>   | <b>356,787,051</b>   | <b>673,652,115</b>    | <b>302,386,403</b>    |
| <b>Total Assets</b>                                                                | <b>781,521,580</b>   | <b>356,799,062</b>   | <b>685,590,945</b>    | <b>307,745,460</b>    |
| <b>Liabilities</b>                                                                 |                      |                      |                       |                       |
| Due to broker for securities purchased                                             | 171,052              | 78,093               | 9,916,984             | 4,451,498             |
| Other payables                                                                     | 10,494               | 4,790                | 2,011,727             | 903,016               |
| <b>Total Liabilities</b>                                                           | <b>181,546</b>       | <b>82,883</b>        | <b>11,928,711</b>     | <b>5,354,514</b>      |
| <b>Total Net Assets of the FBHS Master Retirement Trust Available for Benefits</b> | <b>\$781,340,034</b> | <b>\$356,716,179</b> | <b>\$ 673,662,234</b> | <b>\$ 302,390,946</b> |

The net appreciation in fair value of investments, interest income, other income, and investment management fees related to the FBHS Master Retirement Trust are as follows:

| <i>Year ended December 31,</i>                                   | 2020                  | 2019                  |
|------------------------------------------------------------------|-----------------------|-----------------------|
| Net appreciation in fair value                                   | \$ 106,356,981        | \$ 113,073,045        |
| Interest income                                                  | 678,709               | 770,985               |
| Other income                                                     | 793,917               | 793,163               |
| Investment management fees                                       | (269,590)             | (272,939)             |
| <b>Net Investment Income of the FBHS Master Retirement Trust</b> | <b>\$ 107,560,017</b> | <b>\$ 114,364,254</b> |

# Moen Incorporated Pension Plan

## Notes to Financial Statements

The following tables present the FBHS Master Retirement Trust's investments by level within the fair value hierarchy:

### December 31, 2020

|                                                  | Level 1 | Level 2 | Level 3 | Total                |
|--------------------------------------------------|---------|---------|---------|----------------------|
| <b>Total Investments in Fair Value Hierarchy</b> | \$ -    | \$ -    | \$ -    | \$ -                 |
| Investments measured at NAV*:                    |         |         |         |                      |
| Collective funds <sup>(a)</sup>                  |         |         |         | 713,687,143          |
| Multi-strategy hedge fund <sup>(b)</sup>         |         |         |         | 24,563,060           |
| Real estate fund <sup>(c)</sup>                  |         |         |         | 21,851,031           |
| <b>Total Investments, at Fair Value</b>          |         |         |         | <b>\$760,101,234</b> |

### December 31, 2019

|                                                  | Level 1 | Level 2 | Level 3 | Total                |
|--------------------------------------------------|---------|---------|---------|----------------------|
| <b>Total Investments in Fair Value Hierarchy</b> | \$ -    | \$ -    | \$ -    | \$ -                 |
| Investments measured at NAV*:                    |         |         |         |                      |
| Collective funds <sup>(a)</sup>                  |         |         |         | 608,108,974          |
| Multi-strategy hedge fund <sup>(b)</sup>         |         |         |         | 23,151,804           |
| Real estate fund <sup>(c)</sup>                  |         |         |         | 21,703,226           |
| <b>Total Investments, at Fair Value</b>          |         |         |         | <b>\$652,964,004</b> |

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

The following provides additional information regarding redemption restrictions, if any, and for funds that do not file an annual report on Form 5500 as a direct-filing entity, the investment strategy is provided.

- (a) All of the collective funds file an annual report on Form 5500 as a direct-filing entity. Except for one fund, the collective funds have daily liquidity and withdrawals are permitted either daily or with 15 business days' written notice. One fund provides liquidity quarterly with a 45 days' advance notification requirement to redeem at quarter-end.
- (b) This fund is a multi-strategy fund of hedge funds investing in multiple strategies and asset classes to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager.
- (c) This fund is a strategic property fund investing in a wide variety of value-added real estate opportunities with a focus on the office, industrial/warehouse, and residential/multi-family sectors to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager.

# **Moen Incorporated Pension Plan**

## **Notes to Financial Statements**

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The FBHS Master Retirement Trust invests in a guaranteed deposit account through a group annuity contract with Prudential Retirement Insurance and Annuity Company (formerly Connecticut General Life Insurance Company or Cigna). The contract is stated at the contract value, as determined and reported by Cigna. The contract value is defined as the sum of all allocations and transfers made to the guaranteed deposit account as of any date plus accumulated interest credited to such date, less the sum of all amounts withdrawn from the guaranteed deposit account and adjustments made for excess withdrawals prior to such date.

Prior to the first date of each calendar year, Cigna will notify the contract holder in writing of the annual rates of credited interest, which will be applied to the amounts held in the guaranteed deposit account during the next calendar year. The rates contained in such notice will be 1) the annual rate of credited interest to be applied to new contributions and transfers to, and withdrawals from, the guaranteed deposit account during such year (the new money rate) and 2) the annual rate of credited interest to be applied during such year to amounts that were held in the guaranteed deposit account on the last day of the preceding year (the accumulated asset rate). For the plan year ended December 31, 2020, the new money rate and accumulated asset rate are 2.05% and 2.98%, respectively. For the plan year ended December 31, 2019, the new money rate and accumulated asset rate are 3.30% and 2.92%, respectively.

The contract may be terminated at any time by written notice from the contract holder to Cigna. The contract will terminate as of the later of the date indicated in such notice or 15 days after the notice is given.

### **6. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan's provisions to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA. In the event the Plan terminates, participants will become fully vested in their benefits and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

In addition, the PBGC insures certain benefits for beneficiaries and vested participants under the Plan if the Plan terminates. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the termination date to provide these benefits and may also depend on the financial condition of the Plan Sponsor and on the level of benefits guaranteed by the PBGC.

### **7. Tax Status**

The Plan obtained its latest determination letter on May 25, 2017, in which the Internal Revenue Service (the IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance, with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax periods in progress.

# **Moen Incorporated Pension Plan**

## **Notes to Financial Statements**

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### **8. Information Certified by Qualified Institutions**

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, as indicated below, the qualified institutions have certified that the following data included in the accompanying financial statements is complete and accurate:

- Plan's interest in FBHS Master Retirement Trust at fair value, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Plan's interest in FBHS Master Retirement Trust at contract value, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Change in Plan's interest in FBHS Master Retirement Trust, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.
- Net Assets of the FBHS Master Retirement Trust and Net Investment Income of the FBHS Master Retirement Trust, as shown in Note 5, Interest in FBHS Master Retirement Trust, as of and for the years ended December 31, 2020 and 2019.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

### **9. Related Party Transactions**

Certain Plan investments are collective trusts managed by the Northern Trust Company and Aon. The Northern Trust Company is the Trustee, as defined by the Plan, and Aon is the Plan's actuary and, therefore, these transactions qualify as party-in-interest transactions during the years ended December 31, 2020 and 2019.

### **10. Subsequent Events**

Management of the Plan has evaluated subsequent events through October 8, 2021, the date these financial statements were available to be issued, and there were no material subsequent events that required recognition or additional disclosures in these statements.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

| Attained Age | Number of Participants and Average Accrued Benefits |            |     |             |               |               |               |               |       |     |
|--------------|-----------------------------------------------------|------------|-----|-------------|---------------|---------------|---------------|---------------|-------|-----|
|              | Years of Credited Service                           |            |     |             |               |               |               |               |       |     |
|              | <1                                                  | 1-4        | 5-9 | 10-14       | 15-19         | 20-24         | 25-29         | 30-34         | 35-39 | 40+ |
| <25          |                                                     | 2          |     |             |               |               |               |               |       |     |
| 25-29        |                                                     | 32<br>\$34 |     |             |               |               |               |               |       |     |
| 30-34        | 1                                                   | 26<br>\$32 | 2   | 8           |               |               |               |               |       |     |
| 35-39        | 1                                                   | 22<br>\$35 | 6   | 45<br>\$371 | 8             |               |               |               |       |     |
| 40-44        |                                                     | 26<br>\$57 | 5   | 38<br>\$434 | 44<br>\$879   | 2             |               |               |       |     |
| 45-49        |                                                     | 17         | 4   | 40<br>\$749 | 66<br>\$922   | 29<br>\$778   | 7             |               |       |     |
| 50-54        |                                                     | 21<br>\$87 | 9   | 34<br>\$691 | 56<br>\$1,103 | 34<br>\$1,447 | 37<br>\$1,229 | 7             |       |     |
| 55-59        |                                                     | 15         | 9   | 36<br>\$726 | 57<br>\$961   | 41<br>\$1,420 | 32<br>\$1,166 | 22<br>\$1,775 | 2     |     |
| 60-64        |                                                     | 9          | 4   | 19          | 33<br>\$441   | 39<br>\$1,530 | 22<br>\$1,454 | 23<br>\$1,898 | 6     | 4   |
| 65-69        |                                                     | 1          |     | 4           | 9             | 6             | 9             | 9             | 2     | 2   |
| 70+          |                                                     |            |     | 2           | 1             | 1             |               |               |       |     |

N-1048

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

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

|                                                |                                                                                                                                                                                    |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month<br>lookback (as of September 2019), each adjusted<br>as needed to fall within the 25-year average<br>interest rate stabilization corridor |
| 1st Segment Rate                               | 3.64%                                                                                                                                                                              |
| 2nd Segment Rate                               | 5.21%                                                                                                                                                                              |
| 3rd Segment Rate                               | 5.94%                                                                                                                                                                              |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month<br>lookback (as of September 2019), without regard<br>to interest rate stabilization                                                      |
| 1st Segment Rate                               | 2.79%                                                                                                                                                                              |
| 2nd Segment Rate                               | 3.92%                                                                                                                                                                              |
| 3rd Segment Rate                               | 4.38%                                                                                                                                                                              |
| Salary Increases                               | N/A (benefit accruals frozen effective 12/31/2016).                                                                                                                                |
| Social Security Wage Base Increases            | N/A (benefit accruals frozen effective 12/31/2016).                                                                                                                                |
| Social Security COLA Increases                 | N/A (benefit accruals frozen effective 12/31/2016).                                                                                                                                |
| Optional Payment Form Election Percentage      | 100% elect life annuity                                                                                                                                                            |
| Optional Payment Form Conversion Interest Rate | N/A                                                                                                                                                                                |
| Optional Payment Form Conversion Mortality     | N/A                                                                                                                                                                                |
| Retirement Age                                 |                                                                                                                                                                                    |
| Active Participants                            | See Table 1                                                                                                                                                                        |
| Terminated Vested Participants                 | Age 62                                                                                                                                                                             |
| Mortality Rates                                |                                                                                                                                                                                    |
| Healthy and Disabled                           | 2020 static mortality table for annuitants and non-<br>annuitants per §1.430(h)(3)-1(a)(3) and IRS<br>Notice 2019-26                                                               |
| Withdrawal Rates                               | See Table 2                                                                                                                                                                        |
| Disability Rates                               | See Table 3                                                                                                                                                                        |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decrement Timing                                                                    | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Beneficiary Survival Probability for Current Retirees with Joint & Survivor Annuity | Based on the valuation mortality table for beneficiaries stated above for the duration between retirement date and valuation date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Surviving Spouse Benefit                                                            | It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Benefit Limits                                                                      | Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                                                            | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2018 Plan Year                                                                      | 6.45%, limited to 6.29%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2019 Plan Year                                                                      | 6.10%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 2020 Plan Year                                                                      | 5.00%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Trust Expenses Included in Target Normal Cost                                       | The prior year's administrative and investment expenses (\$3,416,585 for 2020).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Actuarial Method                                                                    | Standard unit credit cost method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Valuation Date                                                                      | January 1, 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 5.00%              |
| 56                | 5.00%              |
| 57                | 7.50%              |
| 58                | 7.50%              |
| 59                | 7.50%              |
| 60                | 7.50%              |
| 61                | 7.50%              |
| 62                | 15.00%             |
| 63                | 15.00%             |
| 64                | 25.00%             |
| 65                | 30.00%             |
| 66                | 30.00%             |
| 67                | 30.00%             |
| 68                | 30.00%             |
| 69                | 30.00%             |
| 70+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Table 2—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |         |         |         |         |        |
|-----|------------------|---------|---------|---------|---------|--------|
|     | 0                | 1       | 2       | 3       | 4       | 5+     |
| 15  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 16  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 17  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 18  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 19  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 20  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 21  | 26.625%          | 26.625% | 26.625% | 26.625% | 26.625% | 8.000% |
| 22  | 25.125%          | 25.125% | 25.125% | 25.125% | 25.125% | 8.000% |
| 23  | 24.975%          | 23.775% | 23.775% | 23.775% | 23.775% | 8.000% |
| 24  | 24.975%          | 22.425% | 22.425% | 22.425% | 22.425% | 8.000% |
| 25  | 24.975%          | 22.200% | 21.075% | 21.075% | 21.075% | 8.000% |
| 26  | 24.975%          | 22.200% | 19.800% | 19.800% | 19.800% | 8.000% |
| 27  | 24.975%          | 22.200% | 19.650% | 18.600% | 18.600% | 8.000% |
| 28  | 24.975%          | 22.200% | 19.650% | 17.400% | 17.400% | 8.000% |
| 29  | 24.975%          | 22.200% | 19.650% | 17.250% | 16.275% | 8.000% |
| 30  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.225% | 7.000% |
| 31  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 32  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 33  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 34  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 35  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 36  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 37  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 38  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 39  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 7.000% |
| 40  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 6.000% |
| 41  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 6.000% |
| 42  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 6.000% |
| 43  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 6.000% |
| 44  | 24.975%          | 22.200% | 19.650% | 17.250% | 15.075% | 6.000% |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
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Table 2—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |          |          |          |          |           |
|------------|-------------------------|----------|----------|----------|----------|-----------|
|            | <b>0</b>                | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5+</b> |
| 45         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 6.000%    |
| 46         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 6.000%    |
| 47         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 6.000%    |
| 48         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 6.000%    |
| 49         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 6.000%    |
| 50         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |
| 51         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |
| 52         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |
| 53         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |
| 54         | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |
| 55+        | 24.975%                 | 22.200%  | 19.650%  | 17.250%  | 15.075%  | 5.000%    |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
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Table 3

**Disability Rates**

| <b>Age</b> | <b>Male</b> | <b>Female</b> | <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|------------|-------------|---------------|
| 15         | 0.030%      | 0.030%        | 45         | 0.192%      | 0.192%        |
| 16         | 0.030%      | 0.030%        | 46         | 0.216%      | 0.216%        |
| 17         | 0.030%      | 0.030%        | 47         | 0.246%      | 0.246%        |
| 18         | 0.030%      | 0.030%        | 48         | 0.282%      | 0.282%        |
| 19         | 0.030%      | 0.030%        | 49         | 0.312%      | 0.312%        |
| 20         | 0.030%      | 0.030%        | 50         | 0.358%      | 0.358%        |
| 21         | 0.030%      | 0.030%        | 51         | 0.410%      | 0.410%        |
| 22         | 0.030%      | 0.030%        | 52         | 0.472%      | 0.472%        |
| 23         | 0.030%      | 0.030%        | 53         | 0.534%      | 0.534%        |
| 24         | 0.030%      | 0.030%        | 54         | 0.602%      | 0.602%        |
| 25         | 0.030%      | 0.030%        | 55         | 0.670%      | 0.670%        |
| 26         | 0.030%      | 0.030%        | 56         | 0.738%      | 0.738%        |
| 27         | 0.030%      | 0.030%        | 57         | 0.812%      | 0.812%        |
| 28         | 0.034%      | 0.034%        | 58         | 0.890%      | 0.890%        |
| 29         | 0.034%      | 0.034%        | 59         | 0.970%      | 0.970%        |
| 30         | 0.034%      | 0.034%        | 60         | 1.050%      | 1.050%        |
| 31         | 0.038%      | 0.038%        | 61         | 1.140%      | 1.140%        |
| 32         | 0.038%      | 0.038%        | 62         | 1.232%      | 1.232%        |
| 33         | 0.042%      | 0.042%        | 63         | 1.326%      | 1.326%        |
| 34         | 0.042%      | 0.042%        | 64         | 1.420%      | 1.420%        |
| 35         | 0.052%      | 0.052%        | 65+        | 0.000%      | 0.000%        |
| 36         | 0.056%      | 0.056%        |            |             |               |
| 37         | 0.066%      | 0.066%        |            |             |               |
| 38         | 0.076%      | 0.076%        |            |             |               |
| 39         | 0.090%      | 0.090%        |            |             |               |
| 40         | 0.100%      | 0.100%        |            |             |               |
| 41         | 0.114%      | 0.114%        |            |             |               |
| 42         | 0.128%      | 0.128%        |            |             |               |
| 43         | 0.148%      | 0.148%        |            |             |               |
| 44         | 0.172%      | 0.172%        |            |             |               |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>MOEN INCORPORATED PENSION PLAN                                                                                   | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MOEN INCORPORATED                                             | <b>D</b> Employer Identification Number (EIN)<br>36-0548230                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                    |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2020                                                                                                                                                   |                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                             |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b> 323,273,798                                                                                       |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b> 308,831,639                                                                                       |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 1,969 (2) Vested Funding Target 148,759,761 (3) Total Funding Target 148,759,761 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                              | 1,147 67,987,107 67,987,107                                                                                 |
| <b>c</b> For active participants.....                                                                                                                                                                          | 1,048 70,259,449 74,114,467                                                                                 |
| <b>d</b> Total.....                                                                                                                                                                                            | 4,164 287,006,317 290,861,335                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                   |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b> 5.43%                                                                                              |
| <b>6</b> Target normal cost.....                                                                                                                                                                               | <b>6</b> 3,416,585                                                                                          |

**Statement by Enrolled Actuary**

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

|                       |                               |                                        |
|-----------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>      | MICHAEL H. FRANTZ <i>MAF</i>  | 09/24/2021                             |
|                       | Signature of actuary          | Date                                   |
| MICHAEL H. FRANTZ     |                               | 2005485                                |
|                       | Type or print name of actuary | Most recent enrollment number          |
| AON CONSULTING, INC.  |                               | 847-295-5000                           |
|                       | Firm name                     | Telephone number (including area code) |
| 4 OVERLOOK POINT      |                               |                                        |
| LINCOLNSHIRE IL 60069 |                               |                                        |
|                       | Address of the firm           |                                        |

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

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

**Schedule SB (Form 5500) 2020**  
**v. 200204**

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

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                            | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>20.08%</u> .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 15,229,842             |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60%</u> ..... |                       | 852,871                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 16,082,713             |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 14,553,719             |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                        | 0                     | 14,553,719             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 101.17% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.17% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.67%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 09/14/2021               | 8,550,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 8,550,000                         | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 7,814,398 |

**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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.64 %                                                                                                                       | 2nd segment:<br>5.21 % | 3rd segment:<br>5.94 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 3,416,585          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 3,416,585          |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 7,814,398          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 7,814,398          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and  
Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 28, 2020. The AFTAP was revised and reissued February 3, 2021 to reflect a change in the value of plan assets attributable to the inclusion of additional 2019 plan year contributions made pursuant to the provisions of the CARES Act. The inputs used in each certification are outlined below:

|                                               | <b>9/28/2020<br/>Certification</b> | <b>2/3/2021<br/>Certification</b> |
|-----------------------------------------------|------------------------------------|-----------------------------------|
| Funding Target                                | \$290,861,335                      | \$290,861,335                     |
| Value of Plan Assets                          | \$295,074,187                      | \$308,831,639                     |
| Applicable Funding Standard Carryover Balance | \$0                                | \$0                               |
| Applicable Prefunding Balance                 | \$0                                | \$0                               |
| Certified AFTAP                               | 101.44%                            | 106.17%                           |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Schedule SB, line 19—Discounted Employer Contributions  
Year applied for contributions: 2020

| <b>Date</b>        | <b>Amount</b>       | <b>Days to<br/>Discount to<br/>1/1/2020 at<br/>5.43%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------------|----------------------------------------------------------|-----------------------------------------------|
| September 14, 2021 | <u>\$ 8,550,000</u> | 622                                                      | <u>\$ 7,814,398</u>                           |
|                    | \$ 8,550,000        |                                                          | \$ 7,814,398                                  |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55.5             | 5.00%       | 1.0000        | 2.78                              |
| 56.5             | 5.00%       | 0.9500        | 2.68                              |
| 57.5             | 7.50%       | 0.9025        | 3.89                              |
| 58.5             | 7.50%       | 0.8348        | 3.66                              |
| 59.5             | 7.50%       | 0.7722        | 3.45                              |
| 60.5             | 7.50%       | 0.7143        | 3.24                              |
| 61.5             | 7.50%       | 0.6607        | 3.05                              |
| 62.5             | 15.00%      | 0.6112        | 5.73                              |
| 63.5             | 15.00%      | 0.5195        | 4.95                              |
| 64.5             | 25.00%      | 0.4416        | 7.12                              |
| 65.5             | 30.00%      | 0.3312        | 6.51                              |
| 66.5             | 30.00%      | 0.2318        | 4.62                              |
| 67.5             | 30.00%      | 0.1623        | 3.29                              |
| 68.5             | 30.00%      | 0.1136        | 2.33                              |
| 69.5             | 30.00%      | 0.0795        | 1.66                              |
| 70               | 100.00%     | 0.0557        | 3.90                              |
| Weighted Average |             |               | 62.86                             |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

|                |                                                                                                                                                                                                                                                                                                                                            |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date | October 3, 2011.                                                                                                                                                                                                                                                                                                                           |
| Participants   | Effective December 31, 2009, the Elyria Plants Pension Plan merged into this plan.<br><br>Effective December 31, 2010, the Moen Pennsylvania Plan and Moen Non-Union Plan merged into this plan.<br><br>Effective October 4, 2011, a group of participants formerly covered by the Fortune Brands Pension Plan transferred into this plan. |

Former Retirement Income Plan

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Status                       | Effective January 1, 2008, participation was limited to employees hired before January 1, 2008. As of December 31, 2016, benefit accruals were frozen.                                                                                                                                                                                                                                                                                                        |
| Normal Retirement Eligibility     | Age 65 and the earlier of five years of vesting service or five years as a plan participant.                                                                                                                                                                                                                                                                                                                                                                  |
| Benefit                           | The sum of (i), (ii), and (iii):<br><br>(i) 1.05% of final average monthly earnings up to covered compensation, multiplied by years of benefit service (up to 30 years); plus<br><br>(ii) 1.45% of final average monthly earnings in excess of covered compensation, if any, multiplied by years of benefit service (up to 30 years); plus<br><br>(iii) 1.00% of final average monthly earnings multiplied by years of benefit service in excess of 30 years. |
| Early Retirement Eligibility      | Age 55 and five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Benefit                           | Accrued normal retirement benefit reduced by $\frac{1}{2}\%$ for each month the participant is less than 62 years of age (up to two years), and $\frac{1}{3}\%$ for each month the participant is less than 60 years of age. Benefits are payable at early retirement date.                                                                                                                                                                                   |
| Disability Retirement Eligibility | Receiving disability benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                | Continuation of benefit service for period of disability.                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Terminated Vested Benefit              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Eligibility                            | Five years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Benefit                                | Accrued normal retirement benefit reduced by $\frac{1}{2}\%$ for each month the participant is less than 62 years of age (up to two years), and $\frac{1}{3}\%$ for each month the participant is less than 60 years of age. Benefits are payable at early retirement date.                                                                                                                                                                                                                     |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Eligibility                            | Active or deferred vested participants with five years of vesting service who have been married for at least one year.                                                                                                                                                                                                                                                                                                                                                                          |
| Benefit                                | 50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced for early commencement before age 62.                                                                                                                                                                                                                                                                   |
| Normal Form of Payment                 | For unmarried participants: Life annuity.<br><br>For married participants: The actuarial equivalent qualified joint and survivor annuity.                                                                                                                                                                                                                                                                                                                                                       |
| Optional Forms of Payment              | 50% joint and survivor annuity (with or without 10-year period certain).<br><br>100% joint and survivor annuity (with or without 10-year period certain).<br><br>75% joint and survivor annuity.<br><br>Five-, 10-, or 15-year certain and life annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.<br><br>Voluntary lump sum cash-out (\$1,001–\$5,000). |
| Definitions                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Benefit Service                        | Continuous service from date of hire to date of termination. Includes benefit service as of December 31, 1993 for participants in the Twentieth Century Retirement Income Plan.                                                                                                                                                                                                                                                                                                                 |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

As of December 31, 2016, benefit service was frozen.

Compensation

Includes overtime, holiday, and vacation pay, tips and bonuses, 401(k) deferrals, IRC section 125, 132 and 457 deferrals, and deferred nonqualified compensation.

Excludes expense reimbursement, housing allowances, long-term incentive, severance pay, and employer matching 401(k) contributions.

Covered Compensation

Average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which a participant will attain Social Security normal retirement age (SSNRA).

| Year of Birth  | SSNRA |
|----------------|-------|
| Before 1938    | 65    |
| 1938–1954      | 66    |
| 1955 and later | 67    |

Final Average Monthly Earnings

Compensation for the highest 60 consecutive calendar months out of the last 120 consecutive calendar months.

As of December 31, 2016, final average monthly earnings were frozen.

Vesting Service

Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Former Elyria Pension Plan

Effective Date Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through July 1, 2005.

Eligibility for Participation Any employee, regardless of age, who is covered under the collective bargaining agreement will enter the plan after completion one hour of service.

Effective with the December 1, 2008 plant closing, there are no active employees participating in the plan.

Normal Retirement  
Eligibility

Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Benefit

Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

| Monthly<br>Benefit Multiplier | Effective<br>Date |
|-------------------------------|-------------------|
| \$21.25                       | 07/01/2001        |
| \$24.00                       | 07/01/2002        |
| \$27.00                       | 07/01/2004        |
| \$28.00                       | 07/01/2005        |
| \$29.00                       | 07/01/2006        |
| \$30.00                       | 07/01/2007        |

Early Retirement  
Eligibility

Age 57 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit reduced by  $\frac{1}{2}\%$  for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement  
Eligibility

Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.

Benefit

Accrued normal retirement benefit, payable at date of disability. If the participant is denied Social Security disability benefits, the amount will be 200% of the normal retirement benefit, payable at date of disability.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Terminated Vested Benefit

Eligibility

Five years of vesting service.

Benefit

Accrued normal retirement benefit. If 10 years of service at termination, benefit is reduced the same as the early retirement benefit.

Preretirement Surviving Spouse Benefit

Eligibility

Active or deferred vested participants with five years of vesting service who have been married for at least one year.

Benefit

50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced  $\frac{1}{2}\%$  for each month the participant was less than 62 years of age.

Normal Form of Payment

For unmarried participants: Five-year certain and life annuity.

For married participants the actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50%, 75%, or 100% joint and survivor annuity.

Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.

Voluntary lump sum cash-out (\$1,001–\$5,000).

Definitions

Credited Service

One full year for each calendar year in which the employee completed at least 1,600 hours of service. Credited service is granted to the nearest one tenth ( $\frac{1}{10}$ ) if the employee worked less than 1,600 hours in any calendar year.

Vesting Service

Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Former Nonunion Service Related Pension Plan

Effective Date Initially effective March 1, 1987. Restated as of August 1, 2001. Amended through March 28, 2005.

Eligibility for Participation Any employee, regardless of age, who is in a group of employees designated for coverage will enter the plan on the first January 1 or July 1 coincident with or next following a 12 consecutive month period in which 1,000 hours of service are completed. As of December 31, 2016, benefit accruals were frozen.

Normal Retirement Eligibility Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Benefit Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

| Monthly<br>Benefit Multiplier | Effective<br>Date |
|-------------------------------|-------------------|
| \$10.00                       | 03/01/1987        |
| \$11.00                       | 01/01/1996        |
| \$12.00                       | 01/01/1997        |

Early Retirement Eligibility Age 55 and five years of vesting service.

Benefit Accrued normal retirement benefit reduced by  $\frac{1}{2}\%$  for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement Eligibility Totally and permanently disabled with at least 10 years of vesting service.

Benefit Accrued normal retirement benefit payable at date of disability.

Vested Termination Benefit Eligibility Five years of vesting service.

Benefit Accrued normal retirement benefit. For commencements before normal retirement, the benefit is reduced 0.5% for each month commencement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Preretirement Surviving Spouse Benefit  
Eligibility

Active or deferred vested participants with five years of vesting service who have been married for at least one year.

Benefit

50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced  $\frac{1}{2}\%$  for each month the participant was less than 62 years of age.

Normal Form of Payment

For unmarried participants: Life annuity.

For married participants: The actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50%, 75% or 100% joint and survivor annuity.

10-year certain and life annuity.

Actuarial equivalence for this purpose is based on a 6% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

Voluntary lump sum cash-out (\$1,001–\$5,000).

Definitions

Credited Service

One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.

As of December 31, 2016, credited service was frozen.

Vesting Service

One full year for each calendar year in which the employee completed at least 1,000 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
EIN: 36-0548230 PN: 001

Former Pennsylvania Hourly Employees Pension Plan

| Effective Date                    | Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through March 28, 2005.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|--------|------------|--------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|
| Eligibility for Participation     | <p>Any employee, regardless of age, who is covered under the bargaining agreement will enter the plan after completion one hour of service.</p> <p>Participation is limited to employees hired or rehired on or before November 30, 2013.</p> <p>As of December 31, 2016, all benefit accruals were frozen.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| Normal Retirement Eligibility     | Age 65 and the earlier of five years of vesting service or five years as a plan participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| Benefit                           | <p>Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:</p> <table><tr><th>Monthly Benefit Multiplier</th><th>Effective Date</th></tr><tr><td>\$9.25</td><td>04/01/1994</td></tr><tr><td>\$9.50</td><td>04/01/1995</td></tr><tr><td>\$10.00</td><td>04/01/1996</td></tr><tr><td>\$10.50</td><td>04/01/1997</td></tr><tr><td>\$11.00</td><td>04/01/1998</td></tr><tr><td>\$12.00</td><td>04/01/1999</td></tr><tr><td>\$13.00</td><td>04/01/2000</td></tr><tr><td>\$14.00</td><td>04/01/2001</td></tr><tr><td>\$14.75</td><td>04/01/2003</td></tr><tr><td>\$15.50</td><td>04/01/2004</td></tr><tr><td>\$16.25</td><td>04/01/2005</td></tr><tr><td>\$17.00</td><td>04/01/2006</td></tr><tr><td>\$17.25</td><td>04/01/2008</td></tr><tr><td>\$19.00</td><td>12/31/2016</td></tr></table> | Monthly Benefit Multiplier | Effective Date | \$9.25 | 04/01/1994 | \$9.50 | 04/01/1995 | \$10.00 | 04/01/1996 | \$10.50 | 04/01/1997 | \$11.00 | 04/01/1998 | \$12.00 | 04/01/1999 | \$13.00 | 04/01/2000 | \$14.00 | 04/01/2001 | \$14.75 | 04/01/2003 | \$15.50 | 04/01/2004 | \$16.25 | 04/01/2005 | \$17.00 | 04/01/2006 | \$17.25 | 04/01/2008 | \$19.00 | 12/31/2016 |
| Monthly Benefit Multiplier        | Effective Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$9.25                            | 04/01/1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$9.50                            | 04/01/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$10.00                           | 04/01/1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$10.50                           | 04/01/1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$11.00                           | 04/01/1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$12.00                           | 04/01/1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$13.00                           | 04/01/2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$14.00                           | 04/01/2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$14.75                           | 04/01/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$15.50                           | 04/01/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$16.25                           | 04/01/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$17.00                           | 04/01/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$17.25                           | 04/01/2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| \$19.00                           | 12/31/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| Early Retirement Eligibility      | Age 57 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| Benefit                           | Accrued normal retirement benefit reduced by 5/8% for each month the participant is less than 62 years of age, payable at early retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| Disability Retirement Eligibility | Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                |        |            |        |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |

Schedule SB Attachment (Form 5500)—2020 Plan Year  
Moen Incorporated Pension Plan  
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|                                        |                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                | Accrued normal retirement benefit, payable at date of disability.                                                                                                                                                                                                                                   |
| Terminated Vested Benefit              |                                                                                                                                                                                                                                                                                                     |
| Eligibility                            | Five years of vesting service.                                                                                                                                                                                                                                                                      |
| Benefit                                | Accrued normal retirement benefit. For commencement prior to normal retirement date, benefit is reduced 5/8% for each month commencement precedes normal retirement date.                                                                                                                           |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                                                                                     |
| Eligibility                            | Active or deferred vested participants with five years of vesting service who have been married for at least one year.                                                                                                                                                                              |
| Benefit                                | 50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 5/8% for each month the participant was less than 62 years of age.                                            |
| Normal Form of Payment                 | For unmarried participants: Life annuity.<br><br>For married participants: The actuarial equivalent qualified joint and survivor annuity.                                                                                                                                                           |
| Optional Forms of Payment              | 50%, 75%, or 100% joint and survivor annuity.<br><br>Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.<br><br>Voluntary lump sum cash-out (\$1,001–\$5,000).         |
| Definitions                            |                                                                                                                                                                                                                                                                                                     |
| Credited Service                       | One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.<br><br>As of December 31, 2016, credited service was frozen. |

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Vesting Service

One full year for each calendar year in which the employee completed at least 1,000 hours of service. Vesting service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

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Moen Incorporated Pension Plan  
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Former Fortune Brands Pension Plan

Effective Date January 1, 1986. Last restated effective January 1, 2002.  
Last amended effective January 1, 2008.

Eligibility for Participation The first day following 12 months of employment, provided the employee completes at least 1,000 hours of service in the first 12 months of employment. If 1,000 hours are not completed in the first 12 months of employment, the 1/1 following the first plan year during which the employee completes at least 1,000 hours of service.

No employee who first completes an hour of service on or after January 1, 2008 shall become a plan participant, and no employee rehired on or after January 1, 2008 shall again become a plan participant. As of December 31, 2016, benefit accruals were frozen.

Normal Retirement  
Eligibility

Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Monthly Benefit

The greater of [(1) + (2)] and (3) below:

1. Standard formula up until December 31, 2007:
  - a. 1.75% final average monthly compensation times benefit service (maximum 15 years) up until December 31, 2007; plus
  - b. 1.00% final average monthly compensation times benefit service in excess of 15 years (maximum 20 years) up until December 31, 2007.
2. Standard formula post December 31, 2007:
  - a. 1.00% final average monthly compensation times benefit service post December 31, 2007 (maximum 35 years total benefit service including pre-2008 benefit service).

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3. Minimum formula. The prior plan accrued benefit plus the sum of (a) and (b), however, all eligible service after December 31, 2007 has a 1% accrual (i.e., if maximum years have not already been reached):
  - a. 1.75% final average monthly compensation times benefit service after December 31, 2001 (maximum 15 years minus benefit service earned prior to 2002); plus
  - b. 1.00% final average monthly compensation times benefit service after December 31, 2001 in excess of 15 years minus benefit service earned prior to 2002 (maximum 20 years). If a participant had 15 or more years of benefit service as of December 31, 2001, this part becomes 1% times final average monthly compensation times benefit service earned after December 31, 2001.

Early Retirement  
Eligibility

Age 55 and 10 years of vesting service.

Benefit

The greater of (1) or (2) below:

1. The standard formula normal retirement benefit reduced  $\frac{1}{2}$  of 1% for each month by which the commencement date precedes age 62.
2. The minimum formula attributed to benefit service after December 31, 2001 reduced  $\frac{1}{2}$  of 1% for each month by which the commencement date precedes age 62. For participants who retire with 12 years of vesting service, the prior plan accrued benefit is reduced  $\frac{7}{12}$  of 1% for each month by which the commencement date precedes age 60; the prior plan accrued benefit is unreduced at 30 years of vesting service.

Disability Retirement  
Eligibility

Participants in the plan entitled to benefits under the company's Long-Term Disability plan.

Benefit

The retirement benefit is the normal retirement benefit based on compensation at date of disability. Vesting service and benefit service continue to accrue during the period of disability.

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Vested Termination Benefit

Eligibility

Five years of vesting service.

Benefit

The accrued benefit payable at normal retirement, or if the participant had completed 10 years of vesting service, the accrued benefit payable as early as age 55, reduced  $\frac{1}{2}$  of 1% for each month by which the commencement date precedes age 65.

Preretirement Surviving Spouse Benefit

Eligibility

After being married for at least one year, after becoming vested, and before receiving any benefits under the plan.

Benefit

For participants with less than 10 years of vesting service: 50% of the amount that would have been payable if the participant had terminated employment on the date of death (if not already terminated), deferred payment to age 65, and then elected the 50% joint and survivor form of payment.

For participants with 10 (but less than 12) years of vesting service: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to his or her earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

For participants with 12 years of vesting service: the amount determined as for participants with 10 years of vesting service except that the prior plan accrued benefit will be payable as a 100% joint and survivor annuity.

Normal Form of Payment

For unmarried participants: Life annuity.

For married participants: The actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50%, 75%, or 100% joint and survivor annuity, 10 or 15 year certain and life annuity, or life annuity.

Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks.

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The prior plan provides age 62 and age 65 Social Security level income options for the prior plan accrued benefit.

Definitions

Benefit Service

Service determined in full years and fractions of years beginning on the employee's date of hire, but only recognizing employment at Fortune Brands, Inc. Rehires on or after January 1, 2008 are not credited with additional benefit service following rehire.

As of December 31, 2016, benefit service was frozen.

Final Average Monthly Compensation

Average of highest five consecutive calendar years within the last 10 years of service.

As of December 31, 2016, final average monthly compensation was frozen.

Vesting Service

Service determined in full years and fractions of years beginning on the employee's date of hire.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

On September 1, 2021, Moen Incorporated made an explicit election not to apply the ARPA interest rate stabilization (for any purposes) to the Moen Incorporated Pension Plan for the 2020 plan year. Therefore, this Schedule SB reflects stabilized 2020 minimum funding interest rates without regard to ARPA.

This same explicit election defers the shortfall amortization relief available under the provisions of the American Rescue Plan Act of 2021. Therefore, this Schedule SB reflects a shortfall amortization payment calculated without regard to ARPA.

# Moen Incorporated Pension Plan

## Statements of Net Assets Available for Benefits

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| <i>December 31,</i>                                                                                         | <b>2020</b>           | <b>2019</b>           |
|-------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                                                                               |                       |                       |
| Investments, at fair value:                                                                                 |                       |                       |
| Plan's interest in Fortune Brands Home & Security, Inc.<br>Master Retirement Trust                          | \$ 346,948,858        | \$ 293,104,546        |
| Investments, at contract value:                                                                             |                       |                       |
| Plan's interest in Fortune Brands Home & Security, Inc.<br>Master Retirement Trust - Group annuity contract | 9,767,321             | 9,286,400             |
| Employer contribution receivable                                                                            | 8,550,000             | 7,400,000             |
| <b>Total Assets</b>                                                                                         | <b>365,266,179</b>    | <b>309,790,946</b>    |
| <b>Liabilities</b>                                                                                          |                       |                       |
| Accrued administrative expenses                                                                             | -                     | 27,446                |
| <b>Net Assets Available for Benefits</b>                                                                    | <b>\$ 365,266,179</b> | <b>\$ 309,763,500</b> |

*See accompanying notes to financial statements.*

Schedule SB Attachment (Form 5500)—2020 Plan Year  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected return on assets from 6.10% to 5.00%.

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.