# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2021**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

**B** This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

**D** Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ANDERSEN 401K PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1960

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

ESC MN126-01-L7D

100 4TH AVE N MN126-01-J6A
BAYPORT, MN 55003-1096

**2b** Employer Identification Number (EIN) 41-0123208

**2c** Plan Sponsor's telephone number 651-264-5548

**2d** Business code (see instructions) 321900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/28/2022 | KATHY PRONDZINSKI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 12870 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 9555 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 10721 |
| **b** Retired or separated participants receiving benefits | **6b** | 3940 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 14661 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 62 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 14723 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 14632 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1862 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [ ] | Insurance |
| **(2)** | [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** | [X] | Trust |
| **(4)** | [ ] | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2021**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| ANDERSEN 401K PLAN | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| ANDERSEN CORPORATION | 41-0123208 |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

CHARLES SCHWAB & CO.,INC

94-1737782

**(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)

SCHWAB RETIREMENT PLAN SERVICES,INC

34-1479833

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 26 50 64 | NONE | 603386 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 50 | NONE | 553012 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

ERNST & YOUNG, LLP

34-6565596

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 22250 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

BRINKER CAPITAL INVESTMENTS LLC

32-0070947

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 11306 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GREAT VALLEY ADVISOR GROUP INC

51-0295792

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 8664 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FINANCIAL ENGINE ADVISORS LLC

94-3250032

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 8273 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

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

INTELLIGENT FINANCIAL STRATEGIES

41-1806874

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 26 50 | NONE | 7494 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 33 50 59 62 71 | NONE | 7107 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| CHARLES SCHWAB & CO AND AFFILIATES | 59 | 0 |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| SEE ATTACHMENT<br><br>54-1968332 | FORMULA DESCRIPTION IS ATTACHED | |

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

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

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

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

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

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

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

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<br>(complete as many entries as needed) |
|---|---|

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
ANDERSEN 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANDERSEN CORPORATION

**D** Employer Identification Number (EIN)
41-0123208

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

| | | | |
|---|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL ALL INTERNATIONAL MKTS CL M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-020 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 31992473 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL EQUITY II FUND CL M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-006 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 82039853 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL INVESTMENT CONTRACT FD CL M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-012 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 53247230 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL MULTI-MANAGER BOND CL M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-038 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 43664786 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL REAL ASSET FUND CLASS M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-075 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 2542684 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | RUSSELL 1000 INDEX CL M | | |
| **b** Name of sponsor of entity listed in (a): | RUSSELL INVESTMENTS TRUST COMPANY | | |
| **c** EIN-PN 91-1117282-016 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 116045781 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: | TARGET RETIREMENT 2015 TRUST II | | |
| **b** Name of sponsor of entity listed in (a): | VANGUARD FIDUCIARY TRUST COMPANY | | |
| **c** EIN-PN 90-6083984-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 16012339 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083982-001 | C | 53242158 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083980-001 | C | 147511511 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083978-001 | C | 175907849 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083976-001 | C | 138133761 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083974-001 | C | 107541273 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083972-001 | C | 68587129 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-6083970-001 | C | 44674451 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 27-6715091-001 | C | 37873632 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 45-3799419-001 | C | 25040564 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2065 TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 82-6194314-001 | C | 6305844 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME TRUST II

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

| **c** EIN-PN 90-6083967-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15369864 |
|---|---|---|

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
ANDERSEN 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANDERSEN CORPORATION

**D** Employer Identification Number (EIN)
41-0123208

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 249394 | 298496 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 42173 | 40047 |
| **(2)** Participant contributions | 1b(2) | 1793361 | 3040570 |
| **(3)** Other | 1b(3) | 7241 | 4631 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 15471755 | 15505687 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1033739620 | 1165733186 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 49871528 | 57190909 |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1101175072 | 1241813526 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | 837793 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 249394 | 298496 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 249394 | 1136289 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1100925678 | 1240677237 |

## Part II Income and Expense Statement

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

| | **Income** | | **(a)** Amount | **(b)** Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 35231658 | |
| | **(B)** Participants | 2a(1)(B) | 50147154 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 15005384 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 100384196 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 732383 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 732383 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 136276368 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | 6653655 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 244046602 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 102937093 | |
| **(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) | | 102937093 |
| **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) | 31148 | |
| **(2)** Contract administrator fees | 2i(2) | 603386 | |
| **(3)** Investment advisory and management fees | 2i(3) | 723416 | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1357950 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 104295043 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 139751559 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |

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

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

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

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

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
ANDERSEN 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANDERSEN CORPORATION

**D** Employer Identification Number (EIN)
41-0123208

## Part I Distributions

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

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

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

EIN(s): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

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# Report of Independent Auditors

The Andersen Corporation Benefits & Compensation Committee
Andersen 401(k) Plan

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

We have performed an audit of the financial statements of Andersen 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

## Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



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- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion on the 2021 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 2021 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 2021 Financial Statements**

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 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.



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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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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



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## Other Matters

*Supplemental Schedules Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2021 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated July 28, 2021, we indicated that



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(a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

July 27, 2022



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**ANDERSEN 401(K) PLAN**
**Information for Form 5500, Schedule C**
**For January 1, 2021 - December 31, 2021**

This information summarizes the compensation paid for your plan to Charles Schwab & Co. Inc., and its affiliates (Schwab), or to other service providers, for services related to the plan. Information provided is for the period shown above or for the portion of the plan year that Schwab provided services for your plan. Amounts paid from the plan may be reportable on the plan's annual Form 5500, Schedule C, if applicable. Please refer to the instructions for Form 5500, Schedule C to determine if your plan is required to file the form and for more details of what should be reported.

**Direct Payments From The Plan to Schwab:**

| Account Type | Paid To | EIN | Description | Amount |
|---|---|---|---|---|
| Participant Brokerage | Charles Schwab & Co., Inc. | 94-1737782 | Brokerage Fees | $7,106.79 |
| Subtotal for Charles Schwab & Co., Inc. | | | | $7,106.79 |
| Plan - Level | Schwab Retirement Plan Services, Inc. | 34-1479833 | Recordkeeping, Trust, and Administrative Svs. | $602,486.20 |
| Plan - Level | Schwab Retirement Plan Services, Inc. | 34-1479833 | Schwab Retirement Planner Fee | $170,404.03 |
| Total Direct Payments From the Plan to Schwab | | | | $779,997.02 |

Several Schwab entities may work together to provide services to your plan and may share the proceeds of fees collected with Charles Schwab & Co, Inc., Charles Schwab Bank, Charles Schwab Trust Bank, Schwab Retirement Plan Services, Inc. or Charles Schwab Investment Management Inc. as needed to support the cost of services provided by these affiliates.

The above fees include brokerage or other investment related fees charged to accounts in the plan for services provided by Charles Schwab and its affiliates when those trading arrangements and/or services are requested by parties with trading authority. This could include authorization from plan participants if your plan offers a participant self -directed brokerage option. More detailed fee information is provided when each account is opened or as the particular trading arrangements and/or services are requested. For more information regarding these fees, please contact a Schwab representative for more information and a current copy of the Schwab Pricing Guide and account application(s).

**Direct Payments From The Plan To Other Service Providers:**

| Account Type | Paid To | EIN | Description | Amount |
|---|---|---|---|---|
| Plan - Level | Ernst & Young LLP | 34-6565596 | Auditing Fee | $22,250.00 |
| Plan - Level | Fox Rothschild LLP | 23-1404723 | Attorney Fee | $8,897.66 |
| Plan - Level | Russell Trust Company | 91-1116938 | Investment Management | $553,011.66 |
| Participant Brokerage | BALLAST ADVISORS LLC | 81-5217330 | Advisor Fee | $3,808.48 |
| Participant Brokerage | BRINKER CAPITAL INVESTMENTS LL | 32-0070947 | Advisor Fee | $11,306.47 |
| Participant Brokerage | BUCKINGHAM STRATEGIC PARTNERS | 20-8307105 | Advisor Fee | $3,757.24 |
| Participant Brokerage | FINANCIAL ENGINES ADVISORS LLC | 94-3250032 | Advisor Fee | $8,273.11 |
| Participant Brokerage | FLEXIBLE PLAN INVESTMENTS LTD | 38-2340348 | Advisor Fee | $812.16 |
| Participant Brokerage | FULTON BREAKEFIELD BROENNIMAN | 62-1837767 | Advisor Fee | $2,224.50 |
| Participant Brokerage | GREAT VALLEY ADVISOR GROUP INC | 51-0295792 | Advisor Fee | $8,663.86 |
| Participant Brokerage | INTELLIGENT FINANCIAL STRATEGI | 41-1806874 | Advisor Fee | $7,493.59 |
| Participant Brokerage | PLANNERS FINANCIAL SERVICES | 41-0984446 | Advisor Fee | $580.14 |
| Participant Brokerage | QUARRY HILL ADVISORS LLC | 82-0844050 | Advisor Fee | $3,728.95 |
| Participant Brokerage | THE PLANNING CENTER INC | 36-4231104 | Advisor Fee | $62.86 |
| Participant Brokerage | WEBB FINANCIAL GROUP LLC | 41-1901404 | Advisor Fee | $1,696.60 |

**ANDERSEN 401(K) PLAN**
**Information for Form 5500, Schedule C**
**For January 1, 2021 - December 31, 2021**

**The other service providers listed in this report are those to whom fees have been paid from your plan account(s) at Schwab during the year, at the specific direction of the plan fiduciary or other authorized party. Such fees reported may not represent all amounts that were paid by the plan to these providers. If available, the Employer Identification Numbers ("EINs") listed were provided to us at the time of payment. You should contact these providers for disclosure of their services and fee schedules. If you have retained additional service providers for this plan that are not listed in this report or other fees that were paid from the plan and not specifically disclosed separately from other plan transactions, you may want to contact such other service providers for more information. For example, if the Plan permits a participant self directed brokerage option and a broker, investment advisor or other financial service provider has been authorized to direct investments and charge a fee / commission you will need to contact the broker, investment advisor or other financial service provider for a report summarizing such fees. If Schwab were directed to separately pay a fee to a broker, investment advisor or other financial service provider such payment will be reflected in the list of direct payments to other service providers. However, if a broker, investment advisor or other financial service provider reduces a settled trade amount by the broker, investment advisor or other financial service provider's fee / commission, Schwab may not be privy to such fee / commission amount and you will need to obtain a summary of such fees from the broker, investment advisor or other financial service provider.

**Indirect Compensation Received by Schwab:**
Indirect compensation is any compensation received for services related to the plan that is not paid directly by the plan or plan sponsor. Schwab receives the following indirect compensation from your plan:

**Shareholder Related Servicing:** Charles Schwab & Co., Inc. may receive compensation from fund companies for investments in the plan (including Schwab proprietary and other funds). This compensation may be paid by the fund company or one of its affiliates. Disclosure of this compensation was previously provided by CS & Co, Inc. and its affiliates who provide services for your plan. For more details please refer to your Schwab service agreement and Appendix 1 - Shareholder Servicing Payment Rates.

**Non-Monetary Compensation:** Schwab's Gift's and Entertainment Policy provides that gifts to or from a customer, financial institution, news or financial media (other than a close relative) may not exceed a total value of $100 in any calendar year without prior approval. If you need additional information, please contact your Schwab service representative.

**Eligible Indirect Compensation Received by Schwab:**
In general, certain types of indirect compensation that have previously been disclosed may be categorized as eligible indirect compensation. While all amounts paid from the plan should be considered when determining which service providers to report, IRS Form 5500 instructions state that there is no need to report the amount or formula for eligible indirect compensation on Form 5500, Schedule C. The below information lists the types of eligible indirect compensation Schwab may earn for your plan and where to find the written disclosures used to determine Schwab's compensation.

**Fund Management:** Charles Schwab Investment Management Inc. earns compensation for advisory and certain administrative services performed for the Schwab proprietary funds (Schwab or Laudus funds). Disclosure of this compensation is provided in a fund prospectus, available from Charles Schwab & Co, Inc. (EIN 94-1737782) or its affiliates.

Charles Schwab Trust Bank (EIN 82-3967259), earns compensation for management and operation of the Charles Schwab Trust Bank Collective Trust Funds (including Schwab Managed Retirement Trust Funds, Schwab Indexed Retirement Trust Funds and Schwab Institutional Trust Funds). Disclosure of this compensation is provided by Charles Schwab Trust Bank in the collective trust funds' declarations of trust, participation agreements, and annual audited financial statements for each collective trust fund. Please contact your Schwab representative to obtain a copy of any of these documents or visit www.schwabtrustbankcollectives.com.

**Cash Float:** Charles Schwab & Co. Inc. and its affiliates may receive compensation on uninvested cash or cash in transit at the end of each business day. For more details, please refer to the current Schwab Explanation of Fees and Services for 408(b)(2) brokerage account agreements applicable to your plan.

**Indirect Compensation Paid to Others:**
In general, fund companies that your plan invests in receive only Eligible Indirect Compensation from the plan. Details of the amounts or rates received are disclosed in the fund prospectuses provided by Charles Schwab & Co., Inc. (EIN 94-1737782) or its affiliates and agents.

**Additional Disclosures:**
Schwab may receive certain amounts from various fund companies to offset the costs associated with educational programs such as client conferences, internal seminars, articles and publications. These sponsorships are unrelated to the contractual services provided by Schwab with respect to the plan.

Charles Schwab Investment Management, Inc., is an affiliate of Charles Schwab & Co. Inc.

The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries: Charles Schwab Bank; Charles Schwab Trust Bank, Charles Schwab &Co., Inc. (member SIPC, www.sipc.org), Schwab Retirement Plan Services, Inc. Trust, custody and deposit products and services are available through Charles Schwab Bank and/or Charles Schwab Trust Bank (collectively, the "Bank"). Schwab Retirement Plan Services, Inc. provide recordkeeping and related services with respect to retirement plans.

**If you need additional information, please contact your Schwab service representative.**

**ANDERSEN 401(K) PLAN**
**Information for Form 5500, Schedule C**
**For January 1, 2021 - December 31, 2021**

**Appendix 1 - Shareholder Servicing Payment Rates :**

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's fund holding(s) in plan brokerage account(s) in the fund family(ies) listed is 0.34%, as further detailed below:

| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Advisors Preferred | Not Available | Rate of 0.45% of average daily balance of asset(s) |
| Akre | 54-1968332 | Rate of 0.40% of average daily balance of asset(s) |
| Allianz Global Investors | Not Available | Range of 0.02 - 0.50% of average daily balance of assets |
| American Century Investments | 43-0821857 | Rate of 0.35% of average daily balance of asset(s) |
| American Funds | 90-0924512 | Range of 0.12 - 0.37% of average daily balance of assets |
| Amundi US | 13-5657669 | Rate of 0.35% of average daily balance of asset(s) |
| Artisan Partners Limited Partnership | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Avantis Investors | Not Available | Rate of 0.05% of average daily balance of asset(s) |
| Ave Maria Mutual Funds | 38-2325495 | Rate of 0.40% of average daily balance of asset(s) |
| Azzad Fund | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Baird | 39-6037917 | Rate of 0.05% of average daily balance of asset(s) |
| Baron Capital Group, Inc. | 13-3107580 | Rate of 0.40% of average daily balance of asset(s) |
| BlackRock | 04-6171663 | Range of 0.40 - 0.50% of average daily balance of assets |
| Boston Trust & Walden Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Brown Advisory Funds | 52-1952888 | Rate of 0.40% of average daily balance of asset(s) |
| Brown Capital Management, LLC | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Calamos | 36-3316238 | Rate of 0.10% of average daily balance of asset(s) |
| Calvert Research and Management | Not Available | Range of 0.27 - 0.40% of average daily balance of assets |
| Carillon Family of Funds | 59-1237041 | Rate of 0.40% of average daily balance of asset(s) |
| Cohen & Steers | 14-1904657 | Rate of 0.45% of average daily balance of asset(s) |
| Columbia Threadneedle | 93-0577450 | Range of 0.35 - 0.50% of average daily balance of assets |
| Community Capital Management | 65-0876594 | Rate of 0.40% of average daily balance of asset(s) |
| Dimensional Fund Advisors | 22-2370029 | Rate of 0.02% of average daily balance of asset(s) |
| Direxion Funds | 13-4143904 | Rate of 0.40% of average daily balance of asset(s) |
| Driehaus | 20-3634295 | Rate of 0.40% of average daily balance of asset(s) |
| DWS | 13-3241232 | Range of 0.10 - 0.40% of average daily balance of assets |
| Eaton Vance | 04-2718215 | Rate of 0.40% of average daily balance of asset(s) |
| Eventide Funds | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Fidelity Investments | 06-1194217 | Range of 0.25 - 0.50% of average daily balance of assets |
| FIRST EAGLE FUNDS | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| FMI Funds | 39-1861095 | Rate of 0.40% of average daily balance of asset(s) |
| FRANKLIN TEMPLETON FUNDS | Not Available | Rate of 0.15% of average daily balance of asset(s) |
| Franklin Templeton Investments | 94-3167260 | Range of 0.23 - 0.40% of average daily balance of assets |
| Glenmede | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Guggenheim Investments | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Harbor | 04-2679462 | Rate of 0.43% of average daily balance of asset(s) |
| Harding Loevner | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Heartland | 39-1572323 | Rate of 0.50% of average daily balance of asset(s) |
| Highland Funds | 75-2716725 | Rate of 0.40% of average daily balance of asset(s) |
| ICON Funds | 75-2676133 | Rate of 0.10% of average daily balance of asset(s) |
| Jackson Square | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Janus Henderson | 43-1804048 | Rate of 0.35% of average daily balance of asset(s) |
| Jensen | 93-0978027 | Rate of 0.40% of average daily balance of asset(s) |
| JPMorgan | 13-2624428 | Rate of 0.25% of average daily balance of asset(s) |
| Lazard | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Lord Abbett | 13-3731507 | Range of 0.10 - 0.40% of average daily balance of assets |
| Macquarie Investment Management | Not Available | Rate of 0.10% of average daily balance of asset(s) |

**ANDERSEN 401(K) PLAN**
**Information for Form 5500, Schedule C**
**For January 1, 2021 - December 31, 2021**

| **Received by Charles Schwab & Co., Inc. (EIN#94-1737782)** | | |
|---|---|---|
| **Fund Family/Provider** | **EIN** | **Formula** |
| Mairs & Power | Not Available | Rate of 0.10% of average daily balance of asset(s) |
| Matthews Asia Funds | 94-3250972 | Rate of 0.40% of average daily balance of asset(s) |
| Meridian | 94-2408246 | Rate of 0.06% of average daily balance of asset(s) |
| Metropolitan West Funds | 95-4597302 | Range of 0.35 - 0.40% of average daily balance of assets |
| MFS | 04-3253929 | Range of 0.10 - 0.40% of average daily balance of assets |
| Morgan Stanley | 36-3145972 | Rate of 0.10% of average daily balance of asset(s) |
| Needham | 22-3408336 | Rate of 0.40% of average daily balance of asset(s) |
| Neuberger Berman | 13-3216325 | Rate of 0.29% of average daily balance of asset(s) |
| Nuveen | 36-3817266 | Rate of 0.15% of average daily balance of asset(s) |
| Oak Associates | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Oakmark | 52-2257782 | Rate of 0.35% of average daily balance of asset(s) |
| Parnassus | 94-6579180 | Rate of 0.40% of average daily balance of asset(s) |
| Pax World | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| PGIM Funds (Prudential) | Not Available | Range of 0.10 - 0.25% of average daily balance of assets |
| RiverPark Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Royce Investment Partners | 52-2343049 | Rate of 0.45% of average daily balance of asset(s) |
| Rydex Funds | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Schwab Funds | 94-3106735 | Range of 0.13 - 0.25% of average daily balance of assets |
| T ROWE-PRICE | Not Available | Range of 0.05 - 0.40% of average daily balance of assets |
| Tanaka | 13-3390215 | Rate of 0.40% of average daily balance of asset(s) |
| The Pacific Financial Group | Not Available | Rate of 0.25% of average daily balance of asset(s) |
| Thrivent Funds | 39-0123480 | Range of 0.36 - 0.39% of average daily balance of assets |
| TIAA Investments | 13-1624203 | Range of 0.35 - 0.40% of average daily balance of assets |
| Touchstone | 31-0487145 | Range of 0.10 - 0.40% of average daily balance of assets |
| USA Mutuals | Not Available | Rate of 0.40% of average daily balance of asset(s) |
| Victory Capital | Not Available | Range of 0.10 - 0.40% of average daily balance of assets |
| Wasatch | 87-0319391 | Rate of 0.40% of average daily balance of asset(s) |
| Westwood | 04-1983910 | Rate of 0.40% of average daily balance of asset(s) |
| William Blair Funds | 36-2214610 | Rate of 0.15% of average daily balance of asset(s) |

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

**For more details, please refer to your Schwab service, trust or custody agreements.**

**If you need additional information, please contact your Schwab service representative.**

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# Andersen 401(k) Plan

## Statements of Net Assets Available for Benefits

| | December 31 | |
|---|---|---|
| | **2021** | **2020** |
| **Assets** | | |
| Investments, at fair value | **$ 1,222,924,094** | $ 1,083,611,148 |
| Cash | **298,496** | 249,394 |
| Employer contribution receivable | **40,047** | 42,173 |
| Employee contribution receivable | **3,040,570** | 1,793,361 |
| Notes receivable from participants | **15,829,760** | 15,471,755 |
| Trades receivable | **4,631** | 7,241 |
| Total assets | **1,242,137,598** | 1,101,175,072 |
| **Liabilities** | | |
| Other payables | **298,496** | 249,394 |
| Total liabilities | **298,496** | 249,394 |
| Net assets available for benefits | **$ 1,241,839,102** | $ 1,100,925,678 |

*See accompanying notes.*

# Andersen 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

| | Year Ended December 31 | |
|---|---|---|
| | **2021** | **2020** |
| **Additions** | | |
| Investment income: | | |
| Net appreciation in fair value of investments | **$ 136,276,368** | $ 124,395,837 |
| Other income | **6,653,655** | 7,995,992 |
| Total investment income | **142,930,023** | 132,391,829 |
| Interest income on notes receivable from participants | **732,383** | 852,737 |
| Rollover contributions | **15,005,384** | 11,412,052 |
| Employee elective deferral contributions | **50,147,154** | 40,378,862 |
| Employer fixed contribution | **21,114,169** | 16,413,225 |
| Employer matching contributions | **14,117,489** | 11,292,950 |
| | **244,046,602** | 212,741,655 |
| **Deductions** | | |
| Distributions to participants and their beneficiaries | **101,775,228** | 90,772,757 |
| Administrative expenses | **1,357,950** | 737,341 |
| | **103,133,178** | 91,510,098 |
| Net additions | **140,913,424** | 121,231,557 |
| **Net assets available for benefits** | | |
| Beginning of year | **1,100,925,678** | 979,694,121 |
| End of year | **$ 1,241,839,102** | $ 1,100,925,678 |

*See accompanying notes.*

# Andersen 401(k) Plan

## Notes to Financial Statements

December 31, 2021

### 1. Plan Description

The following description of the Andersen 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution, voluntary employee savings plan, intended to qualify under Section 401(a) of the Internal Revenue Code (the Code) and to satisfy the requirements of Section 401(k) of the Code. Notwithstanding the designation of the Plan as a profit-sharing plan, a participating employer may make profit-sharing awards even though such employer has no current or accumulated earnings and profits. The Plan is for the exclusive benefit of the participants and their beneficiaries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### Eligibility

Employees are eligible to participate on the first day of employment. Temporary or seasonal employees who were not a participant in the Plan on December 31, 2007, become eligible to participate in the Plan the first day of the month following the completion of one year of continuous service. Eligible earnings are counted from the first day the participant is eligible to participate in the Plan. All non-union qualified employees from the following companies are able to participate in the Plan: Andersen Corporation (the Company); Andersen Windows, Inc.; Renewal by Andersen LLC; Andersen Distribution, Inc.; Andersen Regional Manufacturing, Inc.; Andersen Logistics Sacramento LLC; Custom Pultrusions, Inc.; Eagle Window and Door Manufacturing, Inc.; Eagle Window and Door, LLC; Weiland Sliding Doors and Windows, Inc.; and EMCO Enterprises, LLC. Employees of EMCO Enterprises, LLC and Andersen Distribution, Inc. who are covered by the collective bargaining agreements are eligible to participate in the Plan.

**1. Plan Description (continued)**

**Contributions**

For all non-union participants, a salary deduction feature allows participants to defer up to a maximum of 100% of gross pay through payroll deductions within the meaning of Section 415(c)(3) of the Code for the limitation year (the allowable Internal Revenue Service (IRS) annual maximum of $19,500 for 2021 and 2020). The salary deduction can be a pretax deduction or an after-tax Roth 401(k) contribution. Employees age 50 and older by the end of the plan year are eligible to make catch-up contributions. The annual maximum total of catch-up contributions was $6,500 in 2021 and 2020. Participants may also contribute rollover amounts representing distributions from other qualified benefit plans.

The Plan also provides for elective deferrals of profit-sharing awards. Employees can elect to have up to 100% of their profit-sharing awards deferred into the Plan.

Company contributions are made each pay period. All employees who were hired prior to January 1, 2008, excluding employees of EMCO Enterprises, LLC; Weiland Sliding Doors and Windows, Inc.; and Eagle Window and Door, LLC receive a matching contribution of $0.50 for each $1.00 the employee contributes up to a maximum of 4% of pay.

All Weiland Sliding Doors and Windows, Inc. associates and all non-union employees from EMCO Enterprises, LLC and Eagle Window and Door, LLC, and all employees hired or rehired after December 31, 2007, receive a fixed company contribution of 4% of eligible earnings and a matching contribution of $0.50 for each $1.00 the employee contributes up to a maximum of 6% of pay.

All employees employed on the last day of the year may receive a true-up match contribution if some of the employee deferrals have not previously been matched.

The Company may make discretionary contributions to the Plan that are allocated to all eligible participants based on eligible earnings. For the 2021 and 2020 plan years, the Company made no discretionary contributions.

**1. Plan Description (continued)**

Separate from the provisions described above, eligible employees of EMCO Enterprises, LLC covered by the collective bargaining agreement receive a fixed company contribution of 2% of eligible earnings and a matching contribution of 25% of deferred salary contributions up to a maximum annual match of $2,500 per eligible employee per year. Eligible employees of Andersen Distribution, Inc. covered by the collective bargaining agreement receive a fixed company contribution of 2% of eligible earnings and a matching contribution of $0.50 for each $1.00 the employee contributes up to a maximum of 4% of pay. The company contributions are pursuant to the collective bargaining agreement covering employees of EMCO Enterprises, LLC and Andersen Distribution, Inc.

**Vesting**

The participants' accounts are fully vested at all times in their employee deferral, rollover, and fixed company contribution accounts. Employees active on or before December 31, 2007; Weiland Sliding Doors and Windows, Inc. employees active on January 1, 2014; and the EMCO Enterprises, LLC participants covered by the collective bargaining agreement are 100% vested in company matching contributions. EMCO Enterprises, LLC and Andersen Distribution, Inc. participants covered by the collective bargaining agreement are 100% vested in the company fixed contribution and the company matching contributions. Employees hired after December 31, 2007, will be 100% vested in the company matching contributions after three years of continuous service.

All non-union employees hired after April 1, 2015, will be 100% vested in their employer fixed contribution and in the company matching contributions after completing three years of continuous service.

**Forfeitures**

When certain terminations of plan participants occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures are utilized first to restore reinstated participants' balances, and then to either pay expenses of administering the Plan or to reduce the Company's contribution for the plan year. If the participant is reemployed and fulfills certain requirements, as defined in the Plan, the participant's account will be reinstated. Forfeitures' ending balances were $1,869,694 and $1,261,947 for the plan years ended December 31, 2021 and 2020, respectively. Forfeitures used were $1,410,693 and $1,104,232 for the plan years ended December 31, 2021 and 2020, respectively.

**1. Plan Description (continued)**

**Participant Accounts**

Each participant's account is credited with the participant's contributions and the Company's contributions, if any, and allocations of plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of his or her respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Payment of Benefits**

Distribution of a participant's account can occur on termination of employment, for in-service withdrawals for participants who have attained age 59½, or through hardship withdrawals requiring administrative approval as explained in the plan document. A lump-sum payment will be made for all distributions of participants' accounts with a balance of less than $5,000 as soon as practicable. Participants who terminate employment with a balance of greater than $5,000 may request a distribution in a lump-sum payment or installments.

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted on March 27, 2020 and provided for special distribution options and rollover rules for retirement plans and individual retirement accounts and expands permissible loans from certain retirement plans. The Plan implemented the special distribution options, effective April 15, 2020.

The Required Minimum Distribution (RMD) age for the Plan was changed to 72 for those participants who did not reach age 70½ before January 1, 2020. For those participants who had reached age 70½ before January 1, 2020, the RMD age remained at 70½.

**1. Plan Description (continued)**

**Participant Loans and Hardship Withdrawals**

The Plan allows participants to borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 reduced by the highest loan balance in the last 12-month period. Loan terms range from 1 to 5 years, or, if the loan is used to acquire a principal residence, the payment terms can be 15 years. Participants are allowed only one outstanding loan. The loans are secured by the vested balance in the participant's account and bear interest rates at the prevailing national prime rate plus 1% at the last business day of the month. Principal and interest are paid through payroll deductions, or, if a participant terminates employment with the Company, the participant may continue to make loan payments directly to the trustee. If the loan is not repaid, the loan will be defaulted and be treated as a distribution to the participant.

Subject to the limitations of the Code, participants may make hardship withdrawals from a portion of their 401(k) contributions to pay for an immediate and heavy financial need.

Due to implementation of special provisions of the CARES Act, participant loans originated between March 27, 2020 and September 23, 2020, are permitted up to the lesser of $100,000 or 100% of the participant's vested account balance. This is double the usual limit of the lesser of $50,000 or 50% of the participant's vested account balance. Additionally, participant loan payments scheduled between March 27, 2020 and December 31, 2020, were able to be suspended for up to one year.

**Administrative Expenses**

Administrative expenses are paid by the Plan except for certain minor expenses, which are paid by the Company.

**Plan Termination**

It is expected that the Company will continue the Plan indefinitely, but it reserves the right to terminate the Plan at any time subject to the provisions of ERISA and applicable collective bargaining agreements. If the Plan is terminated, the participants will become 100% vested, and the trustee shall continue to hold the trust funds and to distribute the participants' accounts as if the Plan had not terminated.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 5 for further discussion of fair value measurements.

As assets of the Plan are reported at fair value in the financial statements, the statements of changes in net assets available for benefits reflect both realized gains and losses and unrealized appreciation and depreciation in fair value of investments. Purchases and sales are recorded on a trade date basis. Interest income is recorded as earned. Dividends are recorded when received. Other income primarily consists of net appreciation, dividends, and interest related to the Plan's self-directed brokerage accounts held by individual plan participants totaling $6,653,655 and $7,995,992 for the years ended December 31, 2021 and 2020, respectively.

### Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

### Payment of Benefits

Benefits are recorded when paid.

**3. New Accounting Pronouncement**

In July 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. (ASU) 2018-09, *Codification Improvements*, which, among other things, amends an illustrative example of a fair value hierarchy disclosure to indicate that a certain type of investment is not always eligible to use the net asset value per share practical expedient. Also, it further clarifies that an entity should evaluate whether a readily determinable fair value exists or whether its investments qualify for the net asset value per share practical expedient in accordance with Accounting Standards Codification 820, *Fair Value Measurement.* Adoption of the amended guidance, which is to be applied prospectively, affects the fair value disclosures, but does not change the fair value measurement of the investments. The Plan adopted ASU 2018-09 for the year ended December 31, 2020. In connection with the adoption, the Plan has prospectively included certain investments in the fair value hierarchy disclosure that were previously excluded from such disclosure because those investments previously used the net asset value per share practical expedient.

**4. Investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by Charles Schwab Bank, the trustee of the Plan.

**5. Fair Value Measurements**

Fair value is defined as the amount that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. Fair value measurements should maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs market participants would use in valuing the asset or liability and are developed based on market data obtained from independent sources. Unobservable inputs are inputs that reflect the Plan's assumptions about the factors market participants would use in valuing the asset or liability. Assets and liabilities recorded at fair value are categorized using a defined fair value hierarchy that prioritizes the inputs used to measure fair value. Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Fair value measurements are categorized as follows:

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

*Level 2* – Quoted prices in active markets for similar assets or liabilities that are observable for the full term of the asset or liability

*Level 3* – Prices or valuation techniques requiring significant unobservable inputs

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

*Individual brokerage accounts* invest in shares of publicly traded securities and are stated at quoted market prices.

*Common/collective trusts* are investments with readily determinable market values, based on published market prices.

## 5. Fair Value Measurements (continued)

The following table presents investments measured at fair value on a recurring basis as of December 31:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| **2021** | | | | |
| Investments at fair value: | | | | |
| Individual brokerage accounts | **$ 57,190,910** | **$ –** | **$ –** | **$ 57,190,910** |
| Common collective trusts | **1,165,733,184** | **–** | **–** | **1,165,733,184** |
| Total at fair value | **$1,222,924,094** | **$ –** | **$ –** | **$1,222,924,094** |
| **2020** | | | | |
| Investments at fair value: | | | | |
| Individual brokerage accounts | $ 49,871,528 | $ – | $ – | $ 49,871,528 |
| Common collective trusts | 1,033,739,620 | – | – | 1,033,739,620 |
| Total at fair value | $1,083,611,148 | $ – | $ – | $1,083,611,148 |

## 6. Tax Status

The Plan has received a determination letter from the IRS dated November 21, 2014, stating that the Plan is qualified under Section 401(a) of the Code, and therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter by the IRS, the Plan was amended and restated. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

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

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

Certain of the Plan's assets are invested in funds managed by Russell Investments, the Outsourced Chief Investment Officer of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

**8. Risks and Uncertainties**

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

**9. Subsequent Events**

The Plan has evaluated subsequent events for the Plan through July 27, 2022, the date that the accompanying financial statements were available to be issued.

**10. Reconciliation of Financial Statements to the Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31 to the Form 5500:

| | 2021 | 2020 |
|---|---|---|
| Net assets available for benefits per the financial statements | **$ 1,241,839,102** | $ 1,100,925,678 |
| Deemed distributions of participant loans | **(324,072)** | – |
| Amounts allocated to withdrawing participants | **(837,793)** | – |
| Net assets per the Form 5500 | **$ 1,240,677,237** | $ 1,100,925,678 |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31 to the Form 5500:

| | 2021 | 2020 |
|---|---|---|
| Net additions in net assets available for benefits per the financial statements | **$ 140,913,424** | $ 121,231,557 |
| Deemed distributions activity | **(324,072)** | – |
| Amounts allocated to withdrawing participants | **(837,793)** | – |
| Net income per the Form 5500 | **$ 139,751,559** | $ 121,231,557 |

**10. Reconciliation of Financial Statements to the Form 5500 (continued)**

Amounts allocated to deemed distributions of participant loans are not reported on the Form 5500.

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit payments that have been processed and approved for payment prior to year-end but not paid as of that date.

# Supplemental Schedule

# Andersen 401(k) Plan

## EIN 41-0123208
## Plan #002

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

December 31, 2021

| Description | Units | Current Value |
|---|---|---|
| Russell Investments All International Markets* | 2,460,959 | $ 31,992,473 |
| Russell Investments Equity II Fund* | 5,225,468 | 82,039,853 |
| Russell Investments Contract Fund* | 5,095,916 | 53,247,230 |
| Russell Investments Multi Manager Bond* | 4,028,117 | 43,664,786 |
| Russell Investments Real Asset Fund* | 204,890 | 2,542,684 |
| Russell Investments 1000 Index* | 6,969,717 | 116,045,781 |
| Vanguard Target Retirement Fund 2015 | 1,326,623 | 16,012,339 |
| Vanguard Target Retirement Fund 2020 | 4,195,600 | 53,242,158 |
| Vanguard Target Retirement Fund 2025 | 11,234,692 | 147,511,511 |
| Vanguard Target Retirement Fund 2030 | 13,010,936 | 175,907,849 |
| Vanguard Target Retirement Fund 2035 | 9,944,835 | 138,133,761 |
| Vanguard Target Retirement Fund 2040 | 7,536,179 | 107,541,273 |
| Vanguard Target Retirement Fund 2045 | 4,684,913 | 68,587,129 |
| Vanguard Target Retirement Fund 2050 | 3,041,147 | 44,674,451 |
| Vanguard Target Retirement Fund 2055 | 2,578,191 | 37,873,632 |
| Vanguard Target Retirement Fund 2060 | 1,703,440 | 25,040,564 |
| Vanguard Target Retirement Fund 2065 | 429,553 | 6,305,844 |
| Vanguard Target Retirement Fund | 1,292,672 | 15,369,864 |
| Individual brokerage accounts | | 57,190,910 |
| Participant Loan Fund* | Interest rates from 3.25% to 8.25% with varying maturity dates | 15,505,687 |
| Total assets (held at end of year) | | $ 1,238,429,779 |

*Indicates a party in interest to the Plan.

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

For calendar plan year 2021 or fiscal plan year beginning and ending

**A** Name of plan

**B** Three-digit plan number (PN) ▶

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number (EIN)

## Part I Asset and Liability Statement

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

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

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

## Part II Income and Expense Statement

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

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

| | | (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) | | |
| **(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 **income** amounts in column (b) and enter total | 2d | | |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| **(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) | | |
| **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) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | |
| **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: **(2)** EIN:

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

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

## Part IV Compliance Questions

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

| During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | |

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

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

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

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

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

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

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

## Attachment to 2021 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** ANDERSEN 401K PLAN **EIN:** 41-0123208

**Plan Sponsor's Name** ANDERSEN CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | RUSSELL INVESTMENTS TRUST COMPANY | ALL INTERNATIONAL MARKETS<br>CLASS M<br>2,460,959 UNITS | 26,680,042 | 31,992,473 |
| | RUSSELL INVESTMENTS TRUST COMPANY | EQUITY II FUND<br>CLASS M<br>5,225,468 UNITS | 56,079,559 | 82,039,853 |
| | RUSSELL INVESTMENTS TRUST COMPANY | INVESTMENT CONTRACT FUND<br>CLASS M<br>5,095,916 UNITS | 51,884,626 | 53,247,230 |
| | RUSSELL INVESTMENTS TRUST COMPANY | MULTI-MANAGER BOND FUND<br>CLASS M<br>4,028,117 UNITS | 41,888,655 | 43,664,786 |
| | RUSSELL INVESTMENTS TRUST COMPANY | REAL ASSET FUND<br>CLASS M<br>204,890 UNITS | 2,223,150 | 2,542,684 |
| | RUSSELL INVESTMENTS TRUST COMPANY | RUSSELL 1000 INDEX<br>CLASS M<br>6,969,717 UNITS | 77,402,644 | 116,045,781 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2015<br>1,326,623 UNITS | 13,668,947 | 16,012,339 |

## Attachment to 2021 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** ANDERSEN 401K PLAN **EIN:** 41-0123208

**Plan Sponsor's Name** ANDERSEN CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2020<br>4,195,600 UNITS | 43,579,203 | 53,242,158 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2025<br>11,234,692 UNITS | 116,621,095 | 147,511,511 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2030<br>13,010,936 UNITS | 134,459,188 | 175,907,849 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2035<br>9,944,835 UNITS | 103,251,995 | 138,133,761 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2040<br>7,536,179 UNITS | 79,089,756 | 107,541,273 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2045<br>4,684,913 UNITS | 50,250,820 | 68,587,129 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2050<br>3,041,147UNITS | 33,411,635 | 44,674,451 |

## Attachment to 2021 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** ANDERSEN 401K PLAN **EIN:** 41-0123208

**Plan Sponsor's Name** ANDERSEN CORPORATION **PN:** 002

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2055<br>2,578,192 UNITS | 28,440,382 | 37,873,632 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2060<br>1,703,440 UNITS | 19,396,773 | 25,040,564 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT FUND 2065<br>429,553 UNITS | 5,172,878 | 6,305,844 |
| | VANGUARD FIDUCIARY TRUST COMPANY | TARGET RETIREMENT INCOME FUND<br>1,292,672 UNITS | 13,225,225 | 15,369,864 |
| * | CHARLES SCHWAB | SELF-DIRECTED BROKERAGE ACCOUNTS | 57,190,909 | 57,190,909 |
| * | PARTICIPANT LOAN FUND | INTEREST RATES FROM 3.25 to 8.25% | 15,505,687 | 15,505,687 |
| | | | | |