

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
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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 <u>ASSA ABLOY INC. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>01/01/1990</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>93-0925319</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>203-624-5225</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>332300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1990</u>		2b Employer Identification Number (EIN) <u>93-0925319</u>		2c Plan Sponsor's telephone number <u>203-624-5225</u>		2d Business code (see instructions) <u>332300</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1990</u>											
2b Employer Identification Number (EIN) <u>93-0925319</u>											
2c Plan Sponsor's telephone number <u>203-624-5225</u>											
2d Business code (see instructions) <u>332300</u>											
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) <u>ASSA ABLOY INC.</u> <u>110 SARGENT DRIVE</u> <u>NEW HAVEN, CT 06511</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/21/2022	JOSEPH P. HURLEY
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	8745
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)	8745
a(2) Total number of active participants at the end of the plan year		6a(2)	9172
b Retired or separated participants receiving benefits.....		6b	90
c Other retired or separated participants entitled to future benefits		6c	2287
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	11549
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	46
f Total. Add lines 6d and 6e		6f	11595
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	9537
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H			
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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSA ABLOY INC.	D Employer Identification Number (EIN) 93-0925319	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ARTISAN PARTNERS	
39-1807188	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
T. ROWE PRICE	ACCOUNT SERVICES P.O. BOX 17630 BALTIMORE, MD 21297-1630

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FRANKLIN TEMPLETON INVESTMENTS	ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LOOMIS SAYLES	
84-6391546	

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

HOTCHKIS & WILEY

725 SOUTH FIGUEROA STREET
39TH FLOOR
LOS ANGELES, CA 90017

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

ALLIANZ GLOBAL INVESTORS U.S. LLC

30-0688453

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

WELLS FARGO FUNDS

P.O. BOX 219967
KANSAS CITY, MO 64121-9967

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

INVESCO TRUST COMPANY

46-3793325

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

ALLSPRING GLOBAL INVESTMENTS

P.O. BOX 219967
KANSAS CITY, MO 64121-9967

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

VIRTUS FUNDS

P.O. BOX 9874
PROVIDENCE, RI 02940-8074

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

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

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)

STRATEGIC ADVISORS, INC.

04-2654524

(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	303855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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 37 50 60 64 65	NONE	54701	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
DST ASSET MANAGER SOLUTIONS, INC 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
T. ROWE PRICE SERVICES INC 52-2269240	0.15%	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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
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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
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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
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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

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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSA ABLOY INC.	D Employer Identification Number (EIN) 93-0925319	

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

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)	8818	580
(2) Participant contributions.....	1b(2)	12228	831
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	70546760	64219824
(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)	12460882	12149916
(9) Value of interest in common/collective trusts.....	1c(9)	0	4758272
(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)	809527308	942510554
(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	892555996	1023639977

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	892555996	1023639977
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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)	24257492	
(B) Participants	2a(1)(B)	37461930	
(C) Others (including rollovers).....	2a(1)(C)	8508017	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		70227439
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8466	
(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)	624397	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		632863
(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)	55761879	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		55761879
(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)		
(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)		79452870
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		206075051
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	77983665	
(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)		77983665
f Corrective distributions (see instructions).....	2f		5216
g Certain deemed distributions of participant loans (see instructions).....	2g		65663
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	54701	
(3) Investment advisory and management fees.....	2i(3)	303855	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		358556
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		78413100
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		127661951
l Transfers of assets:			
(1) To this plan.....	2l(1)		3432424
(2) From this plan.....	2l(2)		10394

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: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		9261

	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?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)
CEDES CORPORATION OF AMERICA 401K PROFIT SHARING PLAN AND TRUST	56-2206598	002

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

A Name of plan ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSA ABLOY INC.	D Employer Identification Number (EIN) 93-0925319

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786		
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
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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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

**ASSA ABLOY Inc.
Retirement Savings Plan
Financial Statements
(With Supplementary Information)
and Independent Auditor's Report
December 31, 2021 and 2020**

ASSA ABLOY Inc. Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
ASSA ABLOY Inc. Retirement Savings 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 ASSA ABLOY Inc. Retirement Savings 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)"). 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 to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 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 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 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. 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 significant 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 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions as of or for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. 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 information certified by a qualified institution. In our report dated October 1, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "CohnReznick LLP".

Hartford, Connecticut
September 16, 2022

ASSA ABLOY Inc. Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value	<u>\$1,011,488,650</u>	<u>\$ 880,074,068</u>
Receivables:		
Employer contributions	580	8,818
Participant contributions	831	12,228
Notes receivable from participants	<u>12,149,916</u>	<u>12,460,882</u>
Total receivables	<u>12,151,327</u>	<u>12,481,928</u>
Net assets available for benefits	<u>\$ 1,023,639,977</u>	<u>\$ 892,555,996</u>

See Notes to Financial Statements.

ASSA ABLOY Inc. Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions to net assets attributable to:

Contributions:

Employer	\$ 24,257,492
Participants	37,461,930
Rollovers	8,508,017
Total contributions	<u>70,227,439</u>

Interest and dividend income	55,778,527
Net appreciation in fair value of investments	79,444,688
Interest income on notes receivable from participants	624,397
Total additions	<u>206,075,051</u>

Deductions from net assets attributable to:

Benefits paid to participants	78,054,544
Administrative expenses	358,556
Total deductions	<u>78,413,100</u>

Net increase prior to transfers	127,661,951
Transfers in	3,432,424
Transfers out	(10,394)
Net assets available for benefits, beginning of year	<u>892,555,996</u>
Net assets available for benefits, end of year	<u>\$ 1,023,639,977</u>

See Notes to Financial Statements.

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

1. Plan Description

The following description of the ASSA ABLOY Inc. Retirement Savings Plan (the “Plan” or “AARSP”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

The following wholly-owned subsidiaries of ASSA ABLOY Inc. (the “Company”) have employees who participate in the Plan:

AADG, Inc. *	Hanchett Entry Systems, Inc.
Ameristar Fence Products, Inc.	HID Global Bluvision, Inc.
ASSA ABLOY Accessories & Door Control Group, Inc.	HID Global Corporation
ASSA ABLOY Access & Egress Hardware Group, Inc.	HID Global SAFE, Inc.
ASSA ABLOY Entrance Systems, Inc.	IdenTrust, Inc.
ASSA ABLOY High Security Group, Inc.	Interlock USA, Inc.
ASSA ABLOY Hospitality, Inc.	Jerith Manufacturing LLC
ASSA ABLOY Residential Group, Inc.	Life Safety Power, Inc.
ASSA ABLOY Sales & Marketing Group, Inc.	Luxer Corporation
ASSA ABLOY, Inc.	Marcon International, Inc.
August Home, Inc.	Mul-T-Lock USA, Inc.
B & B Roadway Security Solutions LLC	Preferred Technology Systems, Inc.
Cross Match Technologies, Inc.	Record Automatic Doors US, Inc.
Door Control, Inc.	Sargent Manufacturing Company
Doorway Services & Solutions	Sure-Loc Hardware, LLC
Electronic Door Security Sales Group, Inc.	Traka LLC
FlexiForce Inc.	Valli & Valli Inc.

* (which has employees from the following divisions: ASSA ABLOY Service Centers, Curries Company, Ceco Door Products, Security Metal Products, Concept Frames, Pioneer Industries and Stiles Custom Metal, Inc.)

Effective January 1, 2021, Stiles Custom Metal, Inc. became a participating employer of the AARSP and on January 4, 2021, assets totaling \$2,633,280 transferred into the AARSP from Stiles Custom Metal, Inc. 401k.

Effective April 1, 2021, Record Automatic Doors US Inc. became a participating employer of AARSP.

Effective June 1, 2021, Sure-Loc Hardware, LLC became a participating employer of the AARSP and on October 22, 2021, assets totaling \$776,091 transferred into the AARSP from the Oasis Retirement Savings Plan.

Effective December 14, 2021, B & B Roadway Security Solutions LLC was acquired by Ameristar, a legal entity of ASSA ABLOY and became a participating employer in AARSP.

General

The Plan is a 401(k) defined contribution plan and covers all eligible employees, as defined in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Employees become eligible to contribute to the Plan on the first day of the month immediately following completion of 30 days of service, as defined by the Plan, and attainment of age 21. Employees become eligible to receive Company matching contributions and non-elective base contributions on the first day of

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

the month immediately following completion of 12 months of service, as defined by the Plan, and attainment of age 21. The Employees Benefit Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan is administered and sponsored by the Company. All funds and investments are held in accounts or invested in mutual funds under a trust agreement with Fidelity Management Trust Company (the "Trustee"), dated December 31, 1989. The expenses of amending, restating and administering the Plan are paid by the Plan to the extent not paid directly by, or reimbursed by, the Company.

Contributions

Participants may contribute, on a pre-tax basis, up to 100% of their annual eligible compensation, as defined in the Plan document and subject to certain statutory limitations. The Company will also make matching contributions on the participant's behalf equal to 50% of the participant's pre-tax contributions to the extent that such pre-tax contributions do not exceed 3% of the participant's annual eligible compensation, as defined in the Plan document. The Company makes a base contribution equal to 3% of an eligible participant's eligible compensation for all Plan participants except Rixson-Firemark, as defined by the Plan document. The Company makes base contributions equal to 2.5% of an eligible participant's eligible compensation for Rixson-Firemark. The Plan may receive rollover contributions representing all or part of the entire amount of any distribution from another qualified retirement plan meeting the requirements of Internal Revenue Code ("IRC") Section 401(a).

Employer matching contributions that the Company makes on behalf of the participants are directed pro-rata to the same investment options as the participant contributions. Employer base contributions are directed to an investment option as elected by the participant or, if no election is made, to certain default fund options. Contributions are subject to certain limitations, including the Internal Revenue Service (the "IRS") annual compensation limit of \$290,000, for the year ended December 31, 2021. For the year ended December 31, 2021, each participant's contributions were also limited to a maximum of \$19,500. During 2021, all employees eligible to make salary reduction contributions and who attained age 50 before the close of the 2021 Plan year were eligible to make a \$6,500 catch-up contribution.

Participant Accounts

Each participant's account is credited or charged with the participant's contributions and an allocation of (a) the Company's base and matching contributions, (b) Plan earnings, (c) remaining forfeitures of terminated participants' nonvested accounts, if any, and (d) applicable expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are always 100% vested in their individual contributions, the Company's base contribution and the Company's matching contribution, plus actual earnings thereon.

Investments

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a collective trust fund as investment options for participants.

Participants may change their investment options subject to certain limitations and fees.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. With respect to transferred account balances, as defined by the Plan, from the prior Securitron Magnalock Corporation and ASSA ABLOY Hospitality, Inc. plans, a participant may elect to receive a payment in the form of a life annuity, a 50% joint and survivor annuity, or installment payments not extending beyond the life

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

expectancy of the participant and a designated beneficiary. Participants with balances of \$1,000 or less will receive an automatic lump-sum distribution upon termination. If the participant balance is between \$1,000 and \$5,000, the Plan administrator will distribute such funds to an individual retirement account as directed by the Plan document.

Notes Receivable from Participants

Participants may borrow from their accounts an amount between \$1,000 and \$50,000, but not to exceed one-half of a participant's vested balance. In addition, the Plan allows loans outstanding under certain prior plans to be rolled over into the Plan. Prior to November 1, 2016, loans could only be made for tuition payments for postsecondary education, major medical expenses of the participant's immediate family members or dependents, purchase of a primary residence, to prevent eviction or foreclosure, or for the payment of burial or funeral expenses for the employee's deceased spouse, children or dependents and expenses for the repair of damage to the employee's principal residence that would qualify for the casualty deduction under IRC Section 165. Effective November 1, 2016, the Plan was amended to eliminate the restriction of loans to only those participants that met these hardship requirements. Each loan is collateralized by the vested balance in the borrowing participant's account and bears interest at a reasonable rate of interest to be determined by the Plan administrator taking into consideration the interest rates being charged by regional and local banks, the prevailing prime rate and general economic conditions. The term of the loan cannot exceed five years, unless the loan is to be used for the purchase of a primary residence, in which case the term of the loan cannot exceed 20 years. All loans are subject to both an origination fee and an annual maintenance fee. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Principal and interest are paid ratably through regular payroll deductions. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the loan. As of December 31, 2021, interest rates on existing loans were between 4.25% and 9.50%, which are commensurate with local prevailing rates as determined by the Plan administrator when the loan was initiated.

Revenue Credit Account

The Plan has a revenue credit account with the Trustee to cover Plan expenses. The revenue credit account is treated as a Plan asset and must be used only for legitimate Plan expenses. Unused amounts for expenses may be allocated to participant accounts. There was no balance in the revenue credit account at December 31, 2021 and 2020. During 2021, the Trustee contributed \$40,000 into the revenue credit account. During 2021, the Company used \$40,002 from the account to pay Plan expenses or allocate to participants.

Forfeited Accounts

As of December 31, 2021 and 2020, forfeited non-vested accounts, and credits for other corrected balances, totaled \$37,798 and \$31,505, respectively. These amounts represent forfeitures and other corrections carried forward from prior years and earnings on funds therein. As of January 1, 2002, all contributions are 100% vested; therefore, participant accounts subsequent to that date are not subject to forfeiture. These accounts will be used to reduce future employer contributions. Forfeited amounts not used to reinstate previously forfeited accounts, or to reduce future employer contributions, may be allocated to participants. During the year ended December 31, 2021, Company's cash contributions were offset by \$7,573 from forfeitures and credits for other corrected balances. No amounts were used from forfeited accounts to pay administrative expenses of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting, with the exception of benefit payments.

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value ("NAV") of shares held by the Plan at year-end. Shares of the collective trust fund are measured at the NAV of units of a collective trust as a practical expedient to fair value. Investment transactions are recorded by the Trustee on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 7 – Fair Value Measurements). The Plan's Employee Benefits Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments, which consists of the realized gains and the unrealized appreciation on those investments.

Administrative Expenses

The expenses of amending, restating and administering the Plan and trust shall be paid by the Plan, to the extent not paid by the Company. Administrative expenses include fees and expenses of the fiduciaries of the Plan for the performance of their duties under the Plan, reasonable fees and expenses of any legal counsel, accountant, or agent for authorized services rendered, and all other proper charges and disbursements (including settlements of claims or legal actions approved by legal counsel). All loan fees and expenses directly or indirectly caused or incurred as a result of individual investment direction shall be paid from, and constitute a charge against, the respective account of a participant requesting such individual investment direction. Investment related expenses are included in net appreciation of fair value of investments. Administrative expenses paid by the Plan in 2021 were loan setup and maintenance fees, short-term redemption fees and overnight mail fees of \$358,556, which were deducted from the accounts of the respective participants. Administrative expenses paid by the Plan are paid net of any revenue credits that reimburse or pay directly the fees of a service provider or other expenses of administering the Plan. During 2021, administrative expenses were offset by \$40,000 in revenue credits and earnings therein received from the Trustee. Any additional administrative expenses were paid by the Company in 2021 (see Note 4 - Related Party and Party-in-Interest Transactions).

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Risks and Uncertainties

The Plan provides for various investment options in several mutual funds of which the underlying investments are any combination of stocks, bonds, fixed income securities and other 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 change could materially affect participants' account balances reported in the statements of net assets available for benefits.

In early 2020, an outbreak of a novel strain of coronavirus ("COVID-19") emerged globally. As a result, events have occurred domestically in the United States and globally, including mandates from federal, state and local authorities, leading to an overall decline in economic activity. The ultimate impact of COVID-19 on the financial performance of the Plan's investments cannot be reasonably estimated at this time.

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

Subsequent Events

Subsequent events were evaluated through September 16, 2022, which is the date the financial statements were available to be issued.

3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

4. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by the Trustee and, therefore, these investment transactions qualify as party-in-interest transactions. Fees (excluding investment management fees) incurred by the Plan to the Trustee amounted to \$358,556 for the year ended December 31, 2021. In accordance with the terms of the Plan document, the Company has paid certain fees of \$48,500 during 2021, which qualify as party-in-interest transactions. Participant loans in the amount of \$12,149,916, and the related interest of \$624,397, also qualify as party-in-interest transactions.

5. Tax Status

The IRS had determined and informed the Company by a letter, dated June 11, 2015, that the Plan is designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving this determination letter. However, the Plan administrator believes the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC and, therefore, believes that the Plan 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 be not sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Certified Investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2021 and 2020, and investment income and interest income on notes receivable from participants for the year ended December 31, 2021, that are disclosed in the accompanying financial statements and supplemental schedule, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee of the Plan.

7. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2021 and 2020.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund: Valued at the NAV of units of a collective trust. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that the securities liquidations will be carried out in an orderly business manner.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Mutual funds measured at fair value of \$1,006,730,378 and \$880,074,068 are measured at Level 1 within the fair value hierarchy as of December 31, 2021 and 2020, respectively.

ASSA ABLOY Inc. Retirement Savings Plan

Notes to Financial Statements

In accordance with Subtopic 820-10, the collective trust fund is measured at NAV per share (or its equivalent) and, therefore, is not classified in the fair value hierarchy. The value of the collective trust fund held by the Plan is \$4,758,272 as of December 31, 2021.

Fair value of investments that use NAV

The following table summarizes the investment for which fair value is measured using the NAV per share practical expedient as of December 31, 2021. There are no participant redemption restrictions for these investments the redemption notice period is applicable to only the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective trust fund	\$ 4,758,272	None	Daily	12 months

8. Nonexempt Transactions

The Company has determined that nonexempt transactions occurred during 2021. The nonexempt transactions involved the submission of employee contributions and loan repayments to the Plan later than the earliest day on which such contributions could reasonably be segregated from the employer's general assets. During 2021, the Company took corrective action by making a contribution to the Plan for lost earnings and applicable excise tax in the amount of \$1, for the year ended December 31, 2021. Management believes that these transactions should not affect the tax-qualified status of the Plan; therefore, no provision for income taxes has been included in the Plan's financial statements.

9. Subsequent Events

Effective February 1, 2022, B & B Roadway Security Solutions LLC became a participating employer of AARSP.

Effective July 1, 2022, Vizinex LLC became a participating employer in AARSP.

Effective July 1, 2022, Caldwell Manufacturing Company became a participating employer in AARSP.

Effective September 1, 2022, JNewton Enterprises became a participating employer in AARSP.

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Blue Chip Growth Fund - Class K	A Fidelity Management Trust Company mutual fund, 4,087,651 shares	**	\$ 151,202,201
*	Fidelity Contrafund Commingled Pool	A Fidelity Management Trust Company mutual fund, 3,388,640 shares	**	113,892,177
*	Fidelity 500 Index	A Fidelity Management Trust Company mutual fund, 558,122 shares	**	92,268,655
*	Fidelity Money Market Government Portfolio - Inst. Class	A Fidelity Management Trust Company mutual fund, 64,219,824 shares	**	64,219,824
*	Fidelity Equity Income Fund - Class K	A Fidelity Management Trust Company mutual fund, 760,018 shares	**	53,338,061
*	Fidelity Freedom 2030 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,548,925 shares	**	49,245,225
*	Fidelity Freedom 2035 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,733,551 shares	**	46,251,678
*	Fidelity Freedom 2025 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,946,318 shares	**	45,255,443
*	Fidelity Freedom 2040 Fund - Class K	A Fidelity Management Trust Company mutual fund, 3,335,208 shares	**	40,622,835
*	Fidelity Intermediate Bond Fund	A Fidelity Management Trust Company mutual fund, 3,556,707 shares	**	39,194,908
*	Fidelity Puritan Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,269,421 shares	**	34,490,177
*	Fidelity International Index	A Fidelity Management Trust Company mutual fund, 662,152 shares	**	32,637,479
	Franklin Small-Mid Cap Growth Fund - Class R6	A Franklin Templeton Investments mutual fund, 590,997 shares	**	31,594,689
	Artisan Mid Cap Fund - Institutional Class	An Artisan Partners Funds, Inc. mutual fund, 555,691 shares	**	29,496,099
*	Fidelity Freedom 2045 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,663,817 shares	**	23,193,612
*	Fidelity Freedom 2050 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,496,776 shares	**	21,074,603
	Artisan International Fund	An Artisan Partners Funds, Inc. mutual fund, 589,556 shares	**	18,069,884
	T. Rowe Price Dividend Fund	A T. Rowe Price Dividend Growth mutual fund, Inc., 228,064 shares	**	16,892,726

* Denotes a party-in-interest

** All investments are participant or beneficiary directed, therefore, cost information is not required.

Employer Identification Number: 93-0925319

Plan Number: 001

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Freedom 2020 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,014,201 shares	**	16,876,302
	West Asset Core PI US Bond - Class IS	A Western Asset Core mutual fund, 1,352,653 shares	**	16,123,623
	Loomis Sayles Small Cap Growth Fund-Class N	A Loomis Sayles Funds II mutual fund, 431,418 shares	**	14,021,090
*	Fidelity Extended Market Index Fund - Advisor Class	A Fidelity Management Trust Company mutual fund, 147,033 shares	**	12,822,767
*	Fidelity Freedom 2055 Fund - Class K	A Fidelity Management Trust Company mutual fund, 620,838 shares	**	10,094,830
	Small Val Virtus NFJ Small-cap Value Fund Class R6	A Virtus Small Cap mutual fund, 515,243 shares	**	9,459,860
*	Fidelity Short-Term Treasury Bond Index Fund - Advisor Class	A Fidelity Management Trust Company mutual fund, 562,680 shares	**	5,936,276
	Mid-cap Allspring Spec. Mid Cap Value Fund Inst	A Allspring mutual fund, 110,637 shares	**	5,590,503
	Invesco Stable Value Trust Class I	A Invesco Trust Company collective trust fund, 4,758,272 shares	**	4,758,272
*	Fidelity Freedom 2060 Fund - Class K	A Fidelity Management Trust Company mutual fund, 274,553 shares	**	4,077,118
*	Fidelity Freedom 2010 Fund - Class K	A Fidelity Management Trust Company mutual fund, 194,340 shares	**	3,055,018
*	Fidelity Freedom 2015 Fund - Class K	A Fidelity Management Trust Company mutual fund, 228,125 shares	**	2,972,466
*	Fidelity Freedom K Income Fund	A Fidelity Management Trust Company mutual fund, 142,407 shares	**	1,686,099
*	Fidelity Freedom 2005 Fund - Class K	A Fidelity Management Trust Company mutual fund, 47,106 shares	**	593,064
*	Fidelity Freedom 2065 Fund - Class K	A Fidelity Management Trust Company mutual fund, 35,596 shares	**	481,086
*	Notes receivable from participants	Participant loans with interest rates between 4.25% and 9.50% with maturities of 1 month-20 years; collateralized by participant account balances	-	12,149,916
	* Denotes a party-in-interest			<u>\$ 1,023,638,566</u>

** All investments are participant or beneficiary directed, therefore, cost information is not required.

Employer Identification Number: 93-0925319

Plan Number: 001

See Independent Auditor's Report.

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021

(a) Participant Contributions Transferred Late to Plan	(b) Total that Constitute Nonexempt Prohibited Transactions	(c) Total Fully Corrected Under VFCP and PTE 2002-51	(d) Check Here if Late Participant Loan Repayments are Included	(e) Contributions not Corrected	(f) Contributions Corrected Outside VFCP	(g) Contributions Pending Correction in VFCP
\$ 9,261	\$ 9,261	*		-	\$ 9,261	-

* Late contributions and loan repayments are related to 2021. Management has taken corrective action during 2021.

Employer Identification Number: 93-0925319

Plan Number: 001

See Independent Auditor's Report.



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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
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Part I	Annual Report Identification Information For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>
A This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____	
B This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program	
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 ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1990</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/1990	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/1990					
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) ASSA ABLOY INC. 110 SARGENT DRIVE NEW HAVEN CT 06511	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 93-0925319</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 203-624-5225</td> </tr> <tr> <td>2d Business code (see instructions) - 332300</td> </tr> </table>	2b Employer Identification Number (EIN) 93-0925319	2c Plan Sponsor's telephone number 203-624-5225	2d Business code (see instructions) - 332300	
2b Employer Identification Number (EIN) 93-0925319					
2c Plan Sponsor's telephone number 203-624-5225					
2d Business code (see instructions) - 332300					

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	 Signature of plan administrator	<u>9/21/22</u> Date	JOSEPH P. HURLEY 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

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ 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	8,745
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)	8,745
a(2) Total number of active participants at the end of the plan year		6a(2)	9,172
b Retired or separated participants receiving benefits.....		6b	90
c Other retired or separated participants entitled to future benefits		6c	2,287
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	11,549
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	46
f Total. Add lines 6d and 6e		6f	11,595
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	9,537
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3H			
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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021

(a) Participant Contributions Transferred Late to Plan	(b) Total that Constitute Nonexempt Prohibited Transactions	(c) Total Fully Corrected Under VFCP and PTE 2002-51	(d) Check Here if Late Participant Loan Repayments are Included	(e) Contributions not Corrected	(f) Contributions Corrected Outside VFCP	(g) Contributions Pending Correction in VFCP
\$ 9,261	\$ 9,261	*		-	\$ 9,261	-

* Late contributions and loan repayments are related to 2021. Management has taken corrective action during 2021.

Employer Identification Number: 93-0925319

Plan Number: 001

See Independent Auditor's Report.

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Blue Chip Growth Fund - Class K	A Fidelity Management Trust Company mutual fund, 4,087,651 shares	**	\$ 151,202,201
*	Fidelity Contrafund Commingled Pool	A Fidelity Management Trust Company mutual fund, 3,388,640 shares	**	113,892,177
*	Fidelity 500 Index	A Fidelity Management Trust Company mutual fund, 558,122 shares	**	92,268,655
*	Fidelity Money Market Government Portfolio - Inst. Class	A Fidelity Management Trust Company mutual fund, 64,219,824 shares	**	64,219,824
*	Fidelity Equity Income Fund - Class K	A Fidelity Management Trust Company mutual fund, 760,018 shares	**	53,338,061
*	Fidelity Freedom 2030 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,548,925 shares	**	49,245,225
*	Fidelity Freedom 2035 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,733,551 shares	**	46,251,678
*	Fidelity Freedom 2025 Fund - Class K	A Fidelity Management Trust Company mutual fund, 2,946,318 shares	**	45,255,443
*	Fidelity Freedom 2040 Fund - Class K	A Fidelity Management Trust Company mutual fund, 3,335,208 shares	**	40,622,835
*	Fidelity Intermediate Bond Fund	A Fidelity Management Trust Company mutual fund, 3,556,707 shares	**	39,194,908
*	Fidelity Puritan Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,269,421 shares	**	34,490,177
*	Fidelity International Index	A Fidelity Management Trust Company mutual fund, 662,152 shares	**	32,637,479
	Franklin Small-Mid Cap Growth Fund - Class R6	A Franklin Templeton Investments mutual fund, 590,997 shares	**	31,594,689
	Artisan Mid Cap Fund - Institutional Class	An Artisan Partners Funds, Inc. mutual fund, 555,691 shares	**	29,496,099
*	Fidelity Freedom 2045 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,663,817 shares	**	23,193,612
*	Fidelity Freedom 2050 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,496,776 shares	**	21,074,603
	Artisan International Fund	An Artisan Partners Funds, Inc. mutual fund, 589,556 shares	**	18,069,884
	T. Rowe Price Dividend Fund	A T. Rowe Price Dividend Growth mutual fund, Inc., 228,064 shares	**	16,892,726

* Denotes a party-in-interest

** All investments are participant or beneficiary directed, therefore, cost information is not required.

Employer Identification Number: 93-0925319

Plan Number: 001

ASSA ABLOY Inc. Retirement Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Freedom 2020 Fund - Class K	A Fidelity Management Trust Company mutual fund, 1,014,201 shares	**	16,876,302
	West Asset Core PI US Bond - Class IS	A Western Asset Core mutual fund, 1,352,653 shares	**	16,123,623
	Loomis Sayles Small Cap Growth Fund-Class N	A Loomis Sayles Funds II mutual fund, 431,418 shares	**	14,021,090
*	Fidelity Extended Market Index Fund - Advisor Class	A Fidelity Management Trust Company mutual fund, 147,033 shares	**	12,822,767
*	Fidelity Freedom 2055 Fund - Class K	A Fidelity Management Trust Company mutual fund, 620,838 shares	**	10,094,830
	Small Val Virtus NFJ Small-cap Value Fund Class R6	A Virtus Small Cap mutual fund, 515,243 shares	**	9,459,860
*	Fidelity Short-Term Treasury Bond Index Fund - Advisor Class	A Fidelity Management Trust Company mutual fund, 562,680 shares	**	5,936,276
	Mid-cap Allspring Spec. Mid Cap Value Fund Inst	A Allspring mutual fund, 110,637 shares	**	5,590,503
	Invesco Stable Value Trust Class I	A Invesco Trust Company collective trust fund, 4,758,272 shares	**	4,758,272
*	Fidelity Freedom 2060 Fund - Class K	A Fidelity Management Trust Company mutual fund, 274,553 shares	**	4,077,118
*	Fidelity Freedom 2010 Fund - Class K	A Fidelity Management Trust Company mutual fund, 194,340 shares	**	3,055,018
*	Fidelity Freedom 2015 Fund - Class K	A Fidelity Management Trust Company mutual fund, 228,125 shares	**	2,972,466
*	Fidelity Freedom K Income Fund	A Fidelity Management Trust Company mutual fund, 142,407 shares	**	1,686,099
*	Fidelity Freedom 2005 Fund - Class K	A Fidelity Management Trust Company mutual fund, 47,106 shares	**	593,064
*	Fidelity Freedom 2065 Fund - Class K	A Fidelity Management Trust Company mutual fund, 35,596 shares	**	481,086
*	Notes receivable from participants	Participant loans with interest rates between 4.25% and 9.50% with maturities of 1 month-20 years; collateralized by participant account balances	-	12,149,916
	* Denotes a party-in-interest			<u>\$ 1,023,638,566</u>

** All investments are participant or beneficiary directed, therefore, cost information is not required.

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Plan Number: 001

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