

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>THE WEITZ RETIREMENT AND 401(K) PLAN</u>	<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;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1994</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>THE WEITZ COMPANY, LLC</u> <u>611 5TH AVENUE</u> <u>SUITE 300</u> <u>DES MOINES, IA 50309</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>42-1512625</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>515-698-4260</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>236200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>42-1512625</u>	2c Plan Sponsor's telephone number <u>515-698-4260</u>	2d Business code (see instructions) <u>236200</u>	
2b Employer Identification Number (EIN) <u>42-1512625</u>					
2c Plan Sponsor's telephone number <u>515-698-4260</u>					
2d Business code (see instructions) <u>236200</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.	10/13/2022	KRISTA ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	KRISTA ROBINSON
	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. 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	1321
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)	867
a(2) Total number of active participants at the end of the plan year		6a(2)	773
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	461
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	9
f Total. Add lines 6d and 6e		6f	1243
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1197
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	123
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 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 _____

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 THE WEITZ RETIREMENT AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WEITZ COMPANY, LLC	D Employer Identification Number (EIN) 42-1512625

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☒ Yes ☐ No

b

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

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
	PRINCIPAL LIFE INSURANCE COMPANY
	42-0127290
(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

CAPFINANCIAL PARTNERS LL

26-0058143

(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	INVESTMENT ADVISORY	28537	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 70	INV ADV, PARTICIPANTS	3510	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	73469	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

WELLS FARGO BANK, N.A.

94-1347393

(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	RECORDKEEPER /BOOKKEEPER	72162	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
MORNINGSTAR INVESTMENT MGMT LLC	26 70	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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MGMT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>THE WEITZ RETIREMENT AND 401(K) PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE WEITZ COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>42-1512625</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETRN N FD</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>41-6202499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9198520</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLKRCK SP MC IDX N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2546529</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLKRCK AGG BD ID N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>20-5699010-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5170936</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FRG/BLKRK INTL EQ IX TR</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265229-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2166464</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/BLKRK LCG IX TR</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265232-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1032222</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO/BLKRK LCV IDX TR</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2175370</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WLLS FRG/BLKRK RSLI 2000 IX TR</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265233-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>606810</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FRG/BLKRK S&P 500 IDX TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188165
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLKRK ST-TM INV TR		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 599631
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLEND TGT DATE INC Q FD		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-085	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2005 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-086	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11608
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2010 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12229
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2015 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905224
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2020 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-089	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2614951
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2025 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10168762
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2030 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9346387
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2035 COMG PL Q		
b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO		
c EIN-PN 20-4659714-092	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9466165

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2040 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-093	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7191572
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2045 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-094	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8452118
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2050 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4034380
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2055 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-113	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4215146
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2060 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-147	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1386688
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM BLD TGT DT 2065 COMG PL Q

b Name of sponsor of entity listed in (a): FIDELITY INST ASSET MGMT TRUST CO

c EIN-PN 20-4659714-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141433
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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)
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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)
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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)
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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
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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 THE WEITZ RETIREMENT AND 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE WEITZ COMPANY, LLC	D Employer Identification Number (EIN) 42-1512625	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	501	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		55894
(2) Participant contributions.....	1b(2)		163916
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	343442	
(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)	806721	977297
(9) Value of interest in common/collective trusts.....	1c(9)	72727925	81631327
(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)	50700773	59170990
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		1850075

		(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	124579362	143849499

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	92	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	92	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	124579270	143849499
---	-----------	-----------	-----------

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)	2084432	
(B) Participants	2a(1)(B)	6550308	
(C) Others (including rollovers).....	2a(1)(C)	2853140	
(2) Noncash contributions.....	2a(2)		11487880
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	42278	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		42278
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		536810
(B) Common stock	2b(2)(B)	155	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	536655	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	243465	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	263970	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-20505
(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)		8199378
(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)		9029748
c Other income.....	2c		75263
d Total income. Add all income amounts in column (b) and enter total.....	2d		29350852
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9902920	
(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)		9902920
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	73469	
(3) Investment advisory and management fees.....	2i(3)	14375	
(4) Other.....	2i(4)	89859	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		177703
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10080623
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		19270229
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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		194918

	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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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 <u>THE WEITZ RETIREMENT AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE WEITZ COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>42-1512625</u>

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	<u>0</u>
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): <u>42-0127290</u> <u>41-6257133</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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 _____

The Weitz Retirement and 401(k) Plan

Financial Report
December 31, 2021

Contents

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Independent Auditor's Report

Advisory Committee and Participants
The Weitz Retirement and 401(k) Plan

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

We have performed an audit of the financial statements of The Weitz Retirement and 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the accompanying 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 (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions 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 audits. 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is 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 of 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 U.S. GAAP.

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 U.S. GAAP.

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a—Schedule of Delinquent Participant Contributions for the year ending December 31, 2021 and Schedule H, line 4i—schedule of assets (held at end of year) as of 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 DOL'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 its form and content, is presented in conformity with the DOL'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 DOL'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 qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated October 6, 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 accordingly, we did not express an opinion on the 2020 financial statements 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

Des Moines, Iowa
October 12, 2022

The Weitz Retirement and 401(k) Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	2021	2020
Assets		
Cash and cash equivalents	\$ -	\$ 501
Investments, at fair value	142,652,392	123,772,140
Receivables:		
Notes receivable from participants	977,297	806,721
Employee contributions	163,916	-
Employer contributions	55,894	-
Total assets	143,849,499	124,579,362
Liabilities, other payables	-	92
Net assets available for benefits	\$ 143,849,499	\$ 124,579,270

See notes to financial statements.

The Weitz Retirement and 401(k) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 536,810
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Net appreciation in fair value of investments	17,283,884
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Interest income on notes receivable from participants	42,278
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Contributions:

Participants	6,550,308
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Employer	2,084,432
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Amounts rolled over from other plans	2,853,140
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Total additions	<u>29,350,852</u>
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Deductions from net assets attributed to:

Benefits paid to participants	9,902,920
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Administrative expenses	177,703
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Total deductions	<u>10,080,623</u>
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Net increase	19,270,229
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Net assets available for benefits:

Beginning of year	<u>124,579,270</u>
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End of year	<u><u>\$ 143,849,499</u></u>
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See notes to financial statements.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of The Weitz Retirement and 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General and eligibility: The Plan is a defined contribution and profit sharing Plan covering substantially all employees, except independent contractors/outsourced workers and employees covered by union collective bargaining agreements, of The Weitz Company, LLC, The Weitz Group, LLC, The Weitz Construction Company, Inc., Capital Resources Group, LLC, Weitz Industrial, LLC, Weitz Tecnico, LLC, Weitz Professional Services, LLC, Watts Constructors, LLC, Weitz Supply Chain, LLC (f/k/a Construction Products Distributors, LLC), Construction Surety & Insurances Services, LLC, Contrack Watts, Inc., Weitz P2S, LLC, and Orascom E&C USA, Inc. (the Company). Employees are eligible to make salary deferral contributions to the Plan immediately following employment. Participants are eligible for employer matching and profit sharing contributions immediately upon participation through employee deferrals. The Plan Administrator is responsible for oversight of the Plan. The Advisory Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and report to the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the applicable current Internal Revenue Code (IRC) provisions.

Employees are requested to complete a salary reduction agreement which determines their deferral rate and investment selections. Failure to complete this enrollment form results in eligible employees being automatically enrolled, within 45 days of hire date, with a 4% contribution by the employee and an automatic selection of funds based on the FIAM Blend Target Date option.

Contributions and investment options: Each year, participants may contribute from 1% to 100% of eligible compensation, as defined by the Plan, not to exceed a maximum allowed by federal regulations. The Plan has a 1% automatic elective deferral percentage increase on April 1 of each year for participants until an elective deferral percentage of 7% is reached. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company matches 50% of the participant's contribution up to a maximum of a 3% employer contribution. The Plan pays employer matching contributions as soon as administratively feasible following each pay period. The Company may make a discretionary profit sharing contribution annually as determined by the Board of Managers. For the year ended December 31, 2021, no profit sharing contributions were approved. Participants may currently invest their contributions into mutual funds, common trust funds and the Plan allows participants to self-direct individual investments. Participants may change their investment options daily.

Participant accounts: Each participant's account is credited with the participant's contribution, the Company's discretionary matching contribution, and an allocation of the Company's discretionary profit sharing contribution and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant compensation 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 immediately vested in their contributions and actual earnings thereon. Vesting in Company discretionary matching contributions and discretionary profit sharing contributions is based on years of completed service with 1,000 hours of service required in the year. A participant begins vesting at 50% after two years and becomes 100% vested after year three.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants can request notes receivable from the Plan, which are approved by the Advisory Committee on a nondiscriminatory basis. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Principal and interest are paid ratably through payroll deductions. Notes receivable from participants outstanding at December 31, 2021, mature through November 2029 and bear interest at 4.25% to 7.25%. Notes receivable from participants outstanding at December 31, 2020, bore interest at 4.25% to 6.50%.

Payment of benefits: Participants or their beneficiaries are eligible for benefits upon retirement, termination, death, disability or hardship. Benefits shall be distributed through the participant's option of a lump sum payment, installment payment or annuity contract. Accounts with a vested balance of less than \$1,000, upon termination for any reason other than death, will be distributed in full without the option for installments. For mandatory distributions greater than \$1,000 where the participant has not elected a distribution, the Plan will directly roll over the participant's account to an Individual Retirement Account designated by the Advisory Committee of the Plan.

Forfeited accounts: During the year ended December 31, 2021, forfeitures for nonvested account balances used to reduce employer contributions were approximately \$126,000 and used to pay plan expenses were approximately \$31,000. At December 31, 2021 and 2020, forfeitures for nonvested account balances totaled approximately \$299,000 and \$282,000, respectively.

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

Accounting estimates and assumptions: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and change therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Advisory Committee determines the Plan's valuation policies utilizing information provided by the trustees. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes gains and (losses) on investments bought and sold, as well as held, during the year. Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income (loss) earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment returns for such investments.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Delinquent loans are treated as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021 and 2020.

Payments of benefits: Benefit payments are recorded when paid.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and disclosure through October 12, 2022, which is the date the financial statements were available to be issued.

Note 3. Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses include fees related to the administration of the notes receivable that are charged directly to the participants account and certain recordkeeping fees paid by the Plan. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Note 4. Information Certified or Provided by Plan Trustees

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedules, that was prepared or derived from information provided by the trustees, Wells Fargo Bank, N.A. (Wells Fargo), the prior trustee, and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company (Principal), the current trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees that information provided to the Plan Administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

	December 31	
	2021	2020
Investments at fair value:		
Mutual funds	\$ 59,170,990	\$ 49,613,902
Self-directed accounts	1,850,075	1,430,313
Bank common trust funds	81,631,327	72,727,925
Notes receivable from participants	977,297	806,721
	<u>\$ 143,629,689</u>	<u>\$ 124,578,861</u>

Wells Fargo and Principal also certified to the completeness and accuracy of interest and dividends from investments of \$536,810, net appreciation in fair value of investments (including investments bought, sold and held during the year) of \$17,283,883 and interest income on notes receivable from participants of \$42,278 for the year ended December 31, 2021.

The Plan changed its trustee from Wells Fargo to Principal during the year ended December 31, 2021, with all assets transferred in June 2021.

Note 5. 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. In the event of Plan termination, participants will become 100% vested in their accounts.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated June 2, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Under the accounting guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

Note 7. Related-Party Transactions

Wells Fargo was the plan trustee (through June 18, 2021) and Principal is the current trustee (starting June 18, 2021) as defined by the Plan and, therefore, transactions with investments managed by the trustee qualify as party-in-interest transactions. Administrative fees paid to Wells Fargo and Principal during the year ended December 31, 2021, were approximately \$72,000 and \$74,000, respectively, and fees paid to plan consultants were approximately \$32,000.

Note 8. Investments and Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) requires the use of valuation techniques that are consistent with the market approach, the income approach and/or the cost approach. Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset or liability. Inputs may be observable, meaning those that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources, or unobservable, meaning those that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. In that regard, the ASC establishes a fair value hierarchy for valuation inputs that give the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1:** Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.
- Level 2:** Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.
- Level 3:** Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The level to which an asset or liability is classified is based upon the lowest level of input that is significant to the fair value measurements. There have been no changes in valuation methodologies at December 31, 2021, compared to December 31, 2020.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 10. Fair Value Measurements (Continued)

Mutual funds: Mutual funds are reported at fair value based on the quoted market price of the fund, which represents the net asset value (NAV) of shares held by the Plan at year-end. The fair value of mutual funds are classified within Level 1 of the valuation hierarchy.

Self-directed accounts: The Plan allows participants to invest in stocks and money market accounts of their choosing. The value of these accounts is reported at fair value based on the quoted market price of the individual stocks or balance in money market accounts. Self-directed accounts are classified within the Level 1 of the valuation hierarchy.

Bank common trust funds: Bank common trust funds are valued using NAV as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur immediately. If the Plan initiates a full redemption of the collective trust, no notice to the issuer is required.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Fair Value Measurements at December 31, 2021				
Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 59,170,990	\$ 59,170,990	\$ -	\$ -
Self-directed accounts	1,850,075	1,850,075	-	-
Total assets in the fair value hierarchy	61,021,065	\$ 61,021,065	\$ -	\$ -
Investments measured at net asset value*	81,631,327			
Total	<u>\$ 142,652,392</u>			

Fair Value Measurements at December 31, 2020				
Description	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 49,613,902	\$ 49,613,902	\$ -	\$ -
Self-directed accounts	1,430,313	1,430,313	-	-
Total assets in the fair value hierarchy	51,044,215	\$ 51,044,215	\$ -	\$ -
Investments measured at net asset value*	72,727,925			
Total	<u>\$ 123,772,140</u>			

*In accordance with ASC 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The Weitz Retirement and 401(k) Plan

Notes to Financial Statements

Note 10. Fair Value Measurements (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using NAV per share as of December 31, 2021 and 2020. The bank common trust funds file Form 5500 with the Department of Labor as direct filing entities, and accordingly, the investment strategies of the bank common trust funds are not included herein.

Investment	Fair Value		Unfunded Commitment	Redemption Notice Period
	2021	2020		
Bank common trust funds—stable return fund	\$ 9,198,520	\$ 9,494,318	\$ -	Immediate
Bank common trust funds	72,432,807	63,233,607	-	Immediate
	<u>\$ 81,631,327</u>	<u>\$ 72,727,925</u>		

Note 11. Risks and Uncertainties

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

Note 12. Prohibited Transaction

During 2021, the Plan Sponsor inadvertently failed to deposit \$194,918 of employee deferrals, within the required time frame as stated by the Department of Labor. The Department of Labor considers late deposits to be prohibited transactions. The lost earnings payments were paid from the Plan Sponsor's assets and not from assets of the Plan. The Plan Sponsor filed Form 5330 and paid the applicable excise tax in 2022. The excise tax payments were made from the Plan Sponsor's assets and not from assets of the Plan.

The Weitz Retirement and 401(k) Plan

Employer Identification Number: 42-1512625

Plan Number: 001

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021**

Participant Contributions Transferred Late to Plan	Totals That Constitute Non-Exempt Prohibited Transactions			
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included [X]				
2021	\$ -	\$ -	\$ -	\$ 194,918 *

Participant deferrals were not remitted timely during the year ended December 31, 2021, but were subsequently deposited into the Plan. Lost earnings have been deposited into the Plan and Form 5330 was filed with the applicable excise taxes paid during 2022.

*Lost earnings of \$3 were calculated and remitted to the Plan in 2022.

The Weitz Retirement and 401(k) Plan

Employer Identification Number: 42-1512625

Plan Number: 001

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) December 31, 2021

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
Mutual funds:			
Vanguard	Vanguard Balanced Index Admiral	\$	8,672,255
Vanguard	Vanguard Developed Markets Index Admiral		942,446
Vanguard	Vanguard Emerging Markets Stock Index Admiral		413,313
Vanguard	Vanguard institutional Index I		11,583,664
Fidelity	Fidelity Diversified Intl		2,402,621
John Hancock	John Hancock Disciplined Value R6		2,723,105
T. Rowe Price	T. Rowe Price Mid Cap Growth		4,890,415
American Beacon	American Beacon Small Cp Val Y		1,889,503
Mainstay	Mainstay Winslow Large Cap Growth.		10,494,757
Massachusetts Financial Services	MFS Mid Cap Value Fund R4		1,228,099
Vanguard	Vanguard Small Cap Index FD-ADM		2,291,935
PGIM	PGIM Total Return Bond-R2		4,929,735
Invesco	Invesco Dev Mark Y FD		775,670
Alliance Bernstein	AB/Brown/Emerald Small Cap Growth I R6 Fund		1,575,556
Invesco	Invesco Inv Global Y FD		4,357,916
			<u>59,170,990</u>
Bank common trust funds:			
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2005 Q		11,608
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2010 Q		12,229
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2015 Q		905,224
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2020 Q		2,614,951
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2025 Q		10,168,762
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2030 Q		9,346,387
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2035 Q		9,466,165
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2040 Q		7,191,572
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2045 Q		8,452,118
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2050 Q		4,034,380
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2055 Q		4,215,146
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2060 Q		1,386,688
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date 2065 Q		141,433
*Fidelity Institutional Asset Management Trust Co	FIAM Blend Target Date Inc Q		16
*Wells Fargo Bank, N.A.	Wells Fargo Stable Return Fund N		9,198,520
*Wells Fargo Bank, N.A.	WF/BlackRock S&P 500 Index CIT N		188,165
*Wells Fargo Bank, N.A.	WF/BlackRock Intl Equity Index CIT TR		2,166,464
*Wells Fargo Bank, N.A.	WF/BlackRock Large Cap Growth Index CIT TR		1,032,222
*Wells Fargo Bank, N.A.	WF/BlackRock Large Cap Value Index CIT TR		2,175,370
*Wells Fargo Bank, N.A.	WF/BlackRock Russell 2000 Index CIT TR		606,810
*Wells Fargo Bank, N.A.	WF/BlackRock S&P Mid Cap Index CIT N		2,324,316
*Wells Fargo Bank, N.A.	WF/BlackRock S&P Mid Cap Index CIT TR		222,213
*Wells Fargo Bank, N.A.	WF/BlackRock U.S. Agg Bond Index CIT TR		3,653,905
*Wells Fargo Bank, N.A.	WF/BlackRock Agg Bond Index CIT N		1,517,031
*Wells Fargo Bank, N.A.	WF/BlackRock Short Term Investment Fund TR		599,632
			<u>81,631,327</u>
Self-directed accounts			<u>1,850,075</u>
*Participant loans, interest rates 4.25% to 6.50%, maturing January 2021 through November 2029			<u>977,297</u>
			<u>\$ 143,629,689</u>

*Represents a party in interest.

**All investments are participant-directed, therefore cost information has not been presented.

The above information has been certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, current plan trustee, as complete and accurate.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

THE WEITZ RETIREMENT AND 401(K) PLAN

EIN 42 1512625
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Beacon Funds	Registered Investment Company AMER BEACON SM CP VAL Y FD	\$ 0.00	\$ 1,889,503.14
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2005 COMG PL Q	\$ 0.00	\$ 11,608.24
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2010 COMG PL Q	\$ 0.00	\$ 12,229.20
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2015 COMG PL Q	\$ 0.00	\$ 905,224.16
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2020 COMG PL Q	\$ 0.00	\$ 2,614,950.98
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2025 COMG PL Q	\$ 0.00	\$ 10,168,762.04
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2030 COMG PL Q	\$ 0.00	\$ 9,346,387.26
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2035 COMG PL Q	\$ 0.00	\$ 9,466,165.10
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2040 COMG PL Q	\$ 0.00	\$ 7,191,571.99
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2045 COMG PL Q	\$ 0.00	\$ 8,452,118.27
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2050 COMG PL Q	\$ 0.00	\$ 4,034,380.02
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2055 COMG PL Q	\$ 0.00	\$ 4,215,145.89
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2060 COMG PL Q	\$ 0.00	\$ 1,386,687.75
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLD TGT DT 2065 COMG PL Q	\$ 0.00	\$ 141,433.19
	Fidelity Inst Asset Mgmt Trust Co	Common/Collective Trust FIAM BLEND TGT DATE INC 0 FD	\$ 0.00	\$ 16.42

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	Fidelity Investments	Registered Investment Company FIDELITY DIVERSIFIED INTL FUND	\$ 0.00	\$ 2,402,620.94
	Oppenheimer	Registered Investment Company INV DEV MARK Y FD	\$ 0.00	\$ 775,670.42
	Oppenheimer	Registered Investment Company INV GLOBAL Y FD	\$ 0.00	\$ 4,357,916.21
	John Hancock	Registered Investment Company JOHN HANCOCK DISC VL R6 FUND	\$ 0.00	\$ 2,723,105.36
	MainStay Funds	Registered Investment Company MAINSTAY WINSLOW LGCAP GR I FD	\$ 0.00	\$ 10,494,756.92
	MFS Investment Management	Registered Investment Company MFS MID CAP VALUE R4 FUND	\$ 0.00	\$ 1,228,098.44
	PGIM Investments	Registered Investment Company PGIM TTL RET BOND R2 FD	\$ 0.00	\$ 4,929,735.32
*	Principal Funds Inc	Registered Investment Company PRINC SMALLCAP GROWTH I R6 FD	\$ 0.00	\$ 1,575,556.39
	Schwab Funds	Brokerage Account SELF-DIRECTED BROKERAGE ACCT	\$ 0.00	\$ 1,850,075.22
	T. Rowe Price Funds	Registered Investment Company T ROWE PRICE MID-CAP GR FUND	\$ 0.00	\$ 4,890,415.31
	Vanguard Group	Registered Investment Company VANGUARD BALNCD INDEX ADMRL FD	\$ 0.00	\$ 8,672,254.40
	Vanguard Group	Registered Investment Company VANGUARD DEV MKTS INDEX ADM FD	\$ 0.00	\$ 942,446.01
	Vanguard Group	Registered Investment Company VANGUARD EMG MK STK IDX ADM FD	\$ 0.00	\$ 413,312.45
	Vanguard Group	Registered Investment Company VANGUARD INSTL IDX INSTL FUND	\$ 0.00	\$ 11,583,664.25
	Vanguard Group	Registered Investment Company VANGUARD SM CAP INDEX ADM FUND	\$ 0.00	\$ 2,291,934.53

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EIN 42 1512625

PLAN NUMBER 001

PLAN YEAR 01/01/2021 TO 12/31/2021

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	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO BLKCRK AGG BD ID N	\$ 0.00	\$ 1,517,031.42
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO BLKCRK SP MC IDX N	\$ 0.00	\$ 2,324,315.90
	Wells Fargo	Common/Collective Trust WELLS FARGO STABLE RETRN N FD	\$ 0.00	\$ 9,400,930.00
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/BLKCRK LCG IX TR	\$ 0.00	\$ 1,032,222.36
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/BLKCRK LCV IDX TR	\$ 0.00	\$ 2,175,370.25
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/BLKCRK ST-TM INV TR	\$ 0.00	\$ 599,630.62
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRG/BLKCRK INTL EQ IX TR	\$ 0.00	\$ 2,166,464.24
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRG/BLKCRK S&P 500 IDX TR	\$ 0.00	\$ 188,164.51
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRGO/BLKCRK S&P MC IDX TR	\$ 0.00	\$ 222,212.62
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FRG/BLKCRK RSL 2000 IX TR	\$ 0.00	\$ 606,809.86
	WELLS FARGO BANK, N.A.	Common/Collective Trust WLS FR/BLKCRK US AGRGT BD IX TR	\$ 0.00	\$ 3,653,904.67
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 6.50%	\$ 0.00	\$ 977,297.00

