Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

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
ERNST & YOUNG RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 112

1c Effective date of plan 01/01/1990

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

200 PLAZA DRIVE
SECAUCUS, NJ 07094

2b Employer Identification Number (EIN) 34-6565596

2c Plan Sponsor's telephone number 201-872-2200

2d Business code (see instructions) 541211

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.	08/15/2023	MICHAEL J. SPICCI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	84298
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)**	51194
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	52872
b	Retired or separated participants receiving benefits	**6b**	600
c	Other retired or separated participants entitled to future benefits	**6c**	35823
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	89295
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	32
f	Total. Add lines **6d** and **6e**	**6f**	89327
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	84435
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6166
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:

2G 2J 2K 3B 3J

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
ERNST & YOUNG RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 112

C Plan sponsor's name as shown on line 2a of Form 5500
ERNST & YOUNG U.S. LLP

D Employer Identification Number (EIN)
34-6565596

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARROWMARK
100 FILLLMORE STREET
SUITE 325
DENVER, CO 80206

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

CAPITAL RESEARCH & MANAGEMENT CO.
333 SOUTH HOPE STREET
55TH FLOOR
LOS ANGELES, CA 90071

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

DODGE & COX

94-1441976

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

JP MORGAN CHASE N.A.

13-4994650

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

NATIXIS

600 TRAVIS
SUITE 3800
HOUSTON, TX 77002-3071

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

PARANASSUS

1 MARKET STREET
SUITE 1600
SAN FRANCISCO, CA 94105

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

PIMCO

33-0629048

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

T ROWE PRICE

52-2264646

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

THE VANGUARD GROUP, INC.

23-1945930

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

WELLS FARGO

420 MONTGOMERY STREET
SAN FRANCISCO, CA 94104

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 64 65	RECORD KEEPER	4700565	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BLACK ROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
50 51 99	FUND MANAGER	31585	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
(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.	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
ERNST & YOUNG RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 112

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ERNST & YOUNG U.S. LLP

D Employer Identification Number (EIN)
34-6565596

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

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2500 INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
80-0254284-001	C	235896149

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 VALUE FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3357213-001	C	32831681

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY DIVERSIFIED INTERNATIONAL

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0501379-134	C	340058116

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GROWTH COMMINGLED POOL CL3

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-135	C	1799547823

a Name of MTIA, CCT, PSA, or 103-12 IE: MANAGED INCOME PORTFOLIO II CL3

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-025	C	714498257

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN GROUP TRUST FOR EMPLOYEE BE

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6293122-001	C	1530825994

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015 SELECT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-6935471-001	C	149704698

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2020 SELECT

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

c EIN-PN 47-6935530-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136127917

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 SELECT

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

c EIN-PN 47-6938034-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274521855

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 SELECT

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

c EIN-PN 47-6938065-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393151704

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 SELECT

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

c EIN-PN 47-6941311-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 440701483

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 SELECT

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

c EIN-PN 47-6941351-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 488759136

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 SELECT

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

c EIN-PN 47-6944390-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 565419992

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 SELECT

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

c EIN-PN 47-6944390-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 716616757

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 SELECT

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

c EIN-PN 47-6948719-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 576962525

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 SELECT

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

c EIN-PN 47-6948754-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360380280

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 SELECT

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

c EIN-PN 82-6200492-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31132872

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET INCOME TRUST SELECT

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

c EIN-PN 47-6930815-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45952040

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST TOTAL BOND MKT INDEX

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

c EIN-PN 81-6321044-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172072200

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST TOTAL INTL STK MKT

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

c EIN-PN 81-6316167-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261497606

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LOW PRICED STOCK CP

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN 04-3022712-132	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
ERNST & YOUNG RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 112

C Plan sponsor's name as shown on line 2a of Form 5500
ERNST & YOUNG U.S. LLP

D Employer Identification Number (EIN)
34-6565596

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21228395	34822678
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	685164	924271
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	92427043	92413423
(9) Value of interest in common/collective trusts	1c(9)	6729274223	9266659087
(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)	5972700712	5643533735
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12816315537	15038353194
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	538895	507030
k	Total liabilities (add all amounts in lines 1g through1j)	1k	538895	507030
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12815776642	15037846164

Part II Income and Expense Statement

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

			(a) Amount	**(b)** Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	178783614	
	(B) Participants	2a(1)(B)	603394430	
	(C) Others (including rollovers)	2a(1)(C)	269081850	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1051259894
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)	3579465	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3579465
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	426961722	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		426961722
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1024602616
(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)		696429716
c Other income	2c		3591616
d Total income. Add all **income** amounts in column (b) and enter total	2d		3206425029
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	979520553	
(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)		979520553
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4686597	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4686597
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		984207150
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2222217879
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		148357

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, LLP **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		715

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

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

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ERNST & YOUNG DEFINED BENEFIT RETIREMENT PLAN	34-6565596	111

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
ERNST & YOUNG RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 112

C Plan sponsor's name as shown on line 2a of Form 5500
ERNST & YOUNG U.S. LLP

D Employer Identification Number (EIN)
34-6565596

Part I Distributions

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

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

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

EIN(s): 04-6568107 13-3795042

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Financial Statements and Supplemental Schedules

Ernst & Young Retirement Savings Plan
December 31, 2021, and 2020, and for the
Year Ended December 31, 2021
With Report of Independent Auditor

Ernst & Young Retirement Savings Plan

Financial Statements and Supplemental Schedules

December 31, 2021, and 2020, and for the
Year Ended December 31, 2021

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Independent Auditor's Report

To the Plan Administrator
Ernst & Young Retirement Savings Plan
Secaucus, NJ

Opinion

We have audited the financial statements of the Ernst & Young Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits 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 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Auditor's Responsibilities for the Audit of the Financial Statements

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.

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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H (Form 5500), Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 and Schedule H (Form 5500), 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 Department of Labor's Rules and Regulations for

Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

December 21, 2022

Ernst & Young Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31	
	2021	**2020**
Assets		
Investments at fair value	**$ 14,910,192,822**	$ 12,701,974,935
Receivables:		
Firm contributions	**34,822,678**	21,228,395
Notes receivable from participants	**92,413,423**	92,427,043
Other receivable	**924,271**	685,164
Total receivables	**128,160,372**	114,340,602
Total assets	**15,038,353,194**	12,816,315,537
Liabilities		
Accrued administrative expenses	**507,030**	538,895
Total liabilities	**507,030**	538,895
Net assets available for benefits	**$ 15,037,846,164**	$ 12,815,776,642

See accompanying notes.

Ernst & Young Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions	
Investment income:	
Interest and dividends	$ 437,263,924
Net appreciation in fair value of investments	1,710,730,130
Fidelity participant revenue credit program	3,591,616
Total investment income	2,151,585,670
Interest income on notes receivable from participants	3,579,465
Contributions:	
Participants	603,394,430
Firm	178,783,614
Rollovers	269,081,850
Total contributions	1,051,259,894
Total additions	3,206,425,029
Deductions	
Benefit payments	979,520,553
Administrative expenses	4,686,597
Total deductions	984,207,150
Transfers to other qualified plans:	
Transfer to Ernst & Young Defined Benefit Retirement Plan	(148,357)
Total transfers	(148,357)
Net increase	2,222,069,522
Net assets available for benefits:	
Beginning of year	12,815,776,642
End of year	$ 15,037,846,164

See accompanying notes.

Ernst & Young Retirement Savings Plan

Notes to Financial Statements

December 31, 2021

1. Description of the Plan

The Ernst & Young Retirement Savings Plan (the Plan) is a defined contribution plan sponsored by Ernst & Young U.S. LLP (the Firm). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The following description of the Plan provides general information about the Plan's provisions. Participants should refer to the summary plan description for a complete description of the Plan's provisions, a copy of which may be obtained from the plan sponsor.

General

Participation is available to all eligible partners, principals, and directors (PPMDDs) and salaried staff (excluding interns, hourly staff, and inpats) (Staff) personnel of the Firm who have completed two continuous calendar months of service and are age 21 or older. Participants may enroll on the first full pay period beginning on or after the first day of the month following the date participants meet the above eligibility requirements. The Retirement Committee (the Committee) is the named fiduciary for the Plan. Fidelity Management Trust Company (Fidelity) and Fidelity Investments Institutional Operations Company, Inc. serve as the trustee and recordkeeper for the Plan, respectively. The National Director of Benefits is responsible for the administration of the Plan.

Participant Contributions

A participant may elect to contribute a specific whole percentage of his or her credited compensation, as defined by the Plan. The maximum allowable contribution is 30% of the participant's credited compensation up to the Internal Revenue Code (the Code) allowable limit ($19,500 for 2021). Staff participant contributions will be based on credited compensation, which includes base pay before deferrals, withholdings, and deductions, plus variable pay and excludes expense reimbursements or payments, noncash awards, sign-on bonuses, retention bonuses, severance and payment of unused vacation or other leave, overseas allowances for work performed in a foreign country, and bonuses and incentive payments paid after the last day of the payroll period that includes the employee's last day of employment with the Firm and its applicable affiliates. A participant's contribution to the Plan can be made through pretax 401(k) contributions and/or after-tax Roth 401(k) contributions. Amounts in the pretax 401(k) participants' accounts are not taxable until being withdrawn.

1. Description of the Plan (continued)

Automatic enrollment has been incorporated in the Plan and applies to eligible Staff members after completion of one year of service. Employees will receive communications prior to automatic enrollment and will have the option to decline participation prior to automatic enrollment taking effect or change the contribution rate. If no action is taken, then the participant will be automatically enrolled at a 3% pretax contribution rate into an age-based, default investment option based on his or her date of birth.

Participants aged 50 or older may make "catch-up" contributions once the maximum annual amount of regular contributions has been contributed. The maximum allowable catch-up contribution limit is $6,500 (for 2021). Catch-up contributions are not eligible for the Firm Matching Contributions. Tax law requires that a participant's catch-up contributions be reclassified as regular contributions if the participant elects catch-up contributions and fails to make the maximum allowable regular 401(k) contributions.

Participants may also contribute rollover amounts representing distributions from other qualified plans.

Firm Contributions

The Firm Matching Contribution to the 401(k) account of eligible Staff members will be made each pay period in which contributions are made. To be eligible to receive the Firm Matching Contribution, a participant must meet all of the following requirements: individual is at least 21 years old, has completed one year of service, is a Staff member paid on a salaried basis, and is enrolled in the Plan. The match is 25% of the first 6% of credited compensation after one year of service and increases to 50% of the first 6% of credited compensation for participants with four or more years of service.

In certain circumstances, the Plan's true-up feature will automatically adjust the calculation of the Firm Matching Contribution so participants can receive the full amount of the match based on the aggregate amount of the pretax 401(k) contributions and/or after-tax Roth 401(k) contributions, regardless of how the participant structured his or her contributions throughout the year. If the match rate increased during the year, the timing of that change is reflected in determining the true-up match amount. Participants must be employed by EY on the last business day of the calendar year to be eligible for the true-up.

1. Description of the Plan (continued)

The Firm will also make a one-time contribution (Minimum Contribution) for those eligible Staff members compensated on an hourly or salaried basis. For the year ended December 31, 2021, the Minimum Contribution was $4,000. This is based on eligible Staff completing two years of service with the Firm (one-year anniversary for personnel aged 35 or older) on or after January 1, 2017, who are hired by the Firm at the position of manager/assistant director or below. The Minimum Contribution is a discretionary profit-sharing contribution in an amount determined periodically by the Firm.

For eligible PPMDDs who entered the partnership on or after July 1, 2016, the Firm may provide an annual contribution (Eligible Partner Contribution) beginning with the period July 1 to December 31, 2016, and then each calendar year thereafter. The Firm may contribute to the Plan each year an amount of net earnings for the year determined at its discretion.

Vesting and Forfeitures

Participants are always 100% vested in their pretax and Roth contributions and all investment returns on those contributions. For participants hired on or after January 1, 2017, a five-year graded vesting schedule, shown below, applies to the Firm Matching Contribution.

The one-time Minimum Contribution for eligible participants also vests under the following five-year graded vesting schedule:

Years of Service	Vested Percentage
Less than 2	0%
2	20
3	40
4	60
5	100

The Eligible Partner Contribution vests 100% after three years of service.

Participant forfeitures of nonvested balances will be used to reduce future Firm Matching Contributions and pay expenses of the Plan.

1. Description of the Plan (continued)

Participant Directed Accounts

Participants direct the investment of their contributions and the Firm Matching Contribution into various investment options offered by the Plan. Each participant's account is credited with the participant's contributions and the Firm Matching Contribution and allocations of Plan earnings. Plan earnings are allocated based on the participant's share of net earnings or losses of his or her respective elected investment options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Firm Directed Accounts

Contributions were discontinued effective January 1, 1989, to firm-directed accounts of former Arthur Young partners and employees except for adjustments due to reinstatements and/or forfeitures. The accounts of former Arthur Young employees are held by J.P. Morgan Chase Bank (JP Morgan), in the Trust for the Arthur Young Supplementary Accounts (AY Accounts) under the Plan.

Effective January 1, 2021, the only AY Accounts held at JP Morgan will be for those participants that have a transfer right to an Ernst & Young Defined Benefit Retirement Plan. The participants have the option of either a lump sum distribution or transferring the AY Account to the participant-directed trust at Fidelity under the Plan.

Benefit Payments

On termination of employment for any reason, participants are eligible for payments from the Plan. A financial hardship withdrawal provision is available, enabling a participant to withdraw an amount to cover a significant financial need as defined by the Code. Withdrawal provisions are also available for participants age 59½ or older. A minimum distribution is required when a participant reaches the age of 72, provided the participant is no longer working for the Firm.

1. Description of the Plan (continued)

Effective August 1, 2020, through March 15, 2021, the Plan provided an Enhanced Retirement Offer Incentive Program (ERO Program). The ERO Program was established to help effect a voluntary reduction in force by providing financial assistance and exit incentives to a limited group of employees likely to be contemplating a separation from service for reasons of early retirement. The ERO Program offered 100% automatic vesting if the participant elects the ERO Program and separates from service.

Participant Loans

Participants may borrow from their accounts in increments of $100 up to a maximum equal to the lesser of $50,000 or 50% of their account balance resulting from participant contributions and related investment gains, not less than $500. The portion of the participant's account resulting from the Firm's contributions and related investment gains may not be borrowed. Loan terms may not exceed 5 years for general loans or up to 30 years for the purchase of a primary residence. The $50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant may not be approved for more than one new loan in a calendar year and may not have more than two loans outstanding at any point in time. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates at the date of issuance as determined quarterly by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions over not more than five years, except for loans to purchase a principal residence. If a participant terminates employment with the Firm, he or she may continue to make loan payments through an ACH (automated clearing house) Loan Repayment agreement. If the loan is not repaid, it will automatically be treated as a distribution to the participant after three months.

Administrative Expenses, Float Income and Participant Revenue Credits

Certain fees which are specific to a participant (such as loans and QDRO processing) are charged directly to the participants account requesting the transaction and are included in administrative expenses.

Certain administrative expenses of the Plan are paid by the Firm including salaries, accounting and professional fees and are excluded from these financial statements. Certain investment related expenses and administrative expenses, such as recordkeeping and trustee fees, are paid by the Plan.

1. Description of the Plan (continued)

Certain investment related expenses are included in net appreciation. Fidelity returns float income to the Plan which is available to the Plan to pay permissible plan expenses.

In addition, revenue credit accrued from relevant investments are credited to the participants, who invest in the applicable funds, as participants revenue credit.

Plan Termination

Although it has not expressed any intent to do so, the Firm 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 the Plan terminates, participants will become 100% vested in their accounts. Participant accounts will be distributed in accordance with the payment options available under the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses was recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). The Retirement Investment Committee is responsible for determining the Plan's valuation policies and analyzing information provided by issuers of the investments or the custodians that are used to determine the fair value of the Plan's investments. See Note 4 for further discussion and disclosures related to fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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.

4. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1: Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

4. Fair Value Measurements (continued)

Level 2: Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability.

Level 3: Significant unobservable inputs for the asset or liability (i.e., supported by little or no market activity).

Following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value by the Plan.

Mutual Funds

These investments are valued at quoted market prices in an active market, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Common/Collective Trust Funds

These investments are valued at the NAV of units held by the Plan at year-end as determined by the fund administrators.

The following table sets forth by fair value hierarchy level the Plan's assets carried at fair value:

	Level 1 Assets at Fair Value	
	December 31	
	2021	**2020**
Common/collective trust funds	**$ 9,266,659,087**	$ 6,729,274,223
Mutual funds	**5,643,533,735**	5,972,700,712
Total assets at fair value	**$ 14,910,192,822**	$ 12,701,974,935

5. Nonparticipant-Directed Investments

The AY Accounts are nonparticipant directed investments held at JP Morgan and included in Investments at fair value on the Statement of Net Assets. Information about the net assets and the significant components of the changes in net assets is as follows:

	December 31	
	2021	**2020**
Mutual funds	**$ 515,942**	$ 738,030
Total assets at fair value	**$ 515,942**	$ 738,030

	December 31, 2021
Net appreciation in fair value of investments	$ 60,305
Interest and dividends	8,305
Distribution to participants/beneficiaries	(28,315)
Transfer to Fidelity	(114,026)
Transfer to Ernst & Young Staff Defined Benefit Retirement Plan	(148,357)
	$ (222,088)

6. Party-in-Interest Transactions

Certain Plan investments are managed by Fidelity, the Plan's trustee, and JPMorgan Chase, the custodian and trustee of the AY Accounts. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

7. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 8, 2018, stating that the Plan is qualified under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

7. Income Tax Status (continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Late Remittances

During the Plan year ended December 31, 2020, employee withholdings in the amount of $715 were not remitted within the appropriate time period. These transactions constitute prohibited transactions, as defined by ERISA. The Firm has taken corrective action during the year ended December 31, 2021, to make participant accounts whole.

9. Subsequent Event

Management evaluated subsequent events for the Plan through December 21, 2022, the date the accompanying financial statements were available to be issued.

Effective January 1, 2022, the Plan was amended to exclude compensation that is paid more than 75 days following the last day of employment for compensation that is not already subject to be excludable in the Compensation definition.

Effective January 1, 2022, the Plan was amended to allow transfers from the Ernst & Young Partnership Retirement (HR-10) Plan (formerly Ernst & Young Partnership Retirement Plan) for Participants who elect to cease participation in the Ernst & Young Partnership Retirement (HR-10) Plan. As such, Participants under this election will begin participating and will receive Eligible Partner Contributions under the Plan. The transfers and contributions are invested in the funds of the Plan as elected by the Participants. Such election is offered annually, typically in December. The first transfer took place in the first quarter of 2022.

Supplemental Schedules

Ernst & Young Retirement Savings Plan

EIN: 34-6565596; Plan: # 112

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

December 31, 2021

		Total That Constitutes Non-exempt Prohibited Transactions			
	Participant Contributions Transferred Late to Plan	**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: ☐					
2021	$ 715	$ –	$ 715	$ –	$ –

*Voluntary Fiduciary Correction Program

Ernst & Young Retirement Savings Plan

EIN: 34-6565596; Plan # 112

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

December 31, 2021

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Investment, Rate of Interest, Par, or Maturity Value	Current Value**
	Black Rock Russell 2500 Index Fund	Common/collective trust	$ 235,896,149
	Black Rock Russell 2000 Index Fund	Common/collective trust	32,831,681
*	Fidelity Growth Company Commingled Pool	Common/collective trust	1,799,547,824
*	Fidelity Managed Income Portfolio II	Common/collective trust	714,498,257
*	Fidelity Diversified International Commingled Pool Class 3	Common/collective trust	340,058,116
	Spartan 500 Index Pool Class E	Common/collective trust	1,530,825,995
	Vanguard Target Retirement Inc. Trust Select	Common/collective trust	45,952,040
	Vanguard Target Retirement 2015 Trust Select	Common/collective trust	149,704,698
	Vanguard Target Retirement 2020 Trust Select	Common/collective trust	136,127,917
	Vanguard Target Retirement 2025 Trust Select	Common/collective trust	274,521,855
	Vanguard Target Retirement 2030 Trust Select	Common/collective trust	393,151,704
	Vanguard Target Retirement 2035 Trust Select	Common/collective trust	440,701,483
	Vanguard Target Retirement 2040 Trust Select	Common/collective trust	488,759,136
	Vanguard Target Retirement 2045 Trust Select	Common/collective trust	565,419,992
	Vanguard Target Retirement 2050 Trust Select	Common/collective trust	716,616,757
	Vanguard Target Retirement 2055 Trust Select	Common/collective trust	576,962,525
	Vanguard Target Retirement 2060 Trust Select	Common/collective trust	360,380,280
	Vanguard Target Retirement 2065 Trust Select	Common/collective trust	31,132,872
	Vanguard Total Bond Index Trust	Common/collective trust	172,072,200
	Vanguard Total International Stock Index Trust	Common/collective trust	261,497,606
	American Funds EuroPacific Growth Fund Class R6	Mutual fund	287,990,087
	American Funds New Perspective Fund Class R6	Mutual fund	326,429,859
	Dodge & Cox Stock Fund	Mutual fund	834,865,734
*	Fidelity Blue Chip Growth Fund Class K	Mutual fund	1,385,109,233
*	Fidelity Real Estate Index Fund	Mutual fund	126,306,278
*	JPMorgan High Yield Bond	Mutual fund	81,740,123
	Meridian Growth Fund	Mutual fund	113,328,413
	Natixis Vaughan Nelson Mid Cap Fund	Mutual fund	67,081,927
	Parnassus Mid Cap Fund	Mutual fund	82,622,150
	Pimco Total Return Fund	Mutual fund	342,595,442
	T Rowe Price New Horizons I Fund	Mutual fund	875,962,548
	Vanguard Capital Opportunity Fund	Mutual fund	432,226,860
	Vanguard Inflation Protected Securities Fund	Mutual fund	143,873,476
	Vanguard Money Market Fund	Mutual fund	2,210,450
	Vanguard PrimeCap Core Fund	Mutual fund	540,675,213
			14,909,676,880

Ernst & Young Retirement Savings Plan

EIN: 34-6565596; Plan # 112

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

December 31, 2021

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Investment, Rate of Interest, Par, or Maturity Value	Cost	Current Value
* JP Morgan Treasury Plus Money Market Fund	Mutual fund	$ 28,548	$ 28,548
Pimco Total Return Fund	Mutual fund	147,093	145,341
Vanguard International Growth Fund	Mutual fund	51,913	90,452
Vanguard Institutional Total Stock Market Fund	Mutual fund	168,695	251,601
		396,249	515,942
Total investments at fair value			14,910,192,822
* Participant loans	Various maturities through 2051 and interest rates ranging from 3.25% to 9,5%		92,413,423
Total			$ 15,002,606,245

*Party in interest

**Cost omitted for participant-directed investments

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)