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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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
- [ ] 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. . . . . ▶ [X]

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
MOEN INCORPORATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1951

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)
MOEN INCORPORATED

25300 AL MOEN DRIVE
NORTH OLMSTED, OH 44070-8022

2b Employer Identification Number (EIN)
36-0548230

2c Plan Sponsor's telephone number
440-962-2000

2d Business code (see instructions)
423700

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.	10/13/2023	MIKE LEI
	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 ☐ Same as Plan Sponsor

FORTUNE BRANDS INNOVATIONS, INC. EMPLOYEE BENEFITS COMMITTEE

520 LAKE COOK ROAD
SUITE 300
DEERFIELD, IL 60015

3b Administrator's EIN: 61-1411546

3c Administrator's telephone number: 847-484-4400

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**	4035
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)**	830
a(2) Total number of active participants at the end of the plan year	**6a(2)**	741
b Retired or separated participants receiving benefits	**6b**	1876
c Other retired or separated participants entitled to future benefits	**6c**	1108
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3725
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	240
f Total. Add lines **6d** and **6e**	**6f**	3965
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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)	☐	0	**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	2a	380572869
b Actuarial value	2b	364238455

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2028	161066132	161066132
b For terminated vested participants	1177	74231969	74231969
c For active participants	830	56792460	59619944
d Total	4035	292090561	294918045

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate	5	5.44 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1454588
c Total (line 6a + line 6b)	6c	1454588

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/04/2023
Date

MICHAEL H. FRANTZ
Type or print name of actuary

20-05485
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO BOX 1447
LINCOLNSHIRE, IL 60069
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	25109966
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	25109966
10	Interest on line 9 using prior year's actual return of 6.81 %	0	1709989
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6380095
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.62 %		358561
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6738656
	d Portion of (c) to be added to prefunding balance		6700000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	33519955

Part III Funding Percentages

14	Funding target attainment percentage	14	112.13 %
15	Adjusted funding target attainment percentage	15	123.50 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2023	2000000	0			
			Totals ► 18(b)	2000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1828165

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1454588
b Excess assets, if applicable, but not greater than line 31a	**31b**	1454588

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1828165

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1828165
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

AON CONSULTING, INC.

22-2232264

(b) 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?
11 15 50	NONE	482323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENTS, INC.

36-3109431

(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?
28 50	NONE	359657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	65917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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 28 50 51	NONE	63339	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

(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?
23 50	NONE	22053	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, P.A.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19177	Yes [ ] No [X]	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

(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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

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: FORTUNE BRANDS H & S, INC. MRT

b Name of sponsor of entity listed in (a): FORTUNE BRANDS HOME & SECURITY, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-3265619-001	M	276414696

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-0548230

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)	7000000	2000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	373834213	276414696
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	380834213	278414696
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	380834213	278414696

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)	2000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-87458255
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-85458255
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14923347	
(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)		14923347
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)	501691	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	510966	
(4) Other	2i(4)	1025258	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2037915
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16961262
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-102419517
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(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	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 474438.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-0548230

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): 36-3046063

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** 2

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: 27.8 % Investment-Grade Debt: 62.4 % High-Yield Debt: 3.0 % Real Estate: 3.1 % Other: 3.7 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Moen Incorporated Pension Plan

Financial Statements
Years Ended December 31, 2022 and 2021

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Moen Incorporated Pension Plan

Financial Statements
Years Ended December 31, 2022 and 2021

Moen Incorporated Pension Plan

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Independent Auditor's Report

To the Employee Benefits Committee
Moen Incorporated Pension Plan
Chicago, Illinois

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

We have performed audits of the financial statements of Moen Incorporated Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, 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.

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 Audits 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 GAAP.

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

BDO USA, P.C.

October 13, 2023

Moen Incorporated Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2022**	2021
Assets		
Investments, at fair value:		
Plan's interest in Fortune Brands Home & Security, Inc. Master Retirement Trust	**$ 263,479,555**	$ 363,733,824
Investments, at contract value:		
Plan's interest in Fortune Brands Home & Security, Inc. Master Retirement Trust - group annuity contract	**12,935,141**	10,100,389
Employer contributions receivable	**2,000,000**	7,000,000
Net Assets Available for Benefits	**$ 278,414,696**	$ 380,834,213

See accompanying notes to financial statements.

Moen Incorporated Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2022**	2021
Additions		
Plan's interest in net investment income (loss) of Fortune Brands Home & Security, Inc. Master Retirement Trust	**$ (87,458,255)**	$ 24,276,818
Employer contributions	**2,000,000**	7,000,000
Total Additions, net of investment loss	**(85,458,255)**	31,276,818
Deductions		
Benefit payments	**14,923,347**	14,360,247
Administrative expenses	**2,037,915**	1,348,537
Total Deductions	**16,961,262**	15,708,784
Net Increase (Decrease)	**(102,419,517)**	15,568,034
Net Assets Available for Benefits, beginning of year	**380,834,213**	365,266,179
Net Assets Available for Benefits, end of year	**$ 278,414,696**	$ 380,834,213

See accompanying notes to financial statements.

1. Description of the Plan

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

General

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

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

Pension Benefits

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

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

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

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

Funding Policy

The Company contributes such amounts, as are necessary, on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The minimum funding requirements of ERISA were satisfied in 2022 and 2021.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of investments by the FBHS Master Retirement Trust are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan provides for payment of certain administrative expenses from Plan assets. Expenses paid to The Northern Trust Company (the Trustee) and the investment managers are allocated to the Plan based on the ratio of the Plan's assets to the fair value of all assets held in the FBHS Master Retirement Trust, and are included in the accompanying statements of changes in net assets available for benefits in change in Plan's interest in FBHS Master Retirement Trust for the years ended December 31, 2022 and 2021. Expenses paid to the Pension Benefit Guaranty Corporation (PBGC), the Plan's actuary, and other various Plan-related expenses that may be incurred are allocated specifically to each plan and are presented in the accompanying statements of changes in net assets available for benefits as administrative expenses.

Risks and Uncertainties

The Plan holds a beneficial interest in the FBHS Master Retirement Trust. The FBHS Master Retirement Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by Aon Consulting Inc. (Aon), the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of the most recent valuation date, January 1, 2022 (beginning of year), is as follows:

Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$	174,939,975
Other participants		161,602,318
Total Vested Benefits		336,542,293
Non-Vested Benefits		2,657,597
Total Actuarial Present Value of Accumulated Plan Benefits	$	339,199,890

Changes in the present value of accumulated plan benefits are as follows:

Present Value of Accumulated Plan Benefits, January 1, 2021	$	334,271,798
Increase (decrease) during the year attributable to:		
Interest accumulation		14,231,813
Benefits paid		(14,360,247)
Changes in actuarial assumptions		4,169,826
Other changes		886,700
Present Value of Accumulated Plan Benefits, January 1, 2022	$	339,199,890

The significant actuarial assumptions used in the valuation as of January 1, 2021 are as follows:

Mortality	Pri-2012 employee, retiree, and contingent survivor mortality rates, projected generationally from 2012 using Scale MP-2021 as adjusted to reflect anticipated near term and long-term endemic effects of COVID-19 (2021 Scale MP-2021).
Retirement age assumptions	The age at which current active employees are assumed to retire varies between ages 55 and 70. All employees, aged 70, are assumed to retire.
Interest rate	4.20% (2021 interest rate 4.35%)

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

4. Fair Value Measurements

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

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

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

Level 2 – This level includes inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including:

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

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

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

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

The Plan's investment assets are held in the FBHS Master Retirement Trust, along with the investment assets of two other plans sponsored by subsidiaries of FBHS. The Plan's investment in the FBHS Master Retirement Trust as of December 31, 2022 and 2021 is presented at fair value, which has been determined based on the fair value of the underlying investments of the FBHS Master Retirement Trust. The Plan's investment in the group annuity contract is at contract value.

Plan management uses the following methods and significant assumptions to estimate fair value of investments in the FBHS Master Retirement Trust as of December 31, 2022 and 2021. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

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

See Note 5 for the investments held by the FBHS Master Retirement Trust by level within the fair value hierarchy as of December 31, 2022 and 2021.

In accordance with the policy of stating investments at fair value, the Plan's portion of net appreciation (depreciation) in the fair value of the investments in the FBHS Master Retirement Trust consists of realized gains and losses and unrealized appreciation (depreciation) on those investments. The net appreciation (depreciation) of the FBHS Master Retirement Trust, along with interest, dividend, and other income, net of FBHS Master Retirement Trust expenses, are presented in the accompanying statements of changes in net assets available for benefits as Plan's interest in net investment income (loss) of FBHS Master Retirement Trust for the years ended December 31, 2022 and 2021.

5. Interest in FBHS Master Retirement Trust

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

The Plan has an undivided interest of 57.7% and 46.0% in the FBHS Master Retirement Trust at December 31, 2022 and 2021, respectively.

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

December 31,	**2022**		2021	
	Master Trust	**Plan's Interest**	Master Trust	Plan's Interest
Assets				
Interest and dividends receivable	**$ 151,236**	**$ 87,286**	$ 152,644	$ 70,243
Due from broker for securities sold	**22,147**	**12,782**	24,455	11,254
Investments, at fair value:				
Collective funds	**411,738,753**	**237,636,758**	743,645,578	342,205,146
Multi-strategy hedge fund	**21,298,869**	**12,292,732**	22,021,290	10,133,589
Real estate fund	**23,458,933**	**13,539,422**	24,762,628	11,395,077
Investments, at contract value:				
Group annuity contract	**22,411,931**	**12,935,141**	21,949,142	10,100,389
Total Investments	**478,908,486**	**276,404,053**	812,378,638	373,834,201
Total Assets	**479,081,869**	**276,504,121**	812,555,737	373,915,698
Liabilities				
Due to broker for securities purchased	**143,141**	**82,614**	169,182	77,853
Other payables	**11,801**	**6,811**	7,892	3,632
Total Liabilities	**154,942**	**89,425**	177,074	81,485
Total Net Assets, of the FBHS Master Retirement Trust available for benefits	**$ 478,926,927**	**$ 276,414,696**	$ 812,378,663	$ 373,834,213

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

Year ended December 31,	**2022**	2021
Net appreciation in fair value	**$ (179,691,967)**	$ 50,444,499
Interest income	**852,239**	622,056
Other income	**748,346**	758,662
Investment management fees	**(238,124)**	(235,573)
Net Investment Income, of the FBHS Master Retirement Trust	**$ (178,329,506)**	$ 51,589,644

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

December 31, 2022

	Level 1	Level 2	Level 3	Total
Total Investments, in fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV*:				
Collective funds [(a)]				411,738,753
Multi-strategy hedge fund [(b)]				21,298,869
Real estate fund [(c)]				23,458,933
Total Investments, at fair value				$ 456,496,555

December 31, 2021

	Level 1	Level 2	Level 3	Total
Total Investments, in fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at NAV*:				
Collective funds [(a)]				743,645,578
Multi-strategy hedge fund [(b)]				22,021,290
Real estate fund [(c)]				24,762,628
Total Investments, at fair value				$ 790,429,496

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

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

- All of the collective funds file an annual report on Form 5500 as a direct-filing entity. Except for one fund, the collective funds have daily liquidity, and withdrawals are permitted either daily or with 15 business days' written notice. One fund provides liquidity quarterly with a 45 days' advance notification requirement to redeem at quarter-end. There were no unfunded commitments related to the collective funds.
- This fund is a multi-strategy fund of hedge funds investing in multiple strategies and asset classes to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager. There were no unfunded commitments related to this fund.
- This fund is a strategic property fund, investing in a wide variety of value-added real estate opportunities with a focus on the office, industrial/warehouse, and residential/multi-family sectors to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager. There were no unfunded commitments related to this fund.

The FBHS Master Retirement Trust invests in a guaranteed deposit account through a group annuity contract with Prudential Retirement Insurance and Annuity Company (Prudential), formerly,

Connecticut General Life Insurance Company. The contract is stated at the contract value, as determined and reported by Prudential. The contract value is defined as the sum of all allocations and transfers made to the guaranteed deposit account as of any date, plus accumulated interest credited to such date, less the sum of all amounts withdrawn from the guaranteed deposit account and adjustments made for excess withdrawals prior to such date.

Prior to the first date of each calendar year, Prudential will notify the contract holder, in writing, of the annual rates of credited interest, which will be applied to the amounts held in the guaranteed deposit account during the next calendar year. The rates contained in such notice will be (1) the annual rate of credited interest to be applied to new contributions, and transfers to and withdrawals from the guaranteed deposit account during such year (the new money rate) and (2) the annual rate of credited interest to be applied during such year to amounts that were held in the guaranteed deposit account on the last day of the preceding year (the accumulated asset rate). For the Plan year ended December 31, 2022, the new money rate and accumulated asset rate are 1.50% and 2.35%, respectively. For the Plan year ended December 31, 2021, the new money rate and accumulated asset rate are 1.50% and 2.85%, respectively.

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

6. Plan Termination

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

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

7. Tax Status

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

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

8. Information Certified by Qualified Institution

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as indicated below, Northern Trust Company, a qualified institution, has certified that the following investment information included in the accompanying financial statements is complete and accurate:

- Plan's interest in FBHS Master Retirement Trust, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Plan's interest in FBHS Master Retirement Trust, at contract value, as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Plan's interest in net investment income (loss) of FBHS Master Retirement Trust, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021.
- Net assets of the FBHS Master Retirement Trust available for benefits and net investment income (loss) of the FBHS Master Retirement Trust, as shown in Note 5 as of and for the years ended December 31, 2022 and 2021.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

9. Related Party and Parties-in-Interest Transactions

Certain Plan investments are collective trusts managed by the Northern Trust Company and Aon. The Northern Trust Company is the Trustee, as defined by the Plan, and Aon is the Plan's actuary and, therefore, these transactions qualify as party-in-interest transactions during the years ended December 31, 2022 and 2021. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers.

10. Subsequent Events

Management of the Plan has evaluated subsequent events through October 13, 2023, the date these financial statements were available to be issued, and there were no material subsequent events that required recognition or additional disclosures in these statements.

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		18								
30-34		15	2	1						
35-39	1	16	2	27 $262	1					
40-44		18	7	38 $440	31 $717	1				
45-49		15	4	40 $566	52 $852	16				
50-54		20 $83	7	28 $718	56 $1,056	28 $1,215	26 $1,195			
55-59		14	6	38 $645	49 $1,011	27 $1,422	33 $861	18		
60-64		10	5	15	40 $860	38 $1,578	18	16	2	1
65-69		1		4	8	3	4	5		
70+					2	2	1			

N-830

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.18%
3rd Segment Rate	5.92%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2021), without regard to interest rate stabilization
1st Segment Rate	1.07%
2nd Segment Rate	2.68%
3rd Segment Rate	3.36%
Salary Increases	N/A (benefit accruals frozen effective 12/31/2016).
Social Security Wage Base Increases	N/A (benefit accruals frozen effective 12/31/2016).
Social Security COLA Increases	N/A (benefit accruals frozen effective 12/31/2016).
Optional Payment Form Election Percentage	100% elect life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	The 2022 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2020-85.
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Beneficiary Survival Probability for Current Retirees with Joint & Survivor Annuity	Based on the valuation mortality table for beneficiaries stated above for the duration between retirement date and valuation date.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $245,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2020 Plan Year	5.00%
2021 Plan Year	4.60%
2022 Plan Year	4.45%
Trust Expenses Included in Target Normal Cost	The prior year's administrative and investment expenses ($1,454,588 for 2022).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2022

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	7.50%
60	7.50%
61	15.00%
62	20.00%
63	15.00%
64	25.00%
65	40.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70+	100.00%

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	20.00%	35	7.00%
16	20.00%	36	7.00%
17	20.00%	37	7.00%
18	20.00%	38	7.00%
19	20.00%	39	7.00%
20	20.00%	40	7.00%
21	20.00%	41	7.00%
22	20.00%	42	7.00%
23	20.00%	43	7.00%
24	20.00%	44	7.00%
25	20.00%	45	6.00%
26	20.00%	46	6.00%
27	20.00%	47	6.00%
28	20.00%	48	6.00%
29	20.00%	49	6.00%
30	10.00%	50	6.00%
31	10.00%	51	6.00%
32	10.00%	52	6.00%
33	10.00%	53	6.00%
34	10.00%	54	6.00%
		>=55	10.00%

Table 3

Disability Rates

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022

2 Assets:

a Market value	**2a**	380,572,869
b Actuarial value	**2b**	364,238,455

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,028	161,066,132	161,066,132
b For terminated vested participants	1,177	74,231,969	74,231,969
c For active participants	830	56,792,460	59,619,944
d Total	4,035	292,090,561	294,918,045

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.44%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,454,588
c Total (line 6a + line 6b)	**6c**	1,454,588

Statement by Enrolled Actuary

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

SIGN HERE

MICHAEL H. FRANTZ MHF
Signature of actuary

10/04/2023
Date

MICHAEL H. FRANTZ
Type or print name of actuary

2305485
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-295-5000
Telephone number (including area code)

MSC# 17755
PO Box 1447
LINCOLNSHIRE IL 60069
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	25,109,966
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	25,109,966
10	Interest on line 9 using prior year's actual return of 6.81 %	0	1,709,989
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6,380,095
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.62 %		358,561
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		6,738,656
d	Portion of (c) to be added to prefunding balance		6,700,000
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	33,519,955

Part III Funding Percentages

14	Funding target attainment percentage	14	112.13 %
15	Adjusted funding target attainment percentage	15	123.50 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/12/2023	2,000,000	0			
		Totals ► 18(b)	2,000,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,828,165

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.18 %	5.92 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,454,588
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,454,588

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,828,165

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,828,165
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2022

Date	Amount	Days to Discount to 1/1/2022 at 5.44%	Interest Adjusted Contribution
September 12, 2023	$ 2,000,000	619	$ 1,828,165
Total Contribution	$ 2,000,000		$ 1,828,165

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	7.50%	0.8145	3.63
60.5	7.50%	0.7534	3.42
61.5	15.00%	0.6969	6.43
62.5	20.00%	0.5924	7.40
63.5	15.00%	0.4739	4.51
64.5	25.00%	0.4028	6.50
65.5	40.00%	0.3021	7.92
66.5	30.00%	0.1813	3.62
67.5	30.00%	0.1269	2.57
68.5	30.00%	0.0888	1.83
69.5	30.00%	0.0622	1.30
70	100.00%	0.0435	3.05
		Weighted Average	62.74

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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

Former Retirement Income Plan

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

Benefit	Continuation of benefit service for period of disability.
Terminated Vested Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit reduced by 1/2% for each month the participant is less than 62 years of age (up to two years), and 1/3% for each month the participant is less than 60 years of age. Benefits are payable at early retirement date.
Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced for early commencement before age 62.
Normal Form of Payment	For unmarried participants: Life annuity. For married participants: The actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50% joint and survivor annuity (with or without 10-year period certain). 100% joint and survivor annuity (with or without 10-year period certain). 75% joint and survivor annuity. Five-, 10-, or 15-year certain and life annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks. Voluntary lump sum cash-out ($1,001–$5,000).
Definitions	
Benefit Service	Continuous service from date of hire to date of termination. Includes benefit service as of December 31, 1993 for participants in the Twentieth Century Retirement Income Plan. As of December 31, 2016, benefit service was frozen.

Compensation	Includes overtime, holiday, and vacation pay, tips and bonuses, 401(k) deferrals, IRC section 125, 132 and 457 deferrals, and deferred nonqualified compensation. Excludes expense reimbursement, housing allowances, long-term incentive, severance pay, and employer matching 401(k) contributions.
Covered Compensation	Average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which a participant will attain Social Security normal retirement age (SSNRA).

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

Final Average Monthly Earnings	Compensation for the highest 60 consecutive calendar months out of the last 120 consecutive calendar months. As of December 31, 2016, final average monthly earnings were frozen.
Vesting Service	Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Former Elyria Pension Plan

Effective Date

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

Eligibility for Participation

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

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

Normal Retirement

Eligibility

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

Benefit

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

Monthly Benefit Multiplier	Effective Date
$21.25	07/01/2001
$24.00	07/01/2002
$27.00	07/01/2004
$28.00	07/01/2005
$29.00	07/01/2006
$30.00	07/01/2007

Early Retirement

Eligibility

Age 57 and 10 years of vesting service.

Benefit

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

Disability Retirement

Eligibility

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

Benefit

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

Terminated Vested Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit. If 10 years of service at termination, benefit is reduced the same as the early retirement benefit.
Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 1/2% for each month the participant was less than 62 years of age.
Normal Form of Payment	For unmarried participants: Five-year certain and life annuity. For married participants the actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75%, or 100% joint and survivor annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks. Voluntary lump sum cash-out ($1,001–$5,000).
Definitions	
Credited Service	One full year for each calendar year in which the employee completed at least 1,600 hours of service. Credited service is granted to the nearest one tenth (1/10) if the employee worked less than 1,600 hours in any calendar year.
Vesting Service	Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Former Nonunion Service Related Pension Plan

Effective Date	Initially effective March 1, 1987. Restated as of August 1, 2001. Amended through March 28, 2005.
Eligibility for Participation	Any employee, regardless of age, who is in a group of employees designated for coverage will enter the plan on the first January 1 or July 1 coincident with or next following a 12 consecutive month period in which 1,000 hours of service are completed. As of December 31, 2016, benefit accruals were frozen.
Normal Retirement	
Eligibility	Age 65 and the earlier of five years of vesting service or five years as a plan participant.
Benefit	Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

Monthly Benefit Multiplier	Effective Date
$10.00	03/01/1987
$11.00	01/01/1996
$12.00	01/01/1997

Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued normal retirement benefit reduced by 1/2% for each month the participant is less than 62 years of age, payable at early retirement date.
Disability Retirement	
Eligibility	Totally and permanently disabled with at least 10 years of vesting service.
Benefit	Accrued normal retirement benefit payable at date of disability.
Vested Termination Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit. For commencements before normal retirement, the benefit is reduced 0.5% for each month commencement precedes normal retirement.

Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced 1/2% for each month the participant was less than 62 years of age.
Normal Form of Payment	For unmarried participants: Life annuity. For married participants: The actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75% or 100% joint and survivor annuity. 10-year certain and life annuity. Actuarial equivalence for this purpose is based on a 6% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks. Voluntary lump sum cash-out ($1,001–$5,000).
Definitions	
Credited Service	One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year. As of December 31, 2016, credited service was frozen.
Vesting Service	One full year for each calendar year in which the employee completed at least 1,000 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Former Pennsylvania Hourly Employees Pension Plan

Effective Date

Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through March 28, 2005.

Eligibility for Participation

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

Participation is limited to employees hired or rehired on or before November 30, 2013.

As of December 31, 2016, all benefit accruals were frozen.

Normal Retirement

Eligibility

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

Benefit

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

Monthly Benefit Multiplier	Effective Date
$9.25	04/01/1994
$9.50	04/01/1995
$10.00	04/01/1996
$10.50	04/01/1997
$11.00	04/01/1998
$12.00	04/01/1999
$13.00	04/01/2000
$14.00	04/01/2001
$14.75	04/01/2003
$15.50	04/01/2004
$16.25	04/01/2005
$17.00	04/01/2006
$17.25	04/01/2008
$19.00	12/31/2016

Early Retirement

Eligibility

Age 57 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit reduced by 5/8% for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement

Eligibility

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

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

	(1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Former Fortune Brands Pension Plan

Effective Date	January 1, 1986. Last restated effective January 1, 2002. Last amended effective January 1, 2008.
Eligibility for Participation	The first day following 12 months of employment, provided the employee completes at least 1,000 hours of service in the first 12 months of employment. If 1,000 hours are not completed in the first 12 months of employment, the 1/1 following the first plan year during which the employee completes at least 1,000 hours of service. No employee who first completes an hour of service on or after January 1, 2008 shall become a plan participant, and no employee rehired on or after January 1, 2008 shall again become a plan participant. As of December 31, 2016, benefit accruals were frozen.
Normal Retirement	
Eligibility	Age 65 and the earlier of five years of vesting service or five years as a plan participant.
Monthly Benefit	The greater of [(1) + (2)] and (3) below: 1. Standard formula up until December 31, 2007: a. 1.75% final average monthly compensation times benefit service (maximum 15 years) up until December 31, 2007; plus b. 1.00% final average monthly compensation times benefit service in excess of 15 years (maximum 20 years) up until December 31, 2007. 2. Standard formula post December 31, 2007: a. 1.00% final average monthly compensation times benefit service post December 31, 2007 (maximum 35 years total benefit service including pre-2008 benefit service).

3. Minimum formula. The prior plan accrued benefit plus the sum of (a) and (b), however, all eligible service after December 31, 2007 has a 1% accrual (i.e., if maximum years have not already been reached):

   a. 1.75% final average monthly compensation times benefit service after December 31, 2001 (maximum 15 years minus benefit service earned prior to 2002); plus

   b. 1.00% final average monthly compensation times benefit service after December 31, 2001 in excess of 15 years minus benefit service earned prior to 2002 (maximum 20 years). If a participant had 15 or more years of benefit service as of December 31, 2001, this part becomes 1% times final average monthly compensation times benefit service earned after December 31, 2001.

Early Retirement

Eligibility	Age 55 and 10 years of vesting service.
Benefit	The greater of (1) or (2) below:

1. The standard formula normal retirement benefit reduced 1/2 of 1% for each month by which the commencement date precedes age 62.

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

Disability Retirement

Eligibility	Participants in the plan entitled to benefits under the company's Long-Term Disability plan.
Benefit	The retirement benefit is the normal retirement benefit based on compensation at date of disability. Vesting service and benefit service continue to accrue during the period of disability.

Vested Termination Benefit	
Eligibility	Five years of vesting service.
Benefit	The accrued benefit payable at normal retirement, or if the participant had completed 10 years of vesting service, the accrued benefit payable as early as age 55, reduced ½ of 1% for each month by which the commencement date precedes age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	After being married for at least one year, after becoming vested, and before receiving any benefits under the plan.
Benefit	For participants with less than 10 years of vesting service: 50% of the amount that would have been payable if the participant had terminated employment on the date of death (if not already terminated), deferred payment to age 65, and then elected the 50% joint and survivor form of payment. For participants with 10 (but less than 12) years of vesting service: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to his or her earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity. For participants with 12 years of vesting service: the amount determined as for participants with 10 years of vesting service except that the prior plan accrued benefit will be payable as a 100% joint and survivor annuity.
Normal Form of Payment	For unmarried participants: Life annuity. For married participants: The actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75%, or 100% joint and survivor annuity, 10 or 15 year certain and life annuity, or life annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks. The prior plan provides age 62 and age 65 Social Security level income options for the prior plan accrued benefit.

Definitions

Benefit Service	Service determined in full years and fractions of years beginning on the employee's date of hire, but only recognizing employment at Fortune Brands, Inc. Rehires on or after January 1, 2008 are not credited with additional benefit service following rehire. As of December 31, 2016, benefit service was frozen.
Final Average Monthly Compensation	Average of highest five consecutive calendar years within the last 10 years of service. As of December 31, 2016, final average monthly compensation was frozen.
Vesting Service	Service determined in full years and fractions of years beginning on the employee's date of hire.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2022 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the unlimited expected return on assets from 4.60% to 4.45%.
- A change in the beneficiary survival probability assumption for current retirees based on the valuation mortality table for the duration between retirement date and valuation date for beneficiary records for with survival status could not be directly confirmed for valuation date January 1, 2021 to valuation date January 1, 2022.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall; as such, approval of the Commissioner is not required.