

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... [X] an amended return/report [ ] a short plan year return/report... 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... 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: CENTERPOINT ENERGY SAVINGS PLAN
1b Three-digit plan number (PN): 015
1c Effective date of plan: 07/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan): CENTERPOINT ENERGY, INC.
2b Employer Identification Number (EIN): 74-0694415
2c Plan Sponsor's telephone number: 713-207-1111
2d Business code (see instructions): 221100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  THE BENEFITS COMMITTEE OF CENTERPOINT ENERGY, INC.  1111 LOUISIANA ST HOUSTON, TX 77002-5230	<b>3b</b> Administrator's EIN 62-1510005  <b>3c</b> Administrator's telephone number 713-207-1111
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	11569
-------------------------------------------------------------------------	----------	-------

<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	9187
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	9444
<b>b</b> Retired or separated participants receiving benefits .....	44
<b>c</b> Other retired or separated participants entitled to future benefits .....	2538
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	12026
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	96
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	12122
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	11975
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	27

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
--------------------------------------------------------------------------------------------------------------------------------------	----------

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2F 2G 2J 2K 2O 3H

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

---

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

<b>A</b> Name of plan <b>CENTERPOINT ENERGY SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>015</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTERPOINT ENERGY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>74-0694415</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

**NORTHERN TRUST COMPANY**

**36-1561860**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

VOYA RETIREMENT ADVISORS, LLC

22-1862786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	PROFESSIONAL MANAGEMENT	2036827	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

T. ROWE PRICE STABLE ASSETS MGMT IN

52-0556948

(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 51	INVESTMENT MANAGER	720149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 50	RECORDKEEPER	553742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

GOLDMAN SACHS ASSET MANAGEMENT COMP

13-3575636

(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 51	INVESTMENT MANAGER	301891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	TRUSTEE	202748	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	182480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

CALLAN MANAGEMENT

94-2192581

(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?
16 17 50	CONSULTANT	109734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCCONNELL AND JONES LLP

76-0488832

(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	AUDITOR	47345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON CONSULTING

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 50	ACTUARY	37005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ALIGHT SOLUTIONS LLC(TEMPO HOLDING)

82-1061233

(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?
17 50	CONSULTANT	18225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELLON CAPITAL MGMT. CORP

25-1442864

(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 51	INVESTMENT MANAGER	13839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
<b>A</b> Name of plan <u>CENTERPOINT ENERGY SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>▶</u> <u>015</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTERPOINT ENERGY, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-0694415</u>

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACWI EX-US SUPERFUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>27-4955447-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42506477</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE SHORT-TERM INVESTMENT FU</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY LIQUIDITY AGGREGATE BOND I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
<b>c</b> EIN-PN <u>25-6078093-085</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81281185</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3262720-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>514569638</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3330725-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>188420268</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3330726-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88309059</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3318704-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41759133</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>HARDING LOEVNER INTL EQUITY COLLECT</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>GLOBAL TRUST COMPANY - HARDING LOEVNER</b>		
<b>c</b> EIN-PN <b>27-6075499-003</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>47353092</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2015 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083953-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>20631713</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2020 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083983-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>52802012</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2025 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083981-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>117164073</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2030 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083979-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>91528750</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2035 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083977-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>99168163</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2040 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083975-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>96031321</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2045 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083973-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>132868107</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2050 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>90-6083969-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>97280556</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2055 TRUST I</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>27-6715074-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>67517799</b>

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

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

<b>c</b> EIN-PN 90-6083968-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26451380
--------------------------------	------------------------	--------------------------------------------------------------------------------------------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II SMALL CAP OPPORTUNITIES

**b** Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA

<b>c</b> EIN-PN 04-6913417-012	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49536155
--------------------------------	------------------------	--------------------------------------------------------------------------------------------------------------

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

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

<b>c</b> EIN-PN 45-3799212-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22263728
--------------------------------	------------------------	--------------------------------------------------------------------------------------------------------------

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

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

<b>c</b> EIN-PN 82-6190443-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6391704
--------------------------------	------------------------	-------------------------------------------------------------------------------------------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INTL MULTI-CAP VALUE TRUST

**b** Name of sponsor of entity listed in (a): SCHRODER COLLECTIVE INVESTMENT TRUST

<b>c</b> EIN-PN 46-4679164-072	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49222548
--------------------------------	------------------------	--------------------------------------------------------------------------------------------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VOYA CORE PLUS TRUST FUND

**b** Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

<b>c</b> EIN-PN 06-1440627-022	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89760926
--------------------------------	------------------------	--------------------------------------------------------------------------------------------------------------

**a** Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE INVT TR CORE PLUS BD FD

**b** Name of sponsor of entity listed in (a): PRUDENTIAL INVESTMENT MANAGEMENT

<b>c</b> EIN-PN 23-6994310-165	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101083497
--------------------------------	------------------------	---------------------------------------------------------------------------------------------------------------

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

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



<p style="text-align: center;"><b>SCHEDULE G</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>Financial Transaction Schedules</b></p> <p>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).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2021** and ending **12/31/2021**

<p><b>A</b> Name of plan <b>CENTERPOINT ENERGY SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>015</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTERPOINT ENERGY, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>74-0694415</b></p>

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**  
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
<b>(a)</b>	<b>(b)</b> Identity and address of obligor	<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

**Part III Nonexempt Transactions**

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
VECTREN CORPORATION	PLAN MERGER	CERTAIN FEES FOR FINANCIAL EDUCATION WERE PAID BY VECTREN CORP RETIREMENT SAVINGS PLAN DURING 2016-2019			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b>	
<b>A</b> Name of plan <b>CENTERPOINT ENERGY SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>015</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CENTERPOINT ENERGY, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>74-0694415</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2728188	2672543
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	1240396	0
<b>(3)</b> Other .....	<b>1b(3)</b>	47836	107541149
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	889522	5759100
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	180439839	277732208
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	35894733	33990244
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1837230810	2123901284
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	162908258	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	304835751	281814880

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	222761193	242505552
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2748976526	3075916960
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	254151	147342
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	12908	609156
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	267059	756498
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2748709467	3075160462

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	57633604	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	86752081	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	5531722	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		149917407
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	1868786	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1868786
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	6719239	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1772338	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		8491577
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	132440748	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	129035950	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		3404798
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	87175684	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		87175684

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		171297875
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		148335509
<b>c</b> Other income .....	<b>2c</b>		4479599
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		574971235

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	351620857	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		351620857
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	18225	
(3) Recordkeeping fees .....	<b>2i(3)</b>	553742	
(4) IQPA audit fees .....	<b>2i(4)</b>	47345	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	3364920	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	202748	
(7) Actuarial fees .....	<b>2i(7)</b>	37005	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	510	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4224495
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		355845352

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		219125883
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		107325112
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2525
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47500
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**CENTERPOINT ENERGY SAVINGS PLAN**

Independent Auditor's Report  
And Financial Statements

December 31, 2021 and 2020

## TABLE OF CONTENTS

<a href="#"><u>Independent Auditor's Report</u></a>	Page 1
Financial Statements:	
<a href="#"><u>Statements of Net Assets Available for Benefits, December 31, 2021 and 2020</u></a>	Page 4
<a href="#"><u>Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2021</u></a>	Page 5
<a href="#"><u>Notes to Financial Statements</u></a>	Page 6
Supplemental Schedules:	
<a href="#"><u>Schedule G, Part III - Schedule of Non-Exempt Transactions Year Ended December 31, 2021</u></a>	Page 15
<a href="#"><u>Schedule H, Line 4a - Schedule of Delinquent Participant Contributions</u></a>	Page 16
<a href="#"><u>Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2021</u></a>	Page 17

*Other supplemental schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*



## Independent Auditor's Report

To the Participants and Plan Administrator of  
the CenterPoint Energy Savings Plan

### ***Opinion***

We have audited the financial statements of the CenterPoint Energy Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021, and the related Notes to Financial Statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the Net Assets Available for Benefits of the Plan as of December 31, 2021 and 2020, and the Changes in Net Assets Available for Benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

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

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

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



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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

## ***Other Matter—Supplemental Information Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information as listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the



# McConnell Jones

financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Houston, Texas  
June 24, 2022

**CENTERPOINT ENERGY SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2021	2020
	(in thousands)	
<b>Assets</b>		
Investments at fair value (Note 4)	\$ 2,649,898	\$ 2,404,229
Fully benefit-responsive investment contracts at contract value (Note 4)	281,815	304,836
<b>Total investments</b>	<b>2,931,713</b>	<b>2,709,065</b>
<b>Receivables:</b>		
Notes receivable from participants	33,990	35,895
Dividends, interest, and other	1	33
Investment transactions	215	15
Employer contributions	2,673	2,728
Participant contributions	—	1,240
Transfer of net assets from Energy Systems Group, LLC 401(k) Plan	107,325	—
<b>Total receivables</b>	<b>144,204</b>	<b>39,911</b>
<b>Total Assets</b>	<b>3,075,917</b>	<b>2,748,976</b>
<b>Liabilities</b>		
Investment transactions	(609)	(13)
Other	(147)	(254)
<b>Total Liabilities</b>	<b>(756)</b>	<b>(267)</b>
<b>Net Assets Available for Benefits</b>	<b>\$ 3,075,161</b>	<b>\$ 2,748,709</b>

See accompanying Notes to Financial Statements.

**CENTERPOINT ENERGY SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2021**

(in thousands)

**Investment Income:**

Net appreciation in investments	\$	410,107
Dividends and interest		13,079
<b>Total investment income</b>		423,186

<b>Interest on notes receivable from participants</b>		1,869
-------------------------------------------------------	--	-------

**Contributions:**

Participant		86,752
Employer		57,633
Rollover		5,532
<b>Total contributions</b>		149,917

**Expenses:**

Benefit payments		(351,621)
Administrative expenses		(4,224)
<b>Total expenses</b>		(355,845)

<b>Change in Net Assets Available for Benefits prior to transfer of net assets from Energy Systems Group, LLC 401(k) Plan</b>		219,127
-------------------------------------------------------------------------------------------------------------------------------	--	---------

Transfer of net assets from Energy Systems Group, LLC 401(k) Plan		107,325
-------------------------------------------------------------------	--	---------

<b>Change in Net Assets Available for Benefits</b>		326,452
----------------------------------------------------	--	---------

**Net Assets Available for Benefits:**

<b>Beginning of Period</b>		2,748,709
<b>End of Period</b>	\$	3,075,161

See accompanying Notes to Financial Statements.

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

**1. Description of the Plan**

The following description of the CenterPoint Energy Savings Plan (the Plan) provides only general information. Participants (as defined below) should refer to the Plan document for a more complete description of the Plan's provisions. In the case of any discrepancy between this summary and the Plan document, the Plan document will govern.

***(a) General***

The Plan is a defined contribution plan established in accordance with Sections 401(a) and 401(k) of the Internal Revenue Code of 1986, as amended (IRC), and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participants include all employees of CenterPoint Energy, Inc. (Company or CenterPoint Energy) and those subsidiaries and affiliates of the Company that have adopted the Plan except (a) employees covered by a collective bargaining agreement unless such agreement provides for participation in the Plan, (b) leased employees, (c) independent contractors and (d) non-resident aliens who receive no United States sourced income (Participants).

Effective as of the close of business on December 31, 2021, the Energy Systems Group, LLC 401(k) Plan (the ESG Plan) was merged with and into the Plan, and certain subsidiaries of the Company that participated in the ESG Plan became participating employers of the Plan. As such, employees of those subsidiaries became eligible to participate in the Plan (the ESG Participants).

***(b) Contributions***

Participants may make pre-tax and/or Roth contributions up to 50% of eligible compensation, not to exceed the Internal Revenue Service (IRS) limits as defined in the Plan, except that certain bargaining unit Participants may contribute more than 50% of any bonus compensation in accordance with the terms of the Plan and the applicable collective bargaining agreement. Participants (except, prior to January 1, 2022, employees of certain participating employers) may also make after-tax contributions up to 16% of eligible compensation, not to exceed the IRS limits as defined in the Plan. Active Participants age 50 or over may contribute an additional pre-tax and/or Roth contribution not to exceed the IRS limit (\$6,500 for 2021); however, the Company does not provide Company matching contributions on such "catch-up" contributions. Participants may also contribute amounts representing rollover eligible distributions from other defined benefit or defined contribution plans, IRC Section 403(b) annuity plans, IRC Section 457 governmental plans or individual retirement accounts. Participants direct their contributions into the various eligible investment options offered by the Plan. Contributions are subject to certain limitations as set forth under the IRC or the limits set forth in the Plan document.

All new employees are automatically enrolled in the Plan to make pre-tax contributions unless they elect otherwise. An employee who has been automatically enrolled is deemed to have elected to defer pre-tax contributions at a rate of 6% (3% for certain bargaining unit Participants) of eligible compensation (Automatic Contribution). A notice is provided to all employees who are scheduled to be automatically enrolled in the Plan (Automatic Enrollment Notice). In general, an employee has 30 days after receiving the Automatic Enrollment Notice to elect not to make any pre-tax contributions or choose a different contribution percentage.

Contributions, including all related employer matching contributions, made under the Automatic Contribution provision of the Plan are invested in the default investment fund as defined in the Plan unless the Participant elects otherwise. In addition, if a Participant is making contributions to the Plan from eligible regular pay, unless the Participant elects otherwise, his or her deferral rate is automatically increased by 1% on the first business day of April each year, up to a 10% maximum total deferral rate from regular pay. Employees may elect to change their contribution percentages and/or direct contributions to any of the investment options offered under the Plan at any time.

The Company matches 100% of the first 6% of eligible compensation contributed by a Participant to the Plan (excluding catch-up contributions) except with respect to (1) certain grandfathered non-bargaining unit Participants actively accruing benefits under a qualified defined benefit plan of the Company or an affiliate other than a cash

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

balance benefit (Grandfathered Retirement Plan Participants) and (2) certain bargaining unit Participants. With respect to a Grandfathered Retirement Plan Participant, the Company matches 50% of the first 6% of eligible compensation contributed by such Participant. With respect to certain bargaining unit Participants, Company matching contributions are made in accordance with the Plan document and the applicable collective bargaining agreement and are generally 50% of the first 5%, 6%, or 8% of eligible compensation contributed by the Participant. The Company matching contribution for certain bargaining unit Participants covered under the Utility Workers Union of America, Local 175 (UWUA) agreement is limited to \$1,400 per year.

The Company also makes non-matching contributions equal to 3% of eligible compensation for Participants who are not eligible to accrue benefits, other than interest credits, under any qualified defined benefit Plan of the Company or any of its subsidiaries or affiliates (other than certain Grandfathered Retirement Plan Participants who were employed by Indiana Energy, Inc. or one of its subsidiaries on December 31, 1998 and met certain age and service requirements), except that for certain bargaining unit Participants, the Company makes different non-matching contributions in accordance with the Plan document and the applicable collective bargaining agreement. Employer contributions (matching and non-matching) are made in the form of cash and are invested in accordance with Participant elections.

The CenterPoint Energy, Inc. Common Stock Fund (Company Stock Fund) is an investment option under the Plan. A Participant may not elect (i) that more than 25% of future contributions (including Company matching and non-matching contributions) be invested in the Company Stock Fund or (ii) a transfer of any portion of his or her current account balance that would result in more than 25% of the total account balance invested in the Company Stock Fund. Furthermore, any transfer of funds into or out of the Company Stock Fund and other elections under the Plan that impact investments in the Company Stock Fund are subject to the Company's Insider Trading Policy. In addition, Participants may elect to have dividends paid on their investment in the Company Stock Fund either reinvested in the Company Stock Fund or paid to them in cash, and they can transfer all or part of their investment in the Company Stock Fund to the other investment options offered by the Plan.

***(c) Investment Options***

The Plan offered the following investment funds (Funds) as of December 31, 2021:

- Company Stock Fund
- Fixed Income Fund
- International Equity Fund
- Large Company Growth Fund
- Large Company Value Fund
- S&P 500 Index Fund
- Small Company Fund
- Stable Value Fund
- Vanguard Target Retirement Income Fund
- Vanguard Target Retirement 2015 Fund
- Vanguard Target Retirement 2020 Fund
- Vanguard Target Retirement 2025 Fund
- Vanguard Target Retirement 2030 Fund
- Vanguard Target Retirement 2035 Fund
- Vanguard Target Retirement 2040 Fund
- Vanguard Target Retirement 2045 Fund
- Vanguard Target Retirement 2050 Fund
- Vanguard Target Retirement 2055 Fund
- Vanguard Target Retirement 2060 Fund
- Vanguard Target Retirement 2065 Fund

Upon enrollment in the Plan, Participants may direct contributions, in 1% increments, in any of the investment options; provided, however, that a Participant may not elect to invest more than 25% of future contributions (including Company contributions) in the Company Stock Fund. Participants should refer to the Plan prospectus for a detailed description of each Fund.

***(d) Participant Accounts***

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

Individual accounts are maintained for each Participant. Each Participant's account is credited with the Participant's contributions and with allocations of the Company contributions and Plan earnings. Each Participant's account is also charged with an allocation of administrative expenses. Allocations are based on Participant account balances. Participants are entitled to their vested account balance.

***(e) Vesting, Forfeitures, and Excess Contributions***

Participants are vested immediately in their elective contributions plus earnings thereon. Participants, other than certain bargaining unit employees, are also immediately fully vested in all Company contributions and actual earnings thereon. With respect to certain bargaining unit Participants, Company contributions vest in accordance with the Plan document and the applicable collective bargaining agreement, generally, ratably in 20% increments over 5 years but become fully vested upon reaching normal retirement age (age 65), becoming disabled (as defined in the Plan), death while an employee, or termination or partial termination of the Plan. Forfeitures may be used to reduce future employer contributions or pay reasonable administrative expenses of the Plan. The amount so utilized from forfeited non-vested accounts for the years ended December 31, 2021 and 2020 were \$831 thousand and \$363 thousand, respectively. Contributions made to the Plan by or for the benefit of highly compensated employees may be returned to them or forfeited, as applicable, if the Plan fails discrimination testing.

***(f) Notes Receivable from Participants***

Participants may borrow against their vested account balance. The maximum amount that a Participant may borrow is the lesser of (a) \$50,000, reduced by the excess, if any, of the highest outstanding balance of loans to the Participant from all plans maintained by the Company or an affiliated entity during the one-year period ending on the day before the date on which such loan is made, over the outstanding balance of loans from the Plan on the date on which such loan is made or (b) 50% of the value of the Participant's vested account balance under the Plan.

The loans are secured by the pledge of a portion of the Participant's right, title and value of the Participant's vested account balance under the Plan as determined immediately after the loans are made. The minimum loan amount is \$500. Loans may be repaid over a period of up to five years and are subject to a \$50 origination fee. Interest rates for loans originated from the Plan are fixed at the prime rate listed in The Wall Street Journal for the first of each month in which the loan is requested plus 1%. The prime rate was 3.25% as of December 31, 2021. Loans that were rolled over from another qualified plan in connection with an acquisition or other business transaction maintain their original terms of the loan (including interest rate used for the loan). Loan transactions are treated as a transfer to (from) the investment fund from (to) notes receivable from Participants.

***(g) Payment of Benefits***

Upon termination of employment, a Participant whose account exceeds \$5,000 may elect, upon written request at any time, to receive a distribution in a single lump-sum payment or fixed monthly, quarterly, semi-annual or annual installments over a period of ten years or less. A Participant may also elect a partial distribution of his or her account upon termination of employment. Such distributions are generally paid in the form of cash; however, if the Participant has investments in the Company Stock Fund, the Participant may elect an in-kind distribution of the Participant's account balance in the Company Stock Fund.

Generally, to the extent a Participant has not requested a distribution by the time he or she reaches age 72 (or age 70½ for Participants who reach age 70½ before January 1, 2020), required minimum distributions will be made consistent with the terms and conditions of the Plan and the requirements of the IRC. Immediate lump-sum distributions are made for accounts which do not exceed \$5,000, (subject to direct roll-over to an individual retirement account if greater than \$1,000 but not exceeding \$5,000, unless the Participant directs the distribution otherwise).

A Participant who is under the age of 59½ may make a withdrawal from amounts attributable to after-tax contributions, roll-over contributions, the vested portion of prior Plan accounts, and associated earnings, as applicable. If a Participant is under the age of 59½ and has less than five years of service and withdraws after-tax matched contributions, the Participant will be suspended from making after-tax contributions to the Plan for six months. A Participant who is age 59½ or older may make unlimited withdrawals from pre-tax contributions, Roth contributions,

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

after-tax contributions, company matching and/or non-matching contributions if fully vested in those contributions, the vested portion of prior Plan accounts, rollover accounts and any associated earnings.

The Plan also allows active Participants to apply for a “hardship” withdrawal from amounts attributable to pre-tax or Roth contributions (not including any earnings and gains thereon) in accordance with Plan provisions. Further, certain bargaining unit Participants automatically enrolled in the Plan may elect, within 90 days after the date on which Automatic Contributions are first taken from their eligible compensation, to withdraw such Automatic Contributions. In addition, if an Automatic Contribution was first made for an ESG Participant under the ESG Plan prior to its merger with and into the Plan and Automatic Contributions could be withdrawn within 90 days of the first such contribution under the ESG Plan, the ESG Participant continued to have such right to withdraw Automatic Contributions following the merger in accordance with the terms of the ESG Plan as in effect immediately prior to the merger.

***(h) Administration***

The assets of the Plan are held in trust by The Northern Trust Company (Trustee). Voya Institutional Plan Services, LLC is the recordkeeper for the Plan. The Benefits Committee of CenterPoint Energy, Inc. (Committee), appointed by the Board of Directors of the Company, is the Plan Administrator (Plan Administrator). The Committee retains an independent investment consultant to provide investment advice with respect to the Funds other than the Company Stock Fund. Changes to the Company Stock Fund may be made only by the Board of Directors of the Company.

***(i) Termination of the Plan***

Although it has not expressed any intent to do so, the Company may terminate the Plan at any time subject to the provisions of ERISA and must give written notice to the Trustee.

***(j) Subsequent Events***

In preparing the accompanying financial statements, Plan management has reviewed all known events that have occurred after December 31, 2021, and through June 24, 2022, the date the financial statements were available to be issued, for inclusion in the financial statements and notes.

**2. Summary of Accounting Policies**

***(a) Basis of Accounting and Use of Estimates***

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America (GAAP). The preparation of the Plan financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***(b) New Accounting Standards***

The Plan sponsor believes that recently adopted and recently issued accounting standards that are not yet effective will not have a material impact on the Plan's financial position or changes in net assets available for benefits upon adoption.

***(c) Investment Valuation and Income Recognition***

The investments in all Funds, except for the fully benefit-responsive investment contracts, of the Plan are reported at fair value. Fair value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fully benefit-responsive investment contracts are stated at contract value. Security transactions are recorded as of the trade date. Interest income is recorded on the accrual basis. Dividends are recorded as of the ex-dividend date.

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

***(d) Notes Receivable from Participants***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent Participant notes are reclassified as distributions based upon the terms of the Plan. Interest income on notes receivable from Participants is recorded when it is earned. A reserve for credit losses is recorded when collection is no longer deemed probable. There was no reserve for credit losses as of December 31, 2021 and 2020.

***(e) Payment of Benefits***

Benefits are recorded when paid.

***(f) Plan Expenses***

Direct Plan expenses such as trustee, recordkeeping, auditing and investment management fees and certain general administrative expenses are paid from the Plan assets. These expenses are shown as a separate component in the Statement of Changes in Net Assets Available for Benefits. Plan expenses other than the aforementioned items are included as a component of investment gains and losses and reported on Schedule C of Form 5500, if applicable, as indirect compensation in accordance with ERISA disclosure requirements.

**3. Merger of Energy Systems Group, LLC 401(k) Plan**

Effective as of the close of business on December 31, 2021, the Energy Systems Group, LLC 401(k) (ESG) Plan was merged with and into the Plan in accordance with section 414(l) of the Internal Revenue Code, resulting in a transfer of net assets to the Plan of \$107 million as of December 31, 2021. Net Assets Available for Benefits from the ESG Plan trust were transferred and received by the Plan trust on January 10, 2022.

**4. Fair Value Measurements**

FASB ASC 820, *Fair Value Measurements and Disclosures* establishes a framework for measuring fair value as it relates to financial assets and liabilities and to non-financial assets and liabilities measured at fair value on a recurring basis. That framework provides a three-level valuation hierarchy based upon observable and unobservable inputs, with preference given to observable inputs.

The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1	Inputs are unadjusted quoted prices in active markets for identical assets or liabilities;
Level 2	Inputs, other than quoted prices included in Level 1, are observable either directly or indirectly. Level 2 inputs include quoted prices for similar instruments in active markets, and inputs other than quoted prices that are observable for the assets or liabilities; and
Level 3	Inputs are unobservable for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability. Unobservable inputs reflect the Plan's judgments about the assumptions market participants would use in pricing the asset or liability since limited market data exists. Unobservable inputs are based on the best information available in the circumstances, which might include the Plan's own data.

As of December 31, 2021, the Plan updated its investment classification for the leveling presentation of the fair value hierarchy based on the attributes of each individual investment held by the Plan, as opposed to the attributes of the Funds offered to Participants. Management determined the updated classification is more representative of fair value within the fair value hierarchy. The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2021. Prior year's presentation within the fair value hierarchy has been changed to conform to current year's presentation.

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

Asset	Level	Valuation Methodology
Equities	1	Valued at the last traded or official closing price in an active market or exchange in which these securities are traded.
Common/Collective Trust	2	Valued at the net asset value, or its equivalent, of units held by the Plan and generally include the use of significant observable inputs in determining the unit value which is available daily.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation 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.

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

	<b>Investments at Fair Value as of December 31, 2021</b>			
	Level 1	Level 2	Level 3	Grand Total
	(in thousands)			
Cash and Cash Equivalents	\$ 5,759	\$ —	\$ —	\$ 5,759
Company Stock	242,506	—	—	242,506
Other Equities	277,732	—	—	277,732
Common/Collective Trust Funds	—	2,123,901	—	2,123,901
<b>Total investments at fair value</b>	<b>\$ 525,997</b>	<b>\$ 2,123,901</b>	<b>\$ —</b>	<b>\$ 2,649,898</b>
Fully benefit-responsive investment contracts at contract value				281,815
<b>Total Investments</b>				<b>\$ 2,931,713</b>

	<b>Investments at Fair Value as of December 31, 2020</b>			
	Level 1	Level 2	Level 3	Grand Total
	(in thousands)			
Cash and Cash Equivalents	\$ 6,776	\$ —	\$ —	\$ 6,776
Company Stock	219,666	—	—	219,666
Other Equities	180,440	—	—	180,440
Common/Collective Trust Funds	—	1,997,347	—	1,997,347
<b>Total investments at fair value</b>	<b>\$ 406,882</b>	<b>\$ 1,997,347</b>	<b>\$ —</b>	<b>\$ 2,404,229</b>
Fully benefit-responsive investment contracts at contract value				304,836
<b>Total Investments</b>				<b>\$ 2,709,065</b>

## 5. Stable Value Fund

The Stable Value Fund utilizes synthetic guaranteed investment contracts (Synthetic GICs). A Synthetic GIC includes a wrap contract issued by an insurance company or other financial institution and a portfolio of fixed income assets that are owned by the Stable Value Fund. The wrap contract provides that realized and unrealized gains and losses on the assets covered by the wrap contract are not reflected immediately in the net assets of the Stable Value Fund, but rather are amortized over the duration of the assets or other agreed upon period, through adjustments to the future interest crediting rates. The wrap contract provides a guarantee that all qualified participant withdrawals will occur at contract value which represents contributions made under the contract, plus earnings, less withdrawals made under the contract and administrative expenses. As of December 31, 2021, the investments held by the Stable Value Fund consist of:

	(in thousands)
Synthetic guaranteed investment contracts	\$ 274,715
Short term investment fund	7,100

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

Total contract values	\$	281,815
-----------------------	----	---------

Wrap contracts provide that withdrawals associated with certain events not in the ordinary course of fund operations may be paid at market rather than contract value. Examples of such circumstances may include significant plan design changes, complete or partial plan terminations, severance programs, early retirement programs, the closing or sale of a subsidiary, bankruptcy of the Plan sponsor or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of the above events that would limit the Plan's ability to conduct transactions with Participants at contract value is probable.

## 6. Risks and Uncertainties

The Plan has investments in short term cash equivalents, equities, and common collective trust funds. As part of its equity investments, the Plan has significant holdings of CenterPoint Energy, Inc. common stock. As a result, the values of the Plan's investments may be materially impacted by the changes in the fair value of this security.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments 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 Participant account balances. Rates of return will vary, and returns will depend on the market value of the Plan's investments.

## 7. Tax Status

The IRS has determined and informed the Company by letter dated August 18, 2021 that the Plan is qualified, and the trust fund established is tax-exempt under the appropriate sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan sponsor's counsel believe these amendments have not adversely affected the Plan's qualified status and the related trust's tax-exempt status as of the financial statement date.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

## 8. Related Party and Parties-in-Interest Transactions

The Plan may invest in shares of funds provided through the Northern Trust Company and Voya and in shares of the Company Stock Fund. CenterPoint Energy is the Plan sponsor and a related party. Northern Trust is the Trustee for the Plan, and Voya is the recordkeeper. Therefore, these transactions qualify as party in interest transactions. During 2021, the Plan purchased and sold shares of the Company's common stock and units of short-term investment funds managed by the Trustee as temporary investments (party-in-interest transactions) as shown below:

<b>Purchases</b>	<b>(in thousands)</b>	
Northern Trust Collective Short-term Investment Fund	\$	226,299
<b>Sales</b>		
Company Stock	\$	34,239
Northern Trust Collective Short-term Investment Fund		228,262

## 9. Non-exempt Transaction

**CENTERPOINT ENERGY SAVINGS PLAN**  
**Notes to Financial Statements**  
**December 31, 2021 and 2020**

Effective as of the close of business on December 31, 2019, the Vectren Corporation Retirement Savings Plan (the Vectren Plan) was merged with and into the Plan. Prior to such merger, during the plan years ending in 2016 through 2019, the Vectren Plan paid fees totaling \$47,500 for the SmartDollar Program that provided financial education to Vectren Plan participants. The Vectren Plan administrator reasonably and in good faith believed that such fees were reasonable administrative expenses payable from plan assets under ERISA and were not non-exempt transactions. However, after further evaluation by CenterPoint Energy, on February 11, 2021, Vectren Corporation (the Vectren Plan sponsor) reimbursed the Plan the total amount of these fees with adjusted earnings for the benefit of Vectren Plan participants. These transactions are reported on Schedule G of Form 5500.

**10. Delinquent Contributions**

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not timely remitted to the Plan in 2021 due to an inadvertent administrative error. All such delinquent contributions, adjusted for earnings, were contributed to the Plan in 2021 upon discovery of the error.

## SUPPLEMENTAL SCHEDULES

**CENTERPOINT ENERGY SAVINGS PLAN  
 EIN 74-0694415 PLAN 015  
 SCHEDULE G, PART III - SCHEDULE OF NON-EXEMPT TRANSACTIONS  
 YEAR ENDED DECEMBER 31, 2021**

<b>(a) Identity of party involved</b>	<b>(b) Relationship to plan, employer or other party-in-interest</b>	<b>(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value</b>
Vectren Corporation	Employer whose employees were covered under the Vectren Corporation Retirement Savings Plan (Vectren Plan), which has been merged with and into the CenterPoint Energy Savings Plan.	Certain fees for financial education were paid by the Vectren Plan during 2016 through 2019. Vectren Corporation reimbursed the Plan for these payments with earnings in 2021.

Columns (d) through (j) are not shown as they are not applicable

**CENTERPOINT ENERGY SAVINGS PLAN**  
**EIN 74-0694415 PLAN 015**  
**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**YEAR ENDED DECEMBER 31, 2021**

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	Total that Constitute Nonexempt Prohibited Transaction			Totally Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ —	\$ 2,524.74 *	\$ —	\$ —

\*All delinquent contributions, adjusted for earnings, were contributed to the Plan in 2021.

**CENTERPOINT ENERGY SAVINGS PLAN  
EIN 74-0694415 PLAN 015  
SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2021**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
<b><u>CASH AND CASH EQUIVALENTS</u></b>			
	CASH	UNITED STATES DOLLAR	\$ 2,026,919
*	NORTHERN TRUST	COLLECTIVE SHORT TERM INVESTMENT FUND	3,732,180
	SUBTOTAL		<u>\$ 5,759,099</u>
<b><u>COMMON/COLLECTIVE TRUST FUNDS</u></b>			
	BLACKROCK	BLACKROCK EQUITY INDEX FUND	\$ 514,569,638
	BLACKROCK	RUSSELL 1000 GROWTH INDEX FUND	188,420,268
	BLACKROCK	MSCI ACWI EX US INDEX SUPERFUND	42,506,477
	BLACKROCK	RUSSELL 1000 VALUE INDEX FUND	88,309,059
	BLACKROCK	RUSSELL 2000 INDEX FUND	41,759,133
	HARDING LOEVNER	COLLECTIVE INVESTMENT TR FOR RETIREMENT PLANS	47,353,092
	MELLON	EB DAILY LIQUIDITY AGGREGATE BOND FUND	81,281,185
	PRUDENTIAL	PRUDENTIAL TR CO COLLECTIVE INVESTOR TR CORE PLUS BOND FUND	101,083,497
	SCHRODER	SCHRODER-INTL EQUITY COLLECTIVE INVESTMENT FUND	49,222,548
	VANGUARD	VANGUARD TARGET RETIREMENT 2015 TRUST FUND	20,631,713
	VANGUARD	VANGUARD TARGET RETIREMENT 2020 TRUST FUND	52,802,012
	VANGUARD	VANGUARD TARGET RETIREMENT 2025 TRUST FUND	117,164,073
	VANGUARD	VANGUARD TARGET RETIREMENT 2030 TRUST FUND	91,528,750
	VANGUARD	VANGUARD TARGET RETIREMENT 2035 TRUST FUND	99,168,163
	VANGUARD	VANGUARD TARGET RETIREMENT 2040 TRUST FUND	96,031,321
	VANGUARD	VANGUARD TARGET RETIREMENT 2045 TRUST FUND	132,868,107
	VANGUARD	VANGUARD TARGET RETIREMENT 2050 TRUST FUND	97,280,556
	VANGUARD	VANGUARD TARGET RETIREMENT 2055 TRUST FUND	67,517,799
	VANGUARD	VANGUARD TARGET RETIREMENT 2060 TRUST FUND	22,263,728
	VANGUARD	VANGUARD TARGET RETIREMENT 2065 TRUST FUND	6,391,704
	VANGUARD	VANGUARD TARGET RETIREMENT INCOME TRUST FUND	26,451,380
*	VOYA	VOYA-CORE PLUS TRUST FUND CLASS 4	89,760,926
	WELLINGTON	WELLINGTON MANAGEMENT-SMALL CAP OPPORTUNITIES PORTFOLIO	49,536,155
	SUBTOTAL		<u>\$ 2,123,901,284</u>

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<b><u>COMMON STOCK</u></b>		
	ASML HOLDING NV	EQUITY SECURITY AND FUNDS	\$ 3,448,878
	ADVANCED MICRO DEVICES INC.	EQUITY SECURITY AND FUNDS	1,626,933
	ALPHABET INC CAPITAL STOCK CLASS C	EQUITY SECURITY AND FUNDS	6,166,240
	ALPHABET INC. CAPITAL STOCK CLASS A	EQUITY SECURITY AND FUNDS	15,988,764
	AMAZON COM INC.	EQUITY SECURITY AND FUNDS	16,408,287
	AMPHENOL CORP CLASS A	EQUITY SECURITY AND FUNDS	2,384,352
	ANTHEM INC.	EQUITY SECURITY AND FUNDS	1,044,819
	APPLE INC.	EQUITY SECURITY AND FUNDS	11,362,349
	APTIV PLC.	EQUITY SECURITY AND FUNDS	1,063,762
	AVANTOR INC.	EQUITY SECURITY AND FUNDS	1,982,097
	BECTON DICKINSON & CO.	EQUITY SECURITY AND FUNDS	1,223,199
	BLOCK INC	EQUITY SECURITY AND FUNDS	484,530
	BOOKING HOLDINGS INC.	EQUITY SECURITY AND FUNDS	1,926,582
	CARVANA CO CLASS A	EQUITY SECURITY AND FUNDS	1,198,818
	CENTENE CORP.	EQUITY SECURITY AND FUNDS	177,407
	CHIPOTLE MEXICAN GRILL INC.	EQUITY SECURITY AND FUNDS	1,230,768
	CIGNA CORP.	EQUITY SECURITY AND FUNDS	3,907,154
	COSTAR GROUP INC.	EQUITY SECURITY AND FUNDS	34,141
	COUPANG INC CLASS A	EQUITY SECURITY AND FUNDS	760,560
	DOLLAR GEN CORP.	EQUITY SECURITY AND FUNDS	2,364,196
	DOORDASH INC. CLASS A	EQUITY SECURITY AND FUNDS	280,677
	DRAFTKINGS INC. CLASS A	EQUITY SECURITY AND FUNDS	456,881
	FARFETCH LTD. CLASS A	EQUITY SECURITY AND FUNDS	517,329
	FISERV INC	EQUITY SECURITY AND FUNDS	2,625,887
	FORTINET INC	EQUITY SECURITY AND FUNDS	3,146,188
	GLOBAL PMTS INC.	EQUITY SECURITY AND FUNDS	2,716,848
	HASHICORP INC CLASS A	EQUITY SECURITY AND FUNDS	147,667
	HCA HEALTHCARE INC.	EQUITY SECURITY AND FUNDS	2,161,468
	HUMANA INC.	EQUITY SECURITY AND FUNDS	1,587,401
	IAC/INTERACTIVECORP	EQUITY SECURITY AND FUNDS	926,865
	INGERSOLL RAND INC.	EQUITY SECURITY AND FUNDS	1,993,266
	INTUIT	EQUITY SECURITY AND FUNDS	7,375,804
	INTUITIVE SURGICAL INC.	EQUITY SECURITY AND FUNDS	4,043,203

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	LIVE NATION ENTERTAINMENT INC	EQUITY SECURITY AND FUNDS	1,224,309
	LULULEMON ATHLETICA INC.	EQUITY SECURITY AND FUNDS	1,402,565
	LSV VALUE EQUITY FUND	EQUITY SECURITY AND FUNDS	82,848,268
	MARKETAXESS HOLDINGS INC	EQUITY SECURITY AND FUNDS	303,928
	MASTERCARD INC CLASS A	EQUITY SECURITY AND FUNDS	2,361,451
	MATCH GROUP INC.	EQUITY SECURITY AND FUNDS	1,556,053
	META PLATFORMS INC	EQUITY SECURITY AND FUNDS	10,983,173
	MICROSOFT CORP.	EQUITY SECURITY AND FUNDS	21,870,553
	MONGODB INC. CLASS A	EQUITY SECURITY AND FUNDS	1,621,399
	NETFLIX INC.	EQUITY SECURITY AND FUNDS	3,647,774
	NIKE INC. CLASS B	EQUITY SECURITY AND FUNDS	1,320,860
	NVIDIA CORP	EQUITY SECURITY AND FUNDS	3,117,566
	PAYPAL HOLDINGS INC.	EQUITY SECURITY AND FUNDS	1,457,535
	PELOTON INTERACTIVE INC.	EQUITY SECURITY AND FUNDS	457,263
	RIVIAN AUTOMOTIVE INC.	EQUITY SECURITY AND FUNDS	1,467,836
	ROSS STORES INC.	EQUITY SECURITY AND FUNDS	3,041,676
	S&P GLOBAL INC.	EQUITY SECURITY AND FUNDS	1,336,978
	SALESFORCE INC.	EQUITY SECURITY AND FUNDS	4,094,288
	SCHWAB CHARLES CORP.	EQUITY SECURITY AND FUNDS	877,331
	SENTINELONE INC.	EQUITY SECURITY AND FUNDS	868,428
	SERVICENOW INC.	EQUITY SECURITY AND FUNDS	2,998,888
	SHOPIFY INC. CLASS A	EQUITY SECURITY AND FUNDS	619,826
	SNAP INC.	EQUITY SECURITY AND FUNDS	2,697,876
	SNOWFLAKE INC. CLASS A	EQUITY SECURITY AND FUNDS	214,090
	SPLUNK INC.	EQUITY SECURITY AND FUNDS	1,087,884
	SPOTIFY TECHNOLOGY	EQUITY SECURITY AND FUNDS	2,473,229
	STRYKER CORP.	EQUITY SECURITY AND FUNDS	3,662,719
	SYNOPSYS INC.	EQUITY SECURITY AND FUNDS	2,048,492
	TESLA INC.	EQUITY SECURITY AND FUNDS	894,036
	UIPATH INC.	EQUITY SECURITY AND FUNDS	700,431
	UNITEDHEALTH GROUP INC.	EQUITY SECURITY AND FUNDS	5,259,414
	VERTEX PHARMACEUTICALS INC.	EQUITY SECURITY AND FUNDS	1,406,758
	VISA INC. CLASS A	EQUITY SECURITY AND FUNDS	3,479,496
	WARNER MUSIC GROUP	EQUITY SECURITY AND FUNDS	413,535
	WORKDAY INC.	EQUITY SECURITY AND FUNDS	519,042

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	ZOOM VIDEO COMMUNICATIONS INC	EQUITY SECURITY AND FUNDS	633,938
	SUBTOTAL		\$ 277,732,208
*	CENTERPOINT ENERGY INC COM	COMPANY STOCK FUND	\$ 242,505,552
**	STABLE VALUE FUND	SYNTHETIC GUARANTEED INVESTMENT CONTRACTS	\$ 281,814,880
<b>TOTAL PLAN INVESTMENTS AT FAIR VALUE</b>			<b>\$ 2,931,713,023</b>
*	<b><u>NOTES RECEIVABLE FROM PARTICIPANT LOANS</u></b>		
	CENTERPOINT ENERGY SAVINGS PLAN	LOANS ISSUED AT INTEREST RATES FROM 4.25% TO 8.25% WITH VARIOUS MATURITIES	\$ 33,990,244

\* PARTY-IN-INTEREST

\*\* INVESTMENT AT CONTRACT VALUE BEING DEEMED AS FAIR VALUE

*HISTORICAL COST INFORMATION IN COLUMN (D) IS NOT PRESENTED BECAUSE THE INVESTMENTS DISPLAYED ARE PARTICIPANT-DIRECTED.*

**CENTERPOINT ENERGY SAVINGS PLAN**  
**EIN 74-0694415 PLAN 015**  
**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**YEAR ENDED DECEMBER 31, 2021**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transaction			Totally Fully Corrected
Check here if Late Participant Loan Repayments are included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Under VFCP and PTE 2002-51
	\$ —	\$ 2,525 *	\$ —	\$ —

\*All delinquent contributions, adjusted for earnings, were contributed to the Plan in 2021.

**CENTERPOINT ENERGY SAVINGS PLAN  
 EIN 74-0694415 PLAN 015  
 SCHEDULE G, PART III - SCHEDULE OF NON-EXEMPT TRANSACTIONS  
 YEAR ENDED DECEMBER 31, 2021**

<b>(a) Identity of party involved</b>	<b>(b) Relationship to plan, employer or other party-in-interest</b>	<b>(c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value</b>
Vectren Corporation	Employer whose employees were covered under the Vectren Corporation Retirement Savings Plan (Vectren Plan), which has been merged with and into the CenterPoint Energy Savings Plan.	Certain fees for financial education were paid by the Vectren Plan during 2016 through 2019. Vectren Corporation reimbursed the Plan for these payments with earnings in 2021.

Columns (d) through (j) are not shown as they are not applicable

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2021</b>  <b>This Form is Open to Public Inspection.</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

<b>A</b> Name of plan CENTERPOINT ENERGY SAVINGS PLAN	<b>B</b> Three-digit plan number (PN) ▶	015
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500  CENTERPOINT ENERGY, INC.	<b>D</b> Employer Identification Number (EIN)  74-0694415	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-3581074

**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

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation \_\_\_\_\_

**CENTERPOINT ENERGY SAVINGS PLAN  
EIN 74-0694415 PLAN 015  
SCHEDULE H, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2021**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
<b><u>CASH AND CASH EQUIVALENTS</u></b>			
	CASH	UNITED STATES DOLLAR	\$ 2,026,919
*	NORTHERN TRUST	COLLECTIVE SHORT TERM INVESTMENT FUND	3,732,180
	SUBTOTAL		<u>\$ 5,759,099</u>
<b><u>COMMON/COLLECTIVE TRUST FUNDS</u></b>			
	BLACKROCK	BLACKROCK EQUITY INDEX FUND	\$ 514,569,638
	BLACKROCK	RUSSELL 1000 GROWTH INDEX FUND	188,420,268
	BLACKROCK	MSCI ACWI EX US INDEX SUPERFUND	42,506,477
	BLACKROCK	RUSSELL 1000 VALUE INDEX FUND	88,309,059
	BLACKROCK	RUSSELL 2000 INDEX FUND	41,759,133
	HARDING LOEVNER	COLLECTIVE INVESTMENT TR FOR RETIREMENT PLANS	47,353,092
	MELLON	EB DAILY LIQUIDITY AGGREGATE BOND FUND	81,281,185
	PRUDENTIAL	PRUDENTIAL TR CO COLLECTIVE INVESTOR TR CORE PLUS BOND FUND	101,083,497
	SCHRODER	SCHRODER-INTL EQUITY COLLECTIVE INVESTMENT FUND	49,222,548
	VANGUARD	VANGUARD TARGET RETIREMENT 2015 TRUST FUND	20,631,713
	VANGUARD	VANGUARD TARGET RETIREMENT 2020 TRUST FUND	52,802,012
	VANGUARD	VANGUARD TARGET RETIREMENT 2025 TRUST FUND	117,164,073
	VANGUARD	VANGUARD TARGET RETIREMENT 2030 TRUST FUND	91,528,750
	VANGUARD	VANGUARD TARGET RETIREMENT 2035 TRUST FUND	99,168,163
	VANGUARD	VANGUARD TARGET RETIREMENT 2040 TRUST FUND	96,031,321
	VANGUARD	VANGUARD TARGET RETIREMENT 2045 TRUST FUND	132,868,107
	VANGUARD	VANGUARD TARGET RETIREMENT 2050 TRUST FUND	97,280,556
	VANGUARD	VANGUARD TARGET RETIREMENT 2055 TRUST FUND	67,517,799
	VANGUARD	VANGUARD TARGET RETIREMENT 2060 TRUST FUND	22,263,728
	VANGUARD	VANGUARD TARGET RETIREMENT 2065 TRUST FUND	6,391,704
	VANGUARD	VANGUARD TARGET RETIREMENT INCOME TRUST FUND	26,451,380
*	VOYA	VOYA-CORE PLUS TRUST FUND CLASS 4	89,760,926
	WELLINGTON	WELLINGTON MANAGEMENT-SMALL CAP OPPORTUNITIES PORTFOLIO	49,536,155
	SUBTOTAL		<u>\$ 2,123,901,284</u>

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<b><u>COMMON STOCK</u></b>		
	ASML HOLDING NV	EQUITY SECURITY AND FUNDS	\$ 3,448,878
	ADVANCED MICRO DEVICES INC.	EQUITY SECURITY AND FUNDS	1,626,933
	ALPHABET INC CAPITAL STOCK CLASS C	EQUITY SECURITY AND FUNDS	6,166,240
	ALPHABET INC. CAPITAL STOCK CLASS A	EQUITY SECURITY AND FUNDS	15,988,764
	AMAZON COM INC.	EQUITY SECURITY AND FUNDS	16,408,287
	AMPHENOL CORP CLASS A	EQUITY SECURITY AND FUNDS	2,384,352
	ANTHEM INC.	EQUITY SECURITY AND FUNDS	1,044,819
	APPLE INC.	EQUITY SECURITY AND FUNDS	11,362,349
	APTIV PLC.	EQUITY SECURITY AND FUNDS	1,063,762
	AVANTOR INC.	EQUITY SECURITY AND FUNDS	1,982,097
	BECTON DICKINSON & CO.	EQUITY SECURITY AND FUNDS	1,223,199
	BLOCK INC	EQUITY SECURITY AND FUNDS	484,530
	BOOKING HOLDINGS INC.	EQUITY SECURITY AND FUNDS	1,926,582
	CARVANA CO CLASS A	EQUITY SECURITY AND FUNDS	1,198,818
	CENTENE CORP.	EQUITY SECURITY AND FUNDS	177,407
	CHIPOTLE MEXICAN GRILL INC.	EQUITY SECURITY AND FUNDS	1,230,768
	CIGNA CORP.	EQUITY SECURITY AND FUNDS	3,907,154
	COSTAR GROUP INC.	EQUITY SECURITY AND FUNDS	34,141
	COUPANG INC CLASS A	EQUITY SECURITY AND FUNDS	760,560
	DOLLAR GEN CORP.	EQUITY SECURITY AND FUNDS	2,364,196
	DOORDASH INC. CLASS A	EQUITY SECURITY AND FUNDS	280,677
	DRAFTKINGS INC. CLASS A	EQUITY SECURITY AND FUNDS	456,881
	FARFETCH LTD. CLASS A	EQUITY SECURITY AND FUNDS	517,329
	FISERV INC	EQUITY SECURITY AND FUNDS	2,625,887
	FORTINET INC	EQUITY SECURITY AND FUNDS	3,146,188
	GLOBAL PMTS INC.	EQUITY SECURITY AND FUNDS	2,716,848
	HASHICORP INC CLASS A	EQUITY SECURITY AND FUNDS	147,667
	HCA HEALTHCARE INC.	EQUITY SECURITY AND FUNDS	2,161,468
	HUMANA INC.	EQUITY SECURITY AND FUNDS	1,587,401
	IAC/INTERACTIVECORP	EQUITY SECURITY AND FUNDS	926,865
	INGERSOLL RAND INC.	EQUITY SECURITY AND FUNDS	1,993,266
	INTUIT	EQUITY SECURITY AND FUNDS	7,375,804
	INTUITIVE SURGICAL INC.	EQUITY SECURITY AND FUNDS	4,043,203

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	LIVE NATION ENTERTAINMENT INC	EQUITY SECURITY AND FUNDS	1,224,309
	LULULEMON ATHLETICA INC.	EQUITY SECURITY AND FUNDS	1,402,565
	LSV VALUE EQUITY FUND	EQUITY SECURITY AND FUNDS	82,848,268
	MARKETAXESS HOLDINGS INC	EQUITY SECURITY AND FUNDS	303,928
	MASTERCARD INC CLASS A	EQUITY SECURITY AND FUNDS	2,361,451
	MATCH GROUP INC.	EQUITY SECURITY AND FUNDS	1,556,053
	META PLATFORMS INC	EQUITY SECURITY AND FUNDS	10,983,173
	MICROSOFT CORP.	EQUITY SECURITY AND FUNDS	21,870,553
	MONGODB INC. CLASS A	EQUITY SECURITY AND FUNDS	1,621,399
	NETFLIX INC.	EQUITY SECURITY AND FUNDS	3,647,774
	NIKE INC. CLASS B	EQUITY SECURITY AND FUNDS	1,320,860
	NVIDIA CORP	EQUITY SECURITY AND FUNDS	3,117,566
	PAYPAL HOLDINGS INC.	EQUITY SECURITY AND FUNDS	1,457,535
	PELOTON INTERACTIVE INC.	EQUITY SECURITY AND FUNDS	457,263
	RIVIAN AUTOMOTIVE INC.	EQUITY SECURITY AND FUNDS	1,467,836
	ROSS STORES INC.	EQUITY SECURITY AND FUNDS	3,041,676
	S&P GLOBAL INC.	EQUITY SECURITY AND FUNDS	1,336,978
	SALESFORCE INC.	EQUITY SECURITY AND FUNDS	4,094,288
	SCHWAB CHARLES CORP.	EQUITY SECURITY AND FUNDS	877,331
	SENTINELONE INC.	EQUITY SECURITY AND FUNDS	868,428
	SERVICENOW INC.	EQUITY SECURITY AND FUNDS	2,998,888
	SHOPIFY INC. CLASS A	EQUITY SECURITY AND FUNDS	619,826
	SNAP INC.	EQUITY SECURITY AND FUNDS	2,697,876
	SNOWFLAKE INC. CLASS A	EQUITY SECURITY AND FUNDS	214,090
	SPLUNK INC.	EQUITY SECURITY AND FUNDS	1,087,884
	SPOTIFY TECHNOLOGY	EQUITY SECURITY AND FUNDS	2,473,229
	STRYKER CORP.	EQUITY SECURITY AND FUNDS	3,662,719
	SYNOPSYS INC.	EQUITY SECURITY AND FUNDS	2,048,492
	TESLA INC.	EQUITY SECURITY AND FUNDS	894,036
	UIPATH INC.	EQUITY SECURITY AND FUNDS	700,431
	UNITEDHEALTH GROUP INC.	EQUITY SECURITY AND FUNDS	5,259,414
	VERTEX PHARMACEUTICALS INC.	EQUITY SECURITY AND FUNDS	1,406,758
	VISA INC. CLASS A	EQUITY SECURITY AND FUNDS	3,479,496
	WARNER MUSIC GROUP	EQUITY SECURITY AND FUNDS	413,535
	WORKDAY INC.	EQUITY SECURITY AND FUNDS	519,042

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	ZOOM VIDEO COMMUNICATIONS INC	EQUITY SECURITY AND FUNDS	633,938
	SUBTOTAL		\$ 277,732,208
*	CENTERPOINT ENERGY INC COM	COMPANY STOCK FUND	\$ 242,505,552
**	STABLE VALUE FUND	SYNTHETIC GUARANTEED INVESTMENT CONTRACTS	\$ 281,814,880
<b>TOTAL PLAN INVESTMENTS AT FAIR VALUE</b>			<b>\$ 2,931,713,023</b>
*	<b><u>NOTES RECEIVABLE FROM PARTICIPANT LOANS</u></b>		
	CENTERPOINT ENERGY SAVINGS PLAN	LOANS ISSUED AT INTEREST RATES FROM 4.25% TO 8.25% WITH VARIOUS MATURITIES	\$ 33,990,244

\* PARTY-IN-INTEREST

\*\* INVESTMENT AT CONTRACT VALUE BEING DEEMED AS FAIR VALUE

*HISTORICAL COST INFORMATION IN COLUMN (D) IS NOT PRESENTED BECAUSE THE INVESTMENTS DISPLAYED ARE PARTICIPANT-DIRECTED.*