Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANDERSEN CORPORATION RETIREE MEDICAL PLAN

1b Three-digit plan number (PN) ▶ 511

1c Effective date of plan
01/01/2014

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

ESC MN126-01-L7D

100 4TH AVE N MN126-01-J6A
BAYPORT, MN 55003-1096

2b Employer Identification Number (EIN)
41-0123208

2c Plan Sponsor's telephone number
651-264-5548

2d Business code (see instructions)
321900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	KAREN RICHARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2561
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	2668
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2668
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **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______________________

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
ANDERSEN CORPORATION RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 511

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSEN CORPORATION

D Employer Identification Number (EIN)
41-0123208

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HEALTHPARTNERS/GROUP HEALTH INC.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
41-0797853	52628	20507	1004	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	**4**	
5 Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	**6b**	
c Premiums due but unpaid at the end of the year	**6c**	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			**7b**	
c Additions: (1) Contributions deposited during the year	**7c(1)**			
(2) Dividends and credits	**7c(2)**			
(3) Interest credited during the year	**7c(3)**			
(4) Transferred from separate account	**7c(4)**			
(5) Other (specify below) ▶	**7c(5)**			
(6) Total additions			**7c(6)**	
d Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
(2) Administration charge made by carrier	**7e(2)**			
(3) Transferred to separate account	**7e(3)**			
(4) Other (specify below) ▶	**7e(4)**			
(5) Total deductions			**7e(5)**	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☐ Vision	**d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☒ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:

a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	**10a**	43885
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2024** **This Form is Open to Public Inspection**

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

A Name of plan ANDERSEN CORPORATION RETIREE MEDICAL PLAN	**B** Three-digit plan number (PN) ▶ 511
C Plan sponsor's name as shown on line 2a of Form 5500 ANDERSEN CORPORATION	**D** Employer Identification Number (EIN) 41-0123208

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
41-0417830	66168	50199-G	684	08/01/2023	07/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	**4**	
5 Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	**6b**	
c Premiums due but unpaid at the end of the year	**6c**	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			**7b**	
c Additions: (1) Contributions deposited during the year	**7c(1)**			
(2) Dividends and credits	**7c(2)**			
(3) Interest credited during the year	**7c(3)**			
(4) Transferred from separate account	**7c(4)**			
(5) Other (specify below)	**7c(5)**			
▶				
(6)Total additions			**7c(6)**	
d Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
(2) Administration charge made by carrier	**7e(2)**			
(3) Transferred to separate account	**7e(3)**			
(4) Other (specify below)	**7e(4)**			
▶				
(5) Total deductions			**7e(5)**	
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision)	**b** ☐ Dental	**c** ☐ Vision	**d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness)	**f** ☐ Long-term disability	**g** ☐ Supplemental unemployment	**h** ☐ Prescription drug
i ☐ Stop loss (large deductible)	**j** ☐ HMO contract	**k** ☐ PPO contract	**l** ☐ Indemnity contract
m ☐ Other (specify) ▶			

9 Experience-rated contracts:

a	Premiums: (1) Amount received	**9a(1)**	6274583		
	(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
	(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
	(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	6274583
b	Benefit charges (1) Claims paid	**9b(1)**	2817699		
	(2) Increase (decrease) in claim reserves	**9b(2)**			
	(3) Incurred claims (add (**1**) and (**2**))			**9b(3)**	2817699
	(4) Claims charged			**9b(4)**	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	**9c(1)(A)**			
	(B) Administrative service or other fees	**9c(1)(B)**	-29315		
	(C) Other specific acquisition costs	**9c(1)(C)**			
	(D) Other expenses	**9c(1)(D)**	-185694		
	(E) Taxes	**9c(1)(E)**			
	(F) Charges for risks or other contingencies	**9c(1)(F)**			
	(G) Other retention charges	**9c(1)(G)**			
	(H) Total retention			**9c(1)(H)**	-215009
	(2) Dividends or retroactive rate refunds. (These amounts were ☒ paid in cash, or ☐ credited.)			**9c(2)**	3671893
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
	(2) Claim reserves			**9d(2)**	
	(3) Other reserves			**9d(3)**	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	**10a**	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan ANDERSEN CORPORATION RETIREE MEDICAL PLAN	**B** Three-digit plan number (PN) ▶ 511
C Plan sponsor's name as shown on line 2a of Form 5500 ANDERSEN CORPORATION	**D** Employer Identification Number (EIN) 41-0123208

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

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

QUASAR DISTRIBUTORS, LLC

39-1982827

(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

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(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)

HEALTHPARTNERS

41-1629390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 23 50	NONE	345088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 38 50 70	NONE	262196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS MEDCO HEALTH SOLUTI

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	196151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIS TOWERS WATSON VIA BENEFITS

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 38 50	NONE	97977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BCBSM, INC.

41-0984460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 23 50	NONE	40367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOX ROTHSCHILD LLP

23-1404723

(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?
29 50	NONE	36969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26500	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: ERNST & YOUNG LLP

b EIN: 34-6565596

c Position: ACCOUNTANT

d Address: THE DAYTON'S PROJECT
700 NICOLLET MALL, SUITE 500
MINNEAPOLIS, MN 55402

e Telephone: 612-343-1000

Explanation: AS DUE DILIGENCE, REQUEST FOR PROPOSAL WAS SOLICITED FROM FOUR FIRMS INCLUDING THE INCUMBENT. SERVICE, TECHNOLOGY AND EXPERIENCE WERE ALL KEY EVALUATION POINTS. THERE WERE NO MATERIAL DISPUTES OR MATTERS OF DISAGREEMENT WITH THE PRIOR AUDITOR.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

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

A Name of plan
ANDERSEN CORPORATION RETIREE MEDICAL PLAN

B Three-digit plan number (PN) ▶ 511

C Plan sponsor's name as shown on line 2a of Form 5500
ANDERSEN CORPORATION

D Employer Identification Number (EIN)
41-0123208

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	27622	644411
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	9477351	5750495
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(6) Real estate (other than employer real property)	**1c(6)**		
(7) Loans (other than to participants)	**1c(7)**		
(8) Participant loans	**1c(8)**		
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**		
(11) Value of interest in master trust investment accounts	**1c(11)**		
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**	47508171	40541032

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	154053032	181527458
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	211066176	228463396
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	26118904	31588134
k Total liabilities (add all amounts in lines 1g through1j)	1k	26118904	31588134
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	184947272	196875262

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	370508	
(B) Participants	2a(1)(B)	2341923	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2712431
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	227086	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		227086
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4229438	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4229438
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	27474426	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		27474426

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		11238299
d Total income. Add all **income** amounts in column (b) and enter total	2d		45881680

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19979297	
(2) To insurance carriers for the provision of benefits	2e(2)	6518612	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		26497909
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1031487	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6424294	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7455781
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33953690

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		11927990
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

d The opinion of an independent qualified public accountant is **not attached** 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

Andersen Corporation Retiree Medical Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

Andersen Corporation Retiree Medical Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

Contents

Tel: 616-774-7000
Fax: 616-776-3680
www.bdo.com

200 Ottawa Avenue NW, Suite 300
Grand Rapids, MI 49503

Independent Auditor's Report

The Benefits and Compensation Committee
Andersen Corporation Retiree Medical Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of Andersen Corporation Retiree Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year then ended, and the related notes to the financial statements (collectively, the 2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 3 to the 2024 financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying 2024 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the 2024 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the 2024 financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the 2024 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of Andersen Corporation Retiree Medical Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated July 12, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

July 21, 2025

Financial Statements

Andersen Corporation Retiree Medical Plan

Statements of Net Assets Available for Benefits

December 31,	**2024**	2023
Assets		
Investments, at fair value:		
Short-term investment fund	**$ 5,750,495**	$ 9,477,351
Andersen Corporation common stock	**181,527,458**	154,053,032
Minnesota Life universal life insurance contract	**40,541,032**	47,508,171
Total Investments	**227,818,985**	211,038,554
Accrued Interest	**14,220**	27,622
Taxes Receivable	**630,191**	-
Total Assets	**228,463,396**	211,066,176
Liabilities		
Taxes payable	**-**	(25,656)
Deferred taxes	**(31,588,134)**	(26,093,248)
Total Liabilities	**(31,588,134)**	(26,118,904)
Net Assets Available for Benefits	**$ 196,875,262**	$ 184,947,272

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024		
Additions		
Investment income (loss):		
Net appreciation in fair value of investments	$	38,712,725
Interest and dividends		4,456,524
Total Investment Income		43,169,249
Contributions:		
Employer contributions		370,508
Employee contributions		2,341,923
Total Contributions		2,712,431
Total Additions		45,881,680
Deductions		
Claims paid, net		19,979,297
Premiums paid		6,518,612
Administrative expenses		1,031,487
Income taxes		6,424,294
Total Deductions		33,953,690
Net Additions		11,927,990
Net Assets Available for Benefits, beginning of year		184,947,272
Net Assets Available for Benefits, end of year	$	196,875,262

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statements of Benefit Obligations

December 31,	**2024**	2023
Postemployment Benefit Obligation	**$ 46,901**	$ 93,706
Postretirement Benefit Obligations		
Current retirees	**167,347,927**	176,354,875
Other participants fully eligible for benefits	**23,827,929**	24,264,373
Other participants not yet fully eligible for benefits	**80,255,824**	95,768,830
	271,431,680	296,388,078
Total Benefit Obligations	**$ 271,478,581**	$ 296,481,784

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statement of Changes in Benefit Obligations

Year ended December 31, 2024	
Postemployment Benefit Obligation	
Balance, beginning of year	$ 93,706
Decrease in postemployment benefit obligations	(46,805)
Balance, end of year	46,901
Postretirement Benefit Obligations	
Balance, beginning of year	296,388,078
Employer service cost	3,403,176
Interest cost	14,688,328
Actuarial gain	(24,776,361)
Plan participants' contributions	2,341,923
Benefits paid	(20,613,464)
Balance, end of year	271,431,680
Total Benefit Obligations, end of year	$ 271,478,581

See accompanying notes to financial statements.

1. Plan Description

The Andersen Corporation Retiree Medical Plan (the Plan) is sponsored by Andersen Corporation (the Company or the Sponsor) and covers certain pre- and post-65 retirees, spouses, surviving spouses, and eligible dependents of the Company and its subsidiaries. Participants should refer to the Plan agreements for a complete description of the Plan's provisions.

General

The Plan provides health benefits and continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan is administered by the Company's Benefits and Compensation Committee (the Committee). The Committee has overall responsibility for the administration of the Plan. The Plan's assets are invested in a voluntary employee beneficiary association (VEBA 2) trust fund maintained by U.S. Bank National Association (U.S. Bank). The Company established VEBA 2 to cover the future medical claims costs of retirees, spouses, surviving spouses, and other eligible dependents. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Pre-65 Coverage

Pre-65 retirees, spouses, surviving spouses, and other eligible dependents are offered coverage through a choice of one of three high-deductible plan options or one co-pay plan option. All options use a network-based preferred provider organization (PPO). In the PPO, if a participant chooses to receive out-of-network care, the Plan will still cover most eligible services, but at a lower payment level, once a deductible is met.

Eligible participants in the high-deductible plan options do not receive Company contributions to an associated health savings account (HSA), but eligible retirees in high-deductible plan options are able to contribute to an HSA, if desired.

Post-65 Coverage

For post-65 retirees and their spouses, the Plan provides a company contribution, based on years of service and other factors, to a health reimbursement arrangement (HRA) account. The HRA funds can be used to purchase medical coverage through a Medicare supplement and Medicare Advantage insurance exchange offered through Via Benefits.

Coverage is determined through the use of Benefit Credits. There are two classifications of Benefit Credits determined by date of retirement:

1. Benefit Credit 1 – applies to retirees who retired prior to January 1, 2004
2. Benefit Credit 2 – applies to retirees who retired after December 31, 2003

Each year, the Company will determine, in its sole discretion, the maximum amount of Benefit Credits for each classification that it will credit to the HRA account of a participant. The maximum benefit amount for both Benefit Credit 1 and Benefit Credit 2 (100% cost sharing) will then be adjusted for each participant's cost sharing level based on years of service. The maximum Benefit Credit amounts will also be prorated for a participant who becomes a participant after the first day of the year. The Benefit Credit amount for a spouse or domestic partner may differ depending on the eligible retiree's cost sharing level.

Eligibility and Benefit Service

The Plan covers pre- and post-65 retirees, spouses, surviving spouses, and other eligible dependents of a participating retiree or of a surviving spouse. Participants are required to provide proof of dependent status upon request by the Company. Failure to provide such proof may result in a delay in benefits provided under the Plan.

Service is measured in two ways. Effective January 1, 2008, service for "eligibility" means Continuous Service as defined in the Andersen Corporation Employee Stock Ownership Plan (ESOP). Service for "cost sharing" means Credited Service as defined in the Andersen Corporation Employees' Pension and Retirement Plan (Pension). The connection to the Pension and ESOP is for consistency among benefits. Retiree medical benefits do not vest, and other provisions of the ESOP and Pension do not apply to retiree medical benefits.

Length of service with Andersen-related companies determines whether a participant will be eligible not only for coverage as a retiree, surviving spouse, or disabled participant but also for the Benefit Credit available to each participant.

Service for eligibility and cost sharing may be counted differently based on whether the employment relationship was with the Company or a subsidiary. Specific differences are outlined in the Summary Plan Description, which can be obtained from the Company.

Eligibility service is counted as follows:

- Employees will earn one year of eligibility service for each employment year during which they are credited with at least 1,000 hours of service.
- Employees will be credited with 190 hours of service for each calendar month in which they complete at least one hour of service.

The eligibility service of part-time employees will be based on the continuous service rules in the ESOP, and their cost sharing service will be prorated based on the part-time credited service rules in the Pension plan. (A part-time employee may have been employed for ten calendar years but not have accrued ten years of continuous or pension credited service and therefore will not be eligible for coverage under this medical plan as a retiree).

Service for cost sharing will exclude all service while an employee was covered by a collective bargaining agreement.

Contributions

The Company makes contributions to the Plan as needed and any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

Dependents who elect to continue coverage under the COBRA pay the cost for their coverage plus a 2% administrative fee.

Pre-65 retirees may contribute specified amounts, determined periodically by the Company and the Plan's actuaries, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, participant contributions in the current and prior years were as follows:

- Retiring prior to January 1, 1998: Retirees and spouses make no contribution for postretirement benefits (refer to Note 5).
- Retiring on or after January 1, 1998, and eligible to retire prior to January 1, 2014: Retirees and spouses contribute between 0% and 100% of the total estimated cost of providing their postretirement benefits (refer to Note 5).
- Eligible to retire January 1, 2014, and after: Retirees and spouses contribute between 15% and 100% of the total estimated cost of providing their postretirement benefits (refer to Note 5).

Post-65 retirees receive Benefit Credit allocations based on retirement date, age, and years of credited service at retirement. Benefit Credits are allocated as follows:

- Pre-January 1, 2004: Retirees and spouses receive between 0% and 100% of the total allocation for the Coordination/Benefit Credit 1 (refer to Note 5).
- Retiring on or after January 1, 2004, and eligible to retire prior to January 1, 2014: Retirees and spouses receive between 0% and 100% of the total allocation for the Carve-Out/Benefit Credit 2 (refer to Note 5).
- Eligible to retire January 1, 2014, and after: Retirees and spouses receive between 0% and 85% of the total allocation for the Carve-Out/Benefit Credit 2 (refer to Note 5).

Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

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

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when invoiced by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits.

Postretirement Benefits

Eligibility for postretirement medical coverage offered under the Plan is closed to employees hired on or after January 1, 2008.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their dependents and (2) active employees and their dependents after retirement from service with the participating employers. Prior to an active employee's eligibility for retirement, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation for each employee at the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data for pre-65 participants, or, for post-65 Medicare-eligible participants, historical company contribution data, to estimate future annual incurred claims costs per participant, and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Plan's deficiency in net assets over benefit obligations at December 31, 2024 and 2023, relates to the postretirement benefit obligations. It is expected that the deficiency will be funded through future employee and employer contributions.

Postemployment Benefits

The postemployment benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postemployment benefits include future benefits expected to be paid to or for currently inactive employees and their dependents.

The actuarial present value of the expected postemployment benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data and national and industry benchmarks to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, recovery, or withdrawal) between the valuation date and the expected date of payment.

It is the present intention of the Sponsor to continue providing benefits.

Claims Incurred but Not Reported

Plan obligations at December 31, 2024 and 2023, for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator and included in the postretirement benefit obligations on the accompanying statement of benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Experience-Rated Contracts

For experience-rated contracts, premium surpluses refunded to the Plan are included in net appreciation in fair value of instruments on the accompanying statement of changes in net assets available for benefits. Premium surpluses owed to the Plan are recorded as a receivable from the insurance company. If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations.

Stop Loss

Premiums for stop loss insurance are included in premium payments on the accompanying statement of changes in net assets available for benefits. Stop loss refunds are netted with claims paid on the accompanying statement of changes in net assets.

Income Taxes

The VEBA 2 trust is generally exempt from income tax under Section 501(c)(9) of the Internal Revenue Code (the Code). However, the trust will be subject to unrelated business income taxes if certain legislatively imposed limitations are exceeded. It is anticipated that VEBA 2 may exceed the limitations in the future due to the VEBA 2 investment in Company common stock.

Risks and Uncertainties

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the values of the common stock will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

At December 31, 2024 and 2023, approximately 80% and 73%, respectively, of the Plan's total assets were invested in the common stock of the Company. The underlying value of the Plan is dependent on the performance of the Company and the independent evaluation firm's evaluation of such performance.

3. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2024, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by U.S. Bank, the trustee of the Plan, and by Minnesota Life Insurance Company (Minnesota Life), a custodian of the Plan.

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by U.S. Bank or by Minnesota Life. The value of Andersen Corporation common stock was not certified.

December 31,	**2024**	2023
Investments at fair value certified:		
Short-term investment fund	**$ 5,750,495**	$ 9,477,351
Minnesota Life universal life insurance contract	**40,541,032**	47,508,171

Year ended December 31, 2024	
Investment income certified:	
Net appreciation in fair value of investments	$ 11,238,299
Interest income	227,086

December 31,	**2024**	2023
Information not certified:		
Andersen Corporation common stock	**$ 181,527,458**	$ 154,053,032

Year ended December 31, 2024	
Investment income not certified:	
Net appreciation in fair value of investments	$ 27,474,426
Dividend income	4,229,438

4. Fair Value Measurements

Fair value is defined as the amount that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. Fair value measurements should maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs market participants would use in valuing the asset or liability and are developed based on market data obtained from independent sources. Unobservable inputs are inputs that reflect the Company's assumptions about the factors market participants would use in valuing the asset or liability. Assets and liabilities recorded at fair value are categorized using a defined fair value hierarchy that prioritizes the inputs used to measure fair value. Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Fair value measurements are categorized as follows:

Level 1 – This level consists of quoted prices in active markets for identical assets or liabilities.

Level 2 – This level consists of quoted prices in active markets for similar assets or liabilities that are observable for the full term of the asset or liability.

Level 3 – This level consists of prices or valuation techniques requiring significant unobservable inputs.

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Short-term investment fund includes a money market fund and is valued at the daily closing price as reported by the fund.

The Minnesota Life universal life insurance contract is carried at fair value, which is based on fair value of the underlying investments. The underlying investments are units in investment accounts. The investment accounts may invest in separate accounts consisting of publicly traded securities held by a custodian or invest in mutual fund shares sold only to participating life insurance company investment accounts and qualified plans and are not offered to the public. The current separate account holds debt funds and equity funds. The debt funds invest in individual fixed-income securities such as corporate bonds, public and private mortgage-backed securities, and U.S. Treasuries. The value is determined daily based on the underlying securities' prices that are publicly traded and representative of fair value. The equity funds invest in non-publicly traded mutual funds whose shares are valued using the net asset value (NAV). The NAV of each fund is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is provided by the administrator of the fund and is used as a practical expedient to estimate fair value. The funds provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments.

Andersen Corporation common stock is valued monthly by an independent valuation firm through a valuation process that takes into account observable and unobservable inputs such as financial results, the results of comparable companies, and overall market factors. On April 1, 2024, the Company effected a 10-for-1 stock split of its common stock.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 5,750,495	$ -	$ -	$ 5,750,495
Andersen Corporation common stock	-	-	181,527,458	181,527,458
	$ 5,750,495	$ -	$ 181,527,458	187,277,953
Investments measured at NAV:				
Minnesota Life universal life insurance contract				40,541,032
Total Investments, at fair value				$ 227,818,985

December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 9,477,351	$ -	$ -	$ 9,477,351
Andersen Corporation common stock	-	-	154,053,032	154,053,032
	$ 9,477,351	$ -	$ 154,053,032	163,530,383
Investments measured at NAV:				
Minnesota Life universal life insurance contract				47,508,171
Total Investments, at fair value				$ 211,038,554

Total trust investment assets at fair value classified within Level 3 were $181,527,458 and $154,053,032 as of December 31, 2024 and 2023, respectively, and consisted entirely of Andersen Corporation common stock. There were no purchases or sales of Andersen Corporation common stock in 2024.

5. Postretirement and Postemployment Benefit Obligations

For measurement purposes for pre-65 retirees, spouses, surviving spouses, and dependents, a 7.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023. It is assumed that the rate will decrease gradually to 4.50% by 2030 and to remain level thereafter. For measurement purposes for post-65 retirees, spouses, and surviving spouses, a 2.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023 for Coordination/Benefit Credit 1 retirees, spouses, and surviving spouses (those employees who retired prior to January 1, 2004). A 4.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023 for Carve-Out/Benefit Credit 2 retirees (those employees who retired on or after January 1, 2004). It is assumed these rates will remain level in future years.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, the postretirement obligation would increase by $26,758,074 and $31,571,444 as of December 31, 2024 and 2023, respectively.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Description	Assumption
Weighted average discount rate	5.76% (2024); 5.11% (2023)
Mortality	Pri-2012 Gender specific No Collar Headcount Weighted Base Table with mortality improvements determined using SOA MP-2021 model with generational projection, convergence period of 10 years, ultimate mortality improvement rate: 0.85% until age 62, 0.75% at age 80, 0.15% at age 95, and 0% at age 105 (2024 and 2023)
Average retirement age	Various rates ranging from 5% at age 55 to 100% at age 70 (2024) Various rates ranging from 5% at age 55 to 100% at age 67 (2023)

The weighted average discount rate decreased the accumulated postretirement benefit obligation (APBO) as of December 31, 2024, by $17,532,167. Other assumption changes decreased the APBO as of December 31, 2024, by $6,019,079.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

6. Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated October 13, 1998, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Code as a VEBA. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. Although the Plan has been amended since receiving this letter, the Plan Sponsor believes the Trust, as amended, is being operated in compliance with the applicable requirements of the Code and therefore believes the related trust is tax-exempt.

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

7. Income Taxes

Certain investment earnings of the VEBA 2 trust are subject to unrelated business income tax (UBIT) under the provisions of Section 511 of the Code. The nature of certain investments generates current UBIT and deferred taxes. For the year ended December 31, 2024, the Plan had accrued a tax receivable for current UBIT overpayments of $630,191. At December 31, 2024, a deferred tax liability of $31.6 million has been recorded for the cumulative unrealized gain on certain investments in the VEBA 2 trust, of which $5.5 million relates to the 2024 deferred tax provision. Deferred federal taxes were provided at an effective rate of 20% for federal income. There is no state tax impact due to an existing exemption for the Plan. The deferred tax provision of $5.5 million and $1.6 million of UBIT payments resulted in a net tax provision of $6.4 million for the year ended December 31, 2024.

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

Certain of the Plan's assets are invested in funds managed by the custodian and trustee of the Plan. The Plan also invests in the common stock of the Company. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

As of December 31, 2024 and 2023 (adjusted for stock split), the Plan held 1,879,750 shares of common stock of the Company, with a cost basis of $23,586,789. During the year ended December 31, 2024, the Plan recorded dividend income of $4,229,438.

9. Subsequent Events

The Plan has evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2024 through July 21, 2025, which is the date that the accompanying financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Andersen Corporation Retiree Medical Plan

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

EIN: 41-0123208 **Plan No.: 511**

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	First American Treasury Obligation Fund	5,750,495 shares short-term investment fund	$ 5,750,495	$ 5,750,495
*	Andersen Corporation	1,879,750 shares common stock	23,586,876	181,527,458
*	Minnesota Life Universal Life Insurance Contract	Policy #50199	-	40,541,032
	Total		$ 29,337,371	$227,818,985

* Indicates a party in interest.

Andersen Corporation Retiree Medical Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 41-0123208 **Plan No.: 511**

Year ended December 31, 2024

Identity of Party Involved	Description of Asset/Transaction	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets						
U.S. Bank National Association	First American Treasury Obligation Fund: Purchased	$ 20,808,188	$ -	$ 20,808,188	$ 20,808,188	$ -
U.S. Bank National Association	First American Treasury Obligation Fund: Sold	-	24,535,044	24,535,044	24,535,044	-

There were no category (i), (ii), or (iv) reportable transactions for the year ended December 31, 2024.

Andersen Corporation Retiree Medical Plan

Statements of Net Assets Available for Benefits

December 31,	**2024**	2023
Assets		
Investments, at fair value:		
Short-term investment fund	**$ 5,750,495**	$ 9,477,351
Andersen Corporation common stock	**181,527,458**	154,053,032
Minnesota Life universal life insurance contract	**40,541,032**	47,508,171
Total Investments	**227,818,985**	211,038,554
Accrued Interest	**14,220**	27,622
Taxes Receivable	**630,191**	-
Total Assets	**228,463,396**	211,066,176
Liabilities		
Taxes payable	**-**	(25,656)
Deferred taxes	**(31,588,134)**	(26,093,248)
Total Liabilities	**(31,588,134)**	(26,118,904)
Net Assets Available for Benefits	**$ 196,875,262**	$ 184,947,272

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2024	
Additions	
Investment income (loss):	
Net appreciation in fair value of investments	$ 38,712,725
Interest and dividends	4,456,524
Total Investment Income	43,169,249
Contributions:	
Employer contributions	370,508
Employee contributions	2,341,923
Total Contributions	2,712,431
Total Additions	45,881,680
Deductions	
Claims paid, net	19,979,297
Premiums paid	6,518,612
Administrative expenses	1,031,487
Income taxes	6,424,294
Total Deductions	33,953,690
Net Additions	11,927,990
Net Assets Available for Benefits, beginning of year	184,947,272
Net Assets Available for Benefits, end of year	$ 196,875,262

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statements of Benefit Obligations

December 31,	**2024**	2023
Postemployment Benefit Obligation	**$ 46,901**	$ 93,706
Postretirement Benefit Obligations		
Current retirees	**167,347,927**	176,354,875
Other participants fully eligible for benefits	**23,827,929**	24,264,373
Other participants not yet fully eligible for benefits	**80,255,824**	95,768,830
	271,431,680	296,388,078
Total Benefit Obligations	**$ 271,478,581**	$ 296,481,784

See accompanying notes to financial statements.

Andersen Corporation Retiree Medical Plan

Statement of Changes in Benefit Obligations

Year ended December 31, 2024	
Postemployment Benefit Obligation	
Balance, beginning of year	$ 93,706
Decrease in postemployment benefit obligations	(46,805)
Balance, end of year	46,901
Postretirement Benefit Obligations	
Balance, beginning of year	296,388,078
Employer service cost	3,403,176
Interest cost	14,688,328
Actuarial gain	(24,776,361)
Plan participants' contributions	2,341,923
Benefits paid	(20,613,464)
Balance, end of year	271,431,680
Total Benefit Obligations, end of year	$ 271,478,581

See accompanying notes to financial statements.

1. Plan Description

The Andersen Corporation Retiree Medical Plan (the Plan) is sponsored by Andersen Corporation (the Company or the Sponsor) and covers certain pre- and post-65 retirees, spouses, surviving spouses, and eligible dependents of the Company and its subsidiaries. Participants should refer to the Plan agreements for a complete description of the Plan's provisions.

General

The Plan provides health benefits and continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Plan is administered by the Company's Benefits and Compensation Committee (the Committee). The Committee has overall responsibility for the administration of the Plan. The Plan's assets are invested in a voluntary employee beneficiary association (VEBA 2) trust fund maintained by U.S. Bank National Association (U.S. Bank). The Company established VEBA 2 to cover the future medical claims costs of retirees, spouses, surviving spouses, and other eligible dependents. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Pre-65 Coverage

Pre-65 retirees, spouses, surviving spouses, and other eligible dependents are offered coverage through a choice of one of three high-deductible plan options or one co-pay plan option. All options use a network-based preferred provider organization (PPO). In the PPO, if a participant chooses to receive out-of-network care, the Plan will still cover most eligible services, but at a lower payment level, once a deductible is met.

Eligible participants in the high-deductible plan options do not receive Company contributions to an associated health savings account (HSA), but eligible retirees in high-deductible plan options are able to contribute to an HSA, if desired.

Post-65 Coverage

For post-65 retirees and their spouses, the Plan provides a company contribution, based on years of service and other factors, to a health reimbursement arrangement (HRA) account. The HRA funds can be used to purchase medical coverage through a Medicare supplement and Medicare Advantage insurance exchange offered through Via Benefits.

Coverage is determined through the use of Benefit Credits. There are two classifications of Benefit Credits determined by date of retirement:

1. Benefit Credit 1 – applies to retirees who retired prior to January 1, 2004
2. Benefit Credit 2 – applies to retirees who retired after December 31, 2003

Each year, the Company will determine, in its sole discretion, the maximum amount of Benefit Credits for each classification that it will credit to the HRA account of a participant. The maximum benefit amount for both Benefit Credit 1 and Benefit Credit 2 (100% cost sharing) will then be adjusted for each participant's cost sharing level based on years of service. The maximum Benefit Credit amounts will also be prorated for a participant who becomes a participant after the first day of the year. The Benefit Credit amount for a spouse or domestic partner may differ depending on the eligible retiree's cost sharing level.

Eligibility and Benefit Service

The Plan covers pre- and post-65 retirees, spouses, surviving spouses, and other eligible dependents of a participating retiree or of a surviving spouse. Participants are required to provide proof of dependent status upon request by the Company. Failure to provide such proof may result in a delay in benefits provided under the Plan.

Service is measured in two ways. Effective January 1, 2008, service for "eligibility" means Continuous Service as defined in the Andersen Corporation Employee Stock Ownership Plan (ESOP). Service for "cost sharing" means Credited Service as defined in the Andersen Corporation Employees' Pension and Retirement Plan (Pension). The connection to the Pension and ESOP is for consistency among benefits. Retiree medical benefits do not vest, and other provisions of the ESOP and Pension do not apply to retiree medical benefits.

Length of service with Andersen-related companies determines whether a participant will be eligible not only for coverage as a retiree, surviving spouse, or disabled participant but also for the Benefit Credit available to each participant.

Service for eligibility and cost sharing may be counted differently based on whether the employment relationship was with the Company or a subsidiary. Specific differences are outlined in the Summary Plan Description, which can be obtained from the Company.

Eligibility service is counted as follows:

- Employees will earn one year of eligibility service for each employment year during which they are credited with at least 1,000 hours of service.
- Employees will be credited with 190 hours of service for each calendar month in which they complete at least one hour of service.

The eligibility service of part-time employees will be based on the continuous service rules in the ESOP, and their cost sharing service will be prorated based on the part-time credited service rules in the Pension plan. (A part-time employee may have been employed for ten calendar years but not have accrued ten years of continuous or pension credited service and therefore will not be eligible for coverage under this medical plan as a retiree).

Service for cost sharing will exclude all service while an employee was covered by a collective bargaining agreement.

Contributions

The Company makes contributions to the Plan as needed and any deficiency of the Plan's net assets over benefit obligations is funded by the Company on a pay-as-you-go basis.

Dependents who elect to continue coverage under the COBRA pay the cost for their coverage plus a 2% administrative fee.

Pre-65 retirees may contribute specified amounts, determined periodically by the Company and the Plan's actuaries, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, participant contributions in the current and prior years were as follows:

- Retiring prior to January 1, 1998: Retirees and spouses make no contribution for postretirement benefits (refer to Note 5).
- Retiring on or after January 1, 1998, and eligible to retire prior to January 1, 2014: Retirees and spouses contribute between 0% and 100% of the total estimated cost of providing their postretirement benefits (refer to Note 5).
- Eligible to retire January 1, 2014, and after: Retirees and spouses contribute between 15% and 100% of the total estimated cost of providing their postretirement benefits (refer to Note 5).

Post-65 retirees receive Benefit Credit allocations based on retirement date, age, and years of credited service at retirement. Benefit Credits are allocated as follows:

- Pre-January 1, 2004: Retirees and spouses receive between 0% and 100% of the total allocation for the Coordination/Benefit Credit 1 (refer to Note 5).
- Retiring on or after January 1, 2004, and eligible to retire prior to January 1, 2014: Retirees and spouses receive between 0% and 100% of the total allocation for the Carve-Out/Benefit Credit 2 (refer to Note 5).
- Eligible to retire January 1, 2014, and after: Retirees and spouses receive between 0% and 85% of the total allocation for the Carve-Out/Benefit Credit 2 (refer to Note 5).

Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

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

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits.

Claim payments are recorded when invoiced by the third-party claims processor. Amounts due to claims processors that have not been reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits.

Postretirement Benefits

Eligibility for postretirement medical coverage offered under the Plan is closed to employees hired on or after January 1, 2008.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their dependents and (2) active employees and their dependents after retirement from service with the participating employers. Prior to an active employee’s eligibility for retirement, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation for each employee at the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data for pre-65 participants, or, for post-65 Medicare-eligible participants, historical company contribution data, to estimate future annual incurred claims costs per participant, and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Plan’s deficiency in net assets over benefit obligations at December 31, 2024 and 2023, relates to the postretirement benefit obligations. It is expected that the deficiency will be funded through future employee and employer contributions.

Postemployment Benefits

The postemployment benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postemployment benefits include future benefits expected to be paid to or for currently inactive employees and their dependents.

The actuarial present value of the expected postemployment benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data and national and industry benchmarks to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, recovery, or withdrawal) between the valuation date and the expected date of payment.

It is the present intention of the Sponsor to continue providing benefits.

Claims Incurred but Not Reported

Plan obligations at December 31, 2024 and 2023, for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrator and included in the postretirement benefit obligations on the accompanying statement of benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Experience-Rated Contracts

For experience-rated contracts, premium surpluses refunded to the Plan are included in net appreciation in fair value of instruments on the accompanying statement of changes in net assets available for benefits. Premium surpluses owed to the Plan are recorded as a receivable from the insurance company. If the insurance company requires payment of additional premiums due to a premium deficit, an obligation for the additional premiums is included in benefit obligations.

Stop Loss

Premiums for stop loss insurance are included in premium payments on the accompanying statement of changes in net assets available for benefits. Stop loss refunds are netted with claims paid on the accompanying statement of changes in net assets.

Income Taxes

The VEBA 2 trust is generally exempt from income tax under Section 501(c)(9) of the Internal Revenue Code (the Code). However, the trust will be subject to unrelated business income taxes if certain legislatively imposed limitations are exceeded. It is anticipated that VEBA 2 may exceed the limitations in the future due to the VEBA 2 investment in Company common stock.

Risks and Uncertainties

The Plan investments consist primarily of the Company's common stock, which is exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with the investment in the common stock and to uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the values of the common stock will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

At December 31, 2024 and 2023, approximately 80% and 73%, respectively, of the Plan's total assets were invested in the common stock of the Company. The underlying value of the Plan is dependent on the performance of the Company and the independent evaluation firm's evaluation of such performance.

3. Certified Investment Information

Certain information in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2024, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by U.S. Bank, the trustee of the Plan, and by Minnesota Life Insurance Company (Minnesota Life), a custodian of the Plan.

The following investment information was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by U.S. Bank or by Minnesota Life. The value of Andersen Corporation common stock was not certified.

December 31,	**2024**	2023
Investments at fair value certified:		
Short-term investment fund	**$ 5,750,495**	$ 9,477,351
Minnesota Life universal life insurance contract	**40,541,032**	47,508,171

Year ended December 31, 2024	
Investment income certified:	
Net appreciation in fair value of investments	$ 11,238,299
Interest income	227,086

December 31,	**2024**	2023
Information not certified:		
Andersen Corporation common stock	**$ 181,527,458**	$ 154,053,032

Year ended December 31, 2024	
Investment income not certified:	
Net appreciation in fair value of investments	$ 27,474,426
Dividend income	4,229,438

4. Fair Value Measurements

Fair value is defined as the amount that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. Fair value measurements should maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs market participants would use in valuing the asset or liability and are developed based on market data obtained from independent sources. Unobservable inputs are inputs that reflect the Company’s assumptions about the factors market participants would use in valuing the asset or liability. Assets and liabilities recorded at fair value are categorized using a defined fair value hierarchy that prioritizes the inputs used to measure fair value. Categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Fair value measurements are categorized as follows:

Level 1 – This level consists of quoted prices in active markets for identical assets or liabilities.

Level 2 – This level consists of quoted prices in active markets for similar assets or liabilities that are observable for the full term of the asset or liability.

Level 3 – This level consists of prices or valuation techniques requiring significant unobservable inputs.

There have been no changes in the methodologies used at December 31, 2024 or 2023. The following is a description of the valuation methodologies used for assets measured at fair value:

Short-term investment fund includes a money market fund and is valued at the daily closing price as reported by the fund.

The Minnesota Life universal life insurance contract is carried at fair value, which is based on fair value of the underlying investments. The underlying investments are units in investment accounts. The investment accounts may invest in separate accounts consisting of publicly traded securities held by a custodian or invest in mutual fund shares sold only to participating life insurance company investment accounts and qualified plans and are not offered to the public. The current separate account holds debt funds and equity funds. The debt funds invest in individual fixed-income securities such as corporate bonds, public and private mortgage-backed securities, and U.S. Treasuries. The value is determined daily based on the underlying securities' prices that are publicly traded and representative of fair value. The equity funds invest in non-publicly traded mutual funds whose shares are valued using the net asset value (NAV). The NAV of each fund is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is provided by the administrator of the fund and is used as a practical expedient to estimate fair value. The funds provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments.

Andersen Corporation common stock is valued monthly by an independent valuation firm through a valuation process that takes into account observable and unobservable inputs such as financial results, the results of comparable companies, and overall market factors. On April 1, 2024, the Company effected a 10-for-1 stock split of its common stock.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 5,750,495	$ -	$ -	$ 5,750,495
Andersen Corporation common stock	-	-	181,527,458	181,527,458
	$ 5,750,495	$ -	$ 181,527,458	187,277,953
Investments measured at NAV:				
Minnesota Life universal life insurance contract				40,541,032
Total Investments, at fair value				$ 227,818,985

December 31, 2023

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 9,477,351	$ -	$ -	$ 9,477,351
Andersen Corporation common stock	-	-	154,053,032	154,053,032
	$ 9,477,351	$ -	$ 154,053,032	163,530,383
Investments measured at NAV:				
Minnesota Life universal life insurance contract				47,508,171
Total Investments, at fair value				$ 211,038,554

Total trust investment assets at fair value classified within Level 3 were $181,527,458 and $154,053,032 as of December 31, 2024 and 2023, respectively, and consisted entirely of Andersen Corporation common stock. There were no purchases or sales of Andersen Corporation common stock in 2024.

5. Postretirement and Postemployment Benefit Obligations

For measurement purposes for pre-65 retirees, spouses, surviving spouses, and dependents, a 7.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023. It is assumed that the rate will decrease gradually to 4.50% by 2030 and to remain level thereafter. For measurement purposes for post-65 retirees, spouses, and surviving spouses, a 2.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023 for Coordination/Benefit Credit 1 retirees, spouses, and surviving spouses (those employees who retired prior to January 1, 2004). A 4.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024 and 2023 for Carve-Out/Benefit Credit 2 retirees (those employees who retired on or after January 1, 2004). It is assumed these rates will remain level in future years.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, the postretirement obligation would increase by $26,758,074 and $31,571,444 as of December 31, 2024 and 2023, respectively.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Description	Assumption
Weighted average discount rate	5.76% (2024); 5.11% (2023)
Mortality	Pri-2012 Gender specific No Collar Headcount Weighted Base Table with mortality improvements determined using SOA MP-2021 model with generational projection, convergence period of 10 years, ultimate mortality improvement rate: 0.85% until age 62, 0.75% at age 80, 0.15% at age 95, and 0% at age 105 (2024 and 2023)
Average retirement age	Various rates ranging from 5% at age 55 to 100% at age 70 (2024) Various rates ranging from 5% at age 55 to 100% at age 67 (2023)

The weighted average discount rate decreased the accumulated postretirement benefit obligation (APBO) as of December 31, 2024, by $17,532,167. Other assumption changes decreased the APBO as of December 31, 2024, by $6,019,079.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

6. Tax Status

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated October 13, 1998, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Code as a VEBA. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the trust. Although the Plan has been amended since receiving this letter, the Plan Sponsor believes the Trust, as amended, is being operated in compliance with the applicable requirements of the Code and therefore believes the related trust is tax-exempt.

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

7. Income Taxes

Certain investment earnings of the VEBA 2 trust are subject to unrelated business income tax (UBIT) under the provisions of Section 511 of the Code. The nature of certain investments generates current UBIT and deferred taxes. For the year ended December 31, 2024, the Plan had accrued a tax receivable for current UBIT overpayments of $630,191. At December 31, 2024, a deferred tax liability of $31.6 million has been recorded for the cumulative unrealized gain on certain investments in the VEBA 2 trust, of which $5.5 million relates to the 2024 deferred tax provision. Deferred federal taxes were provided at an effective rate of 20% for federal income. There is no state tax impact due to an existing exemption for the Plan. The deferred tax provision of $5.5 million and $1.6 million of UBIT payments resulted in a net tax provision of $6.4 million for the year ended December 31, 2024.

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

Certain of the Plan's assets are invested in funds managed by the custodian and trustee of the Plan. The Plan also invests in the common stock of the Company. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

As of December 31, 2024 and 2023 (adjusted for stock split), the Plan held 1,879,750 shares of common stock of the Company, with a cost basis of $23,586,789. During the year ended December 31, 2024, the Plan recorded dividend income of $4,229,438.

9. Subsequent Events

The Plan has evaluated subsequent events after the statement of net assets available for benefits date of December 31, 2024 through July 21, 2025, which is the date that the accompanying financial statements were available to be issued.

SCHEDULE H **(Form 5500)** Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	# Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning and ending

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

Part I Asset and Liability Statement

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

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

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

Part II Income and Expense Statement

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

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

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

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. 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
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**			
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**			
e	Was this plan covered by a fidelity bond?........	**4e**			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**			
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)........	**4i**			
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)........	**4j**			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)........	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3........	**4n**			

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

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

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

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

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

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

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANDERSEN CORPORATION RETIREE MEDICAL PLAN **EIN:** 41-0123208
Plan Sponsor's Name ANDERSEN CORPORATION **PN:** 511

(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.	(d) Cost	(e) Current value
*	First American	Treasury Obligation Fund Class V 9,477,351 units	5,750,495	5,750,495
*	Andersen Corporation	Common stock 1,879,750 shares	23,586,876	181,527,458
*	Minnesota Life	Universal Life Insurance Contract Policy #50199	0	40,541,032

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning and ending

A Name of plan

B Three-digit plan number (PN) ▶

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

D Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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

Part II Income and Expense Statement

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

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

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

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d			
e Was this plan covered by a fidelity bond?	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

Attachment to 2024 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name ANDERSEN CORPORATION RETIREE MEDICAL PLAN **EIN:** 41-0123208

Plan Sponsor's Name ANDERSEN CORPORATION **PN:** 511

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
First American	Treasury Obligation Fund	20,808,188	0	0	0	20,808,188	20,808,188	0
First American	Treasury Obligation Fund	0	24,535,044	0	0	24,535,044	24,535,044	0
Minnesota Life Insurance Compan	Universal Life Insurance Policy # 50199	0	4,600,000	0	0	0	4,600,000	4,600,000