

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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.)

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

<p>1a Name of plan <u>HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HUNTER DOUGLAS, INC</u></p> <p><u>55 WEST 46TH STREET</u> <u>NEW YORK, NY 10036</u></p>	<p>1c Effective date of plan <u>02/01/1990</u></p> <p>2b Employer Identification Number (EIN) <u>13-2614416</u></p> <p>2c Plan Sponsor's telephone number <u>845-664-7000</u></p> <p>2d Business code (see instructions) <u>339900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TIMOTHY TOLINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	TIMOTHY TOLINO
	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 <input checked="" type="checkbox"/> 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	6112
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3663
	6a(2)	3506
	6b	20
	6c	2641
	6d	6167
	6e	70
	6f	6237
	6g(1)	5468
	6g(2)	5476
h	6h	243
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 HUNTER DOUGLAS, INC	D Employer Identification Number (EIN) 13-2614416	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

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

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

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

VOYA RETIREMENT ADVISORS, LLC.

22-1862786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVEST ADVISOR	406309	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49	RECORD KEEPER	321860	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORGAN STANLEY

71-0912527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVEST ADVISOR	98054	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BECHER DELLA TORRE GOTTO & CO.

22-2625944

(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	AUDITOR	22400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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 <u>HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN</u>		B Three-digit plan number (PN) ▶ <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HUNTER DOUGLAS, INC</u>		D Employer Identification Number (EIN) <u>13-2614416</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2065 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>32-6528132-049</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2025 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-315</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2035 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-317</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2045 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-319</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-326</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2060 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>32-6528132-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA TARGET RETIREMENT 2020 FUND</u>		
b Name of sponsor of entity listed in (a): <u>SSGA</u>		
c EIN-PN <u>90-0337987-314</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2030 FUND		
b Name of sponsor of entity listed in (a): SSGA		
c EIN-PN 90-0337987-316	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2040 FUND		
b Name of sponsor of entity listed in (a): SSGA		
c EIN-PN 90-0337987-318	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2050 FUND		
b Name of sponsor of entity listed in (a): SSGA		
c EIN-PN 90-0337987-320	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN		
b Name of sponsor of entity listed in (a): WELLS FARGO		
c EIN-PN 52-2250959-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9134345
a Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE STABLE CAPITAL FUND		
b Name of sponsor of entity listed in (a): RIVERSOURCE		
c EIN-PN 41-0007957-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9134345
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): PUTNAM		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9134345
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE INS CO ANCHOR ACCT		
b Name of sponsor of entity listed in (a): NEW YORK LIFE INS CO		
c EIN-PN 13-5582869-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9134345
a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON US STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): BNY MELLON US		
c EIN-PN 25-6078903-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78307326
a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON US MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): BNY MELLON US		
c EIN-PN 25-6078903-237	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24250383
a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON US SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): BNY MELLON US		
c EIN-PN 25-6078903-234	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4338939

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 HUNTER DOUGLAS, INC	D Employer Identification Number (EIN) 13-2614416

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4492142	
(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)	6392687	5928141
(9) Value of interest in common/collective trusts	1c(9)	284844530	143434027
(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)	198144529	374101768
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4256736	5408391

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	498130624	528872327
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 through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	498130624	528872327

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)	12685843	
(B) Participants.....	2a(1)(B)	18492897	
(C) Others (including rollovers).....	2a(1)(C)	6543510	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		37722250
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)	411206	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		411206
(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)	13056709	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13056709
(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)		27550086
(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)		23329921
c Other income	2c		1169584
d Total income. Add all income amounts in column (b) and enter total	2d		103239756

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	72078235	
(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)		72078235
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		-80911
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	22275	
(3) Recordkeeping fees	2i(3)	262345	
(4) IQPA audit fees	2i(4)	22400	
(5) Investment advisory and investment management fees	2i(5)	504362	
(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)	37240	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		848622
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72845946

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30393810
l Transfers of assets:			
(1) To this plan	2l(1)		347893
(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: **BDG-CPAS**

(2) EIN: **22-2625944**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUNTER DOUGLAS, INC</u>	D Employer Identification Number (EIN) <u>13-2614416</u>	

Part I	Distributions
---------------	----------------------

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

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

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

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN**

**FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

Hunter Douglas Inc. Employee Savings 401(k) Plan
Index of
Financial Statements and Supplemental Schedule

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Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	20

Note: Supplemental Schedules required by ERISA which are not included herein have been omitted because they are not applicable.



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Independent Auditor's Report

To the Plan Administrator of
the Hunter Douglas Inc. Employee Savings 401(k) Plan
New York, New York

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

We have performed audits of the accompanying financial statements of the Hunter Douglas Inc. Employee Savings 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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 Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees 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).

BDG-CPAs

Ridgewood, New Jersey
October 10, 2025

Hunter Douglas Inc. Employee Savings 401(k) Plan
 Statements of Net Assets Available For Benefits
 December 31,

	2024	2023
Assets		
Investments, at fair value	\$ 522,944,186	\$ 487,245,795
Receivables:		
Participant contributions	469,008	503,693
Employer contributions	383,977	4,896,333
Notes receivable from participants	5,967,121	6,512,056
Total receivables	6,820,106	11,912,082
Total assets	529,764,292	499,157,877
Net assets available for benefits	\$ 529,764,292	\$ 499,157,877

The accompanying notes are an integral part of the financial statements.

Hunter Douglas Inc. Employee Savings 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
For the years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 51,897,679	\$ 66,382,820
Interest and dividends	<u>13,056,709</u>	<u>4,871,464</u>
Total investment income	<u>64,954,388</u>	<u>71,254,284</u>
Interest income on notes receivable from participants	<u>392,880</u>	<u>311,959</u>
Other income (Note 9)	<u>549,590</u>	<u>401,136</u>
Contributions:		
Participant	18,458,212	19,271,110
Employer	12,665,629	17,620,612
Rollover	<u>6,543,510</u>	<u>2,100,247</u>
Total contributions	<u>37,667,351</u>	<u>38,991,969</u>
Total additions to net assets	<u>103,564,209</u>	<u>110,959,348</u>
Deductions from net assets attributed to:		
Benefits paid to participants	72,457,065	70,027,228
Administrative expenses	<u>848,622</u>	<u>786,666</u>
Total deductions from net assets	<u>73,305,687</u>	<u>70,813,894</u>
Net increase	30,258,522	40,145,454
Net assets transferred into Plan (Note 1)	347,893	-
Net assets available for benefits, beginning of year	<u>499,157,877</u>	<u>459,012,423</u>
Net assets available for benefits, end of year	<u>\$ 529,764,292</u>	<u>\$ 499,157,877</u>

The accompanying notes are an integral part of the financial statements.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 1 – Plan Description

The following description of the Hunter Douglas Inc. Employee Savings 401(k) Plan (the “Plan”) provides general information only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution 401(k) Savings Plan covering substantially all employees of Hunter Douglas Inc. (the “Company” and “Plan Sponsor”). Effective January 1, 2017, the Plan was amended and restated to incorporate all plan amendments, as well as to eliminate the six month of service requirement for eligibility. Prior to January 1, 2017, participants were required to complete 1,000 hours of service in a Plan year or six months after the date of hire in order to be eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Company’s Board of Directors is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Company’s Board of Directors.

On July 31, 2024, the 3 Day Blinds 401(k) Savings Plan merged into the Plan. The transferred net assets have been recognized in the accounts of the Plan on or about July 31, 2024 at their balances previously carried in the accounts of the 3 Day Blinds 401(k) Savings Plan. A summary of the transferred net assets follows:

Investments, at fair value	\$ 302,100
Notes receivable from participants	45,793
	<u>\$ 347,893</u>

Participant Contributions: Participant contributions are made on a before-tax or a Roth 401(k) after-tax basis. Participants may elect to contribute from 1% to 50% of their compensation through before-tax or Roth 401(k) after-tax contributions, subject to Plan limits and the dollar deferral and non-discrimination limitations as prescribed by the Internal Revenue Code. In 2024 and 2023, these contributions could not exceed \$23,000 and \$22,500, respectively. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. In both 2024 and 2023, catch-up contributions could not exceed \$7,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 1 – Plan Description (continued)

Employer Contributions: Effective January 1, 2013, the Company amended the Plan to make it a “Safe Harbor” 401(k) Plan. Accordingly, the Company makes a contribution equal to 100% of the first 6% of base compensation that a participant contributes to the Plan on either a before-tax basis or a Roth 401(k) after-tax basis (“Safe Harbor Matching Contributions”). Safe Harbor Matching Contributions are added to a participant’s account each time a participant makes a contribution into the Plan.

During May 2020, the Company suspended Safe Harbor Matching Contributions for payroll periods beginning after May 18, 2020.

Effective November 1, 2020, the Company amended the Plan to make a contribution to the Plan on behalf of each Participant who made salary savings contributions during November 2020 and December 2020, in an amount equal to 100% of the first 6% of the Participant’s compensation contributed by a Participant as the Participant’s salary savings contribution (“Matching Contribution”). At the end of the 2020 Plan year, the Company shall make an additional contribution, if necessary, equal to the amount of the difference, if any, between (i) the amounts allocated to the Participant as Safe Harbor Matching Contributions prior to payroll periods beginning after May 18, 2020 plus the Matching Contribution allocated to the Participant for November 2020 and December 2020 discussed above and (ii) 100% of the Participant’s salary savings contribution up to 6% of compensation for the Plan year.

Effective January 1, 2021, the Company reinstated the Safe Harbor Matching Contributions.

In addition, effective January 1, 2013, the Company amended the Plan to add Company profit-sharing contributions (“Company Retirement Contributions”). Accordingly, effective January 1, 2013, the Company contributes 1.50% of an eligible participant’s compensation (or such other amount as may be determined by the Board of Directors in its discretion) to a participant’s account on an annual basis, following the end of each calendar year. During May 2020, the Company suspended Company Retirement Contributions for the Plan year ended December 31, 2020.

Effective for the Plan year ended December 31, 2021, the Company Retirement Contribution was equal to 1% of an eligible participant’s compensation.

Effective January 1, 2022, the amount of the Company Retirement Contribution shall be equal to a percentage of an eligible participant’s compensation based on Years of Service, as defined, as follows:

<u>Years of Service Completed</u>	<u>Company Retirement Contribution</u>
Less than 4	1.00%
4 but less than 7	1.50%
7 or more	2.00%

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 1 – Plan Description (continued)

Effective January 1, 2023, in order to be eligible to receive Company Retirement Contributions for a Plan Year, a participant must be employed by the Company on that last day of such Plan Year; provided, however, that a participant hired prior to October 13, 2023 shall not be required to be employed on December 31, 2023 to receive the 2023 Company Retirement Contribution, if any.

Effective January 1, 2024 the amount of the Company Retirement Contribution, if any, for a Plan Year shall be determined by the Board of Directors in its sole discretion.

During 2025 and 2024, the Company made Company Retirement Contributions in the amount of \$0 and \$4,492,142 for the Plan years ended December 31, 2024 and 2023, respectively.

Participants' Accounts: Each participant's account is credited with the participant's salary savings contributions and Company matching contributions, as well as allocations of Company Retirement Contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are always 100% vested in their before-tax and Roth 401(k) after-tax contributions, any rollover amounts, the Safe Harbor Matching Contributions, and any investment earnings on those contributions.

Once a participant has completed five years of service with the Company, the participant will also be fully vested in the value of the Participant's Company matching contributions made prior to January 1, 2013, prior profit sharing contributions, and their earnings. A participant receives credit for one year of service for every plan year in which the participant completes at least 1,000 hours of service.

If a participant has less than five years of service, the participant may be partially vested in the value of any Company contributions and their earnings according to the following schedule:

<u>Years of Service</u>	<u>Vested % of Pre-2013 Company Matching Contributions</u>
Less than 1 year	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 1 – Plan Description (continued)

Effective January 1, 2022, upon termination of participation in the Plan for any reason other than death, Disability, or Normal Retirement, a participant shall be vested in a percentage of the participant’s Company Retirement Contribution Account, such vested percentage to be determined based on Years of Vesting Service, as defined, credited to the participant at the time of termination of participation, as follows:

<u>Years of Vesting Service Completed</u>	<u>Vested % of Company Retirement Plan Contributions</u>
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 or more	100%

Effective January 1, 2023, upon termination of participation in the Plan for any reason other than death, Disability, or Normal Retirement, a participant hired on or after October 13, 2023 shall be vested in a percentage of the participant’s Company Retirement Contribution Account, such vested percentage to be determined based on Years of Vesting Service, as defined, credited to the participant at the time of termination of participation, as follows:

<u>Years of Vesting Service Completed</u>	<u>Vested % of Company Retirement Plan Contributions</u>
Less than 3	0%
3 or more	100%

Participants who terminated prior to January 1, 2022 are unaffected by the changes made subsequent to December 31, 2021. Company Retirement Contributions for all prior years are subject to the original service and vesting rules.

Upon termination of employment, the non-vested portion, if any, of a participant’s Company matching contribution account shall be forfeited as the employee takes distribution of the vested portion. Forfeited balances of terminated participants’ non-vested accounts are used to reduce future Company Retirement Contributions or to offset administrative expenses. At December 31, 2024 and 2023, there were \$222,500 and \$193,202, respectively, of forfeitures available to reduce future employer contributions or to offset administrative expenses.

Payment of Benefits: On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive either a lump sum amount equal to the value of the participant’s vested interest in his or her account, or installment distributions.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 1 – Plan Description (continued)

Notes Receivable From Participants: Participants may borrow from their accounts a minimum of \$500 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The term of the loans ranges from one to five years. However, if the loan is used to acquire a principal residence, the payment term can be 15 years. The loans are secured by the balance in the participant's account and bear interest at the prevailing market interest rates. Principal and interest are paid through payroll deductions.

SECURE Act and CARES Act: On December 20, 2023, the IRS released Notice 2024-2, which extends the deadline for adopting any SECURE Act plan amendments until December 31, 2026, to provide relief for plan sponsors waiting for final IRS guidance on many of the SECURE Act's provisions. The Notice also extends the deadline for the 2020 waiver in the CARES Act of required minimum distributions until December 31, 2025. These amendments can be retroactively adopted; therefore, the Plan can implement the amendments prior to amending the plan instrument. Similarly, plans may have voluntarily adopted provisions under the CARES Act by placing them in operation without amending the plan as long as the plan management makes the required amendments to plan documents by December 31, 2026.

SECURE 2.0 Act of 2022: The SECURE 2.0 Act of 2022 ("SECURE 2.0 Act") was signed into law on December 29, 2022, to increase retirement savings, improve retirement rules, and lower employer costs of setting up a retirement plan. Plan amendments required by the SECURE 2.0 Act generally need not be made until the end of the first plan year beginning on or after January 1, 2025; however, plans must be operated in accordance with the effective date of each new provision. There is no current impact to the Plan and these provisions did not have an impact on the financial statements. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional provisions to elect.

Note 2 – Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are 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 requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 2 – Summary of Accounting Policies (continued)

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 for discussion of fair value measurements.

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

Notes Receivable From Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant’s account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 3 – Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Commingled funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The categorization of an investment within the fair value hierarchy is based upon the pricing transparency of the investment and does not necessarily correspond to Plan management's perceived risk of that investment.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 3 – Fair Value Measurements (continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

	<i>Assets at Fair Value as of December 31, 2024</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 374,101,768	\$ -	\$ -	\$ 374,101,768
Self-managed account	5,408,391	-	-	5,408,391
Total assets in the fair value hierarchy	<u>\$ 379,510,159</u>	<u>\$ -</u>	<u>\$ -</u>	379,510,159
Investments measured at net asset value				143,434,027
Investments at fair value				<u>\$ 522,944,186</u>
	<i>Assets at Fair Value as of December 31, 2023</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 198,144,529	\$ -	\$ -	\$ 198,144,529
Self-managed account	4,256,736	-	-	4,256,736
Total assets in the fair value hierarchy	<u>\$ 202,401,265</u>	<u>\$ -</u>	<u>\$ -</u>	202,401,265
Investments measured at net asset value				284,844,530
Investments at fair value				<u>\$ 487,245,795</u>

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 3 – Fair Value Measurements (continued)

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

<u>Investment</u>	<u>Fair Value December 31, 2024</u>	<u>Fair Value December 31, 2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Commingled funds - RiverSource Stable Capital Fund I	\$ 9,134,345	\$ 11,714,265	n/a	Daily	Daily
Commingled funds - Putnam Stable Value Fund	\$ 9,134,345	\$ 11,714,265	n/a	Daily	Daily
Commingled funds - Wells Fargo Stable Return Fund	\$ 9,134,345	\$ 11,714,265	n/a	Daily	Daily
Commingled funds - New York Life Insurance Company Anchor Account	\$ 9,134,345	\$ 11,714,265	n/a	Daily	Daily
Commingled funds - SSGA Target Funds	\$ -	\$ 143,645,645	n/a	Daily	Daily
Commingled funds - BNY Mellon U.S. Stock Index Fund	\$ 78,307,326	\$ 66,795,926	n/a	Daily	Daily
Commingled funds - BNY Mellon U.S. Small Cap Index	\$ 4,338,938	\$ 4,054,005	n/a	Daily	Daily

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 3 – Fair Value Measurements (continued)

<u>Investment</u>	<u>Fair Value December 31, 2024</u>	<u>Fair Value December 31, 2023</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Commingled funds - BNY Mellon U.S. Mid Cap Index	\$ 24,250,383	\$ 23,491,894	n/a	Daily	Daily

Note 4 – Investments and Information Certified by the Plan’s Trustee

Management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, plan management instructed the Plan’s independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Institutional Trust Company, the trustee of the Plan, as complete and accurate, except for comparing such information certified by the trustee with information included in the Plan’s financial statements and supplemental schedule:

Investments held and participant loans receivable certified by the trustee:

	<i>As of December 31,</i>	
	<u>2024</u>	<u>2023</u>
Investments	\$ 522,944,186	\$ 487,245,795
Participant loans receivable	5,967,121	6,512,056

Investment income and interest on participant loans certified by the trustee:

	<i>For the Year Ended December 31,</i>	
	<u>2024</u>	<u>2023</u>
Net appreciation in fair value of investments	\$ 51,897,679	\$ 66,382,820
Interest and dividend income	13,056,709	4,871,464
Interest on participant loans	392,880	311,959

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 4 – Investments and Information Certified by the Plan’s Trustee (continued)

The following presents select investments, with approximate percentage of the Plan’s net assets, as of December 31, 2024 and 2023.

	<i>December 31,</i>			
	<u>2024</u>		<u>2023</u>	
BNY Mellon U.S. Stock Index Fund	\$ 78,307,326	15%	\$66,795,926	13%
American Funds Bond Fund of America	49,448,404	9%	50,603,928	10%

During the years ended December 31, 2024 and 2023, the Plan’s investments (including gains and losses bought and sold, as well as held during the year), appreciated in value by \$51,897,679 and \$66,382,820, respectively.

Note 5 – Related-Party Transactions and Party-In-Interest Transactions

Management believes that fees paid during the year for administrative, recordkeeping, and managerial services rendered by Voya Institutional Trust Company, the trustee as defined by the Plan, and Voya Institutional Plan Services, LLC, the recordkeeper as defined by the Plan, were based on customary and reasonable rates for such services. Therefore, these transactions qualify as exempt party-in-interest transactions. Notes receivable from participants are also considered exempt party-in-interest transactions.

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in the company contribution portion of their account.

Note 7 – Income Tax Status

The Plan obtained its latest determination letter on March 12, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 7 – Income Tax Status (continued)

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

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

Note 9 – Other Income – Revenue Sharing

During 2024 and 2023, the Plan received \$549,590 and \$401,136, respectively, from Voya Institutional Trust Company to offset Plan administrative expenses.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 529,764,292	\$ 499,157,877
Less: Deemed distributions of participant loans	(38,980)	(119,369)
Less: Participant contributions receivable	(469,008)	(503,693)
Less: Employer contributions receivable	(383,977)	(404,191)
Net assets available for benefits per the Form 5500	<u>\$ 528,872,327</u>	<u>\$ 498,130,624</u>

HUNTER DOUGLAS INC.
EMPLOYEE SAVINGS 401(k) PLAN
NOTES to FINANCIAL STATEMENTS
December 31, 2024 and 2023

Note 10 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase in net assets available for benefits before transfers per the financial statements for the year ended December 31, 2024 to Form 5500:

Net increase in net assets available for benefits before transfers per the financial statements	\$ 30,258,522
Less: Participant contributions receivable at end of year	(469,008)
Less: Employer contributions receivable at end of year	(383,977)
Less: Deemed loans at end of year	(38,980)
Add: Participant contributions receivable at beginning of year	503,693
Add: Employer contributions receivable at beginning of year	404,191
Add: Deemed loans at beginning of year	119,369
Net increase in net assets available for benefits before transfers per the Form 5500	<u>\$ 30,393,810</u>

Note 11 – Subsequent Events

The Plan has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

Hunter Douglas Inc. Employee Savings 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

Plan sponsor's employer identification number: 13-2614416
Plan number: 004

(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
	BNY Mellon U.S. Stock Index Fund	Commingled funds	**	\$ 78,307,326
	American Funds Bond Fund of America	Mutual funds	**	49,448,404
	JP Morgan Large Cap Growth Fund Class R6	Mutual funds	**	46,496,149
	International Index Fund	Mutual funds	**	39,966,775
	JP Morgan U.S. Equity Fund	Mutual funds	**	31,211,249
	Vanguard Target Retirement 2035	Mutual funds	**	31,055,248
	Vanguard Target Retirement 2030	Mutual funds	**	29,574,814
	BNY Mellon U.S. Mid-Cap Index Fund	Commingled funds	**	24,250,383
	Vanguard Target Retirement 2040	Mutual funds	**	23,038,472
	Vanguard Target Retirement 2045	Mutual funds	**	17,523,024
	Vanguard Target Retirement 2025	Mutual funds	**	16,147,430
	Vanguard Target Retirement 2050	Mutual funds	**	14,050,010
*	Voya Mid-Cap Opportunities Portfolio	Mutual funds	**	11,421,275
	Vanguard Target Retirement 2055	Mutual funds	**	9,778,505
	RiverSource Stable Capital Fund	Commingled funds	**	9,134,345
	Wells Fargo Stable Return Fund	Commingled funds	**	9,134,345
	New York Life Insurance Company Anchor Account	Commingled funds	**	9,134,345
	Putnam Stable Value Fund	Commingled funds	**	9,134,345
	Columbia Small Cap Growth I Adv Fund	Mutual funds	**	7,317,685
	Neuberger Berman Large Cap Value Fund	Mutual funds	**	7,092,684
	Vanguard Target Retirement 2020	Mutual funds	**	6,417,719
	Victory Sycamore Established Value Fund	Mutual funds	**	6,339,992
	MFS International Diversification Fund	Mutual funds	**	5,437,040
	Vanguard Target Retirement Income Fund	Mutual funds	**	5,432,847
	Self-Managed Account	Other	**	5,408,391
	Vanguard Target Retirement 2060	Mutual funds	**	4,718,279
	BNY Mellon U.S. Small-Cap Index Fund	Commingled funds	**	4,338,938
	Vanguard Treasury Money Market Fund	Mutual funds	**	3,889,152
	Victory Integrity Small-Cap Value Fund	Mutual funds	**	3,668,900
	Cohen & Steers Realty Shares	Mutual funds	**	2,835,806
	Vanguard Target Retirement 2065	Mutual funds	**	1,177,670
	Vanguard Target Retirement 2070	Mutual funds	**	62,639
	Total participant-directed investments at fair value			<u>522,944,186</u>
*	Participant loans	Interest rates, 7.50% to 8.50%, various maturities	-0-	<u>5,928,141</u>
		Total		<u>\$ 528,872,327</u>

* Party-in-interest.

** Cost omitted for participant-directed investments.

See independent auditor's report.

HUNTER DOUGLAS, INC. EMPLOYEE SAVINGS 401(K) PLAN
EIN# - 13-2614416 Plan # - 004

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-in- interest	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	BNY Mellon	BNY Mellon U.S. Stock Index Fund		78,307,326
	American Funds	American Funds Bond Fund of America R5		49,448,404
	International Index Fund	International Index Fund		39,966,775
	JP Morgan	JP Morgan Large Cap Growth		46,496,149
	JP Morgan	JP Morgan U.S. Equity Fund		31,211,249
	BNY Mellon	BNY Mellon U.S. Mid-Cap Index Fund		24,250,383
	Vanguard	Vanguard Target Retirement 2030		29,574,814
	Vanguard	Vanguard Target Retirement 2025		16,147,430
	Vanguard	Vanguard Target Retirement 2035		31,055,248
	Vanguard	Vanguard Target Retirement 2020		6,417,719
	Vanguard	Vanguard Target Retirement 2040		23,038,472
*	Voya	Voya Mid-Cap Opportunities Portfolio		11,421,275
	RiverSource	RiverSource Stable Capital Fund		9,134,345
	Wells Fargo	Wells Fargo Stable Return Fund		9,134,345
	New York Life Insurance Company	New York Life Insurance Company Anchor Account		9,134,345
	Putnam	Putnam Stable Value Fund		9,134,345
	Vanguard	Vanguard Target Retirement 2045		17,523,024
	Vanguard	Vanguard Target Retirement 2050		14,050,010
	Columbia	Columbia Small Cap Growth I Adv		7,317,685
	Victory	Victory Sycamore Established Value Fund		6,339,992
	Neuberger Berman	Neuberger Berman Large Cap Value Fund		7,092,684
	BNY Mellon	BNY Mellon U.S. Small-Cap Index Fund		4,338,939
	Victory	Victory Integrity Small-Cap Value Fund		3,668,900
	Vanguard	Vanguard Target Retirement 2055		9,778,505
	Self-Managed Account	Self-Managed Account		5,408,391
	Cohen & Steers	Cohen & Steers Realty Shares		2,835,806
	Vanguard	Vanguard Target Retirement Income Fund		5,432,847
	MFS	MFS Int Div		5,437,040
	Vanguard	Vanguard Target Retirement 2060		4,718,279
	Vanguard	Vanguard Target Retirement 2065		1,177,670
	Vanguard	Vanguard Treasury Money Market Fund		3,889,152
	Vanguard	Vanguard Target Retirement 2070		62,640
*	Participant Loans	Interest rates, 7.5% to 8.5%,		5,928,141
			Total	<u>\$ 528,872,329</u>