Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

1b Three-digit plan number (PN) 001

1c Effective date of plan
11/01/1950

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

TOTAL REWARDS MN126-01-L7D

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

2b Employer Identification Number (EIN)
41-0123208

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

2d Business code (see instructions)
321900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2026	KRISTINE JORDAHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	5523
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1446
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1246
b	Retired or separated participants receiving benefits	**6b**	1964
c	Other retired or separated participants entitled to future benefits	**6c**	690
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3900
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	72
f	Total. Add lines **6d** and **6e**.	**6f**	3972
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	24
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 Characteristic Codes in the instructions:

1A 1B 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDERSEN CORPORATION	**D** Employer Identification Number (EIN) 41-0123208

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
42-0127290	61271	308689	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2949531
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	2852756
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	104678		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	104678
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2957434
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	9851		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ RETIREE ALLOCATION ADJUSTMENT	7e(4)	-1948		
	(5) Total deductions			7e(5)	7903
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2949531

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

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

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
42-0127290	61271	308690	0	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1354863
5	Current value of plan's interest under this contract in separate accounts at year end	5	414166

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	1318804
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	49363		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	49363
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1368167
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	8666		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ RETIREE ALLOCATION ADJUSTMENT	7e(4)	4638		
	(5) Total deductions			7e(5)	13304
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1354863

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

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

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
42-0127290	61271	806024	480	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	**4**	0
5 Current value of plan's interest under this contract in separate accounts at year end	**5**	1212243

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	773517376
b Actuarial value	**2b**	802045643

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3342	523357148	523357148
b For terminated vested participants	735	72504612	72504612
c For active participants	1446	262733940	291914747
d Total	5523	858595700	887776507

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	17066366
b Expected plan-related expenses	**6b**	5250000
c Target normal cost	**6c**	22316366

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

07/07/2026
Date

KRISTOFF M HENDRICKSON, FSA, EA
Type or print name of actuary

26-07525
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

952-842-7000
Telephone number (including area code)

8400 NORMANDALE LAKE BLVD
SUITE 1700
MINNEAPOLIS, MN 55437-3837

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	129425621
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30584099
9	Amount remaining (line 7 minus line 8)	0	98841522
10	Interest on line 9 using prior year's actual return of -1.37 %	0	-1354129
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		9103394
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	88383999

Part III Funding Percentages

14	Funding target attainment percentage	14	80.38 %
15	Adjusted funding target attainment percentage	15	80.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	22316366
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	174114863	17163380
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _________ Day _________ Year _________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	39479746

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		39479746	39479746

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

U.S. BANCORP FUND SERVICES, LLC

39-1939072

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

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

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

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

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

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

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1592929	Yes [X] No [ ]	Yes [X] No [ ]	573791	Yes [ ] No [X]

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

TOWERS WATSON DELAWARE, INC.

53-0181291

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	512905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

U.S. BANK, NATIONAL ASSOCIATION

31-0841368

(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?
19 21 50	NONE	247878	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	36494	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29642	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I **Service Provider Information (continued)**

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	**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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

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: ANDERSEN PENSION PLANS MASTER TRUST

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

c EIN-PN 82-1241419-001 | **d** Entity code M | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 675778347

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-086 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1260935

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND SA

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-005 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 350708

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SA

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-024 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14766

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

Part I Asset and Liability Statement

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

Assets		**(a)** Beginning of Year	**(b)** End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	1657	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(2) U.S. Government securities	**1c(2)**		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	**1c(4)(A)**		
(B) Common	**1c(4)(B)**		
(5) Partnership/joint venture interests	**1c(5)**		
(6) Real estate (other than employer real property)	**1c(6)**		
(7) Loans (other than to participants)	**1c(7)**		
(8) Participant loans	**1c(8)**		
(9) Value of interest in common/collective trusts	**1c(9)**		
(10) Value of interest in pooled separate accounts	**1c(10)**	1715246	1626409
(11) Value of interest in master trust investment accounts	**1c(11)**	767260657	675778347
(12) Value of interest in 103-12 investment entities	**1c(12)**		
(13) Value of interest in registered investment companies (e.g., mutual funds)	**1c(13)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**	4171560	4304394
(15) Other	**1c(15)**		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
1e	Buildings and other property used in plan operation	1e		
1f	Total assets (add all amounts in lines 1a through 1e)	1f	773149120	681709150

Liabilities

1g	Benefit claims payable	1g		
1h	Operating payables	1h		
1i	Acquisition indebtedness	1i		
1j	Other liabilities	1j		
1k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0

Net Assets

1l	Net assets (subtract line 1k from line 1f)	1l	773149120	681709150

Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		378834
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		78114569
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		78493403

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49850456	
(2) To insurance carriers for the provision of benefits	2e(2)	113096484	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		162946940
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	55011	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29642	
(5) Investment advisory and investment management fees	2i(5)	1592929	
(6) Bank or trust company trustee/custodial fees	2i(6)	247878	
(7) Actuarial fees	2i(7)	512905	
(8) Legal fees	2i(8)	1100	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4546968	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6986433
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		169933373

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-91439970
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575996.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

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): 41-6271370 ____________

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 22.00 % Private Equity: 3.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 66.00 %
High-Yield Debt: 1.00 % Real Assets: 5.00 % Cash or Cash Equivalents: 3.00 % Other: 0.00 %

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__________.

Andersen Corporation Employees' Pension and Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedule
Years Ended December 31, 2025 and 2024

Andersen Corporation Employees' Pension and Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedule

Years Ended December 31, 2025 and 2024

Andersen Corporation Employees’ Pension and Retirement Plan

Years Ended December 31, 2025 and 2024

Contents

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Independent Auditor's Report

The Benefits and Compensation Committee
Andersen Corporation Employees' Pension and Retirement Plan
Bayport, Minnesota

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

We have performed audits of the financial statements of the Andersen Corporation Employees' Pension and Retirement 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), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and

- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedule Required by ERISA

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 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 GAAS. 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

July 16, 2026

Financial Statements

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Interest in Master Trust, at fair value	**$ 675,778,347**	$ 767,260,657
Investments in pooled separate accounts, at fair value	**1,626,409**	1,715,246
Guaranteed investment contracts, at contract value	**4,304,394**	4,171,560
Total Investments	**681,709,150**	773,147,463
Accrued interest and dividends receivable	**-**	1,657
Total Assets	**681,709,150**	773,149,120
Net Assets Available for Benefits	**$ 681,709,150**	$ 773,149,120

See accompanying notes to financial statements.

Andersen Corporation Employees' Pension and Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income (loss):		
Plan's interest in Master Trust investment income (loss)	**$ 78,114,569**	$ (9,806,190)
Interest and dividend income	**151,351**	178,596
Net appreciation (depreciation) in fair value of investments	**227,483**	(490,131)
Total Investment Income (Loss)	**78,493,403**	(10,117,725)
Total Additions, Net of Investment Income (Loss)	**78,493,403**	(10,117,725)
Deductions		
Payments to provide benefits directly to participants or their beneficiaries	**49,850,456**	45,823,556
Transfer to insurance company	**113,096,484**	-
Administrative expenses	**6,986,433**	3,932,607
Total Deductions	**169,933,373**	49,756,163
Net Additions (Deductions)	**(91,439,970)**	(59,873,888)
Net Assets Available for Benefits, beginning of year	**773,149,120**	833,023,008
Net Assets Available for Benefits, end of year	**$ 681,709,150**	$ 773,149,120

See accompanying notes to financial statements.

Statement of Accumulated Plan Benefits

Year ended December 31, 2024		
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$	472,607,264
Other participants		278,474,915
Total Vested Benefits		751,082,179
Non-Vested Benefits		25,133,250
Total Actuarial Present Value of Accumulated Plan Benefits	$	776,215,429

See accompanying notes to financial statements.

Andersen Corporation Employees' Pension and Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2024	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 749,132,266
Increase (decrease) during the year attributable to:	
Benefits accumulated	14,927,895
Increase for interest due to decrease in the discount period	50,027,516
Actuarial losses	3,833,038
Increase due to change in assumptions	4,118,270
Benefits paid	(45,823,556)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 776,215,429

See accompanying notes to financial statements.

1. Plan Description

The following description of Andersen Corporation Employees' Pension and Retirement Plan (the Plan) is intended to highlight the principal provisions of the Plan. Participants should refer to the comprehensive plan document for a more complete description of the Plan's provisions.

General

Andersen Corporation (the Company) established the Plan in 1950. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Certain plan benefits are insured by the Pension Benefit Guaranty Corporation (PBGC).

The Plan is administered by the Company's Benefits and Compensation Committee (the Committee). The Committee has overall responsibility for the administration of the Plan. U.S. Bank National Association is the Trustee and Custodian of the Plan.

Eligibility

Employees are eligible to participate in the Plan if they are at least 21 years of age and if they are employees of the Company and certain of its subsidiaries that have adopted the Plan. Prior to January 1, 2008, an employee became eligible to participate in the Plan on either the January 1 or July 1 that follows the last day of the first employment year, after the employee completes one year of continuous service.

Effective January 1, 2008, the Company closed participation in the Plan to employees hired or rehired after December 31, 2007. A participant who ceased active participation in the Plan and was rehired after December 31, 2007, is not eligible to accrue additional benefits after December 31, 2007. Existing participants will continue to accrue the historical benefits under the Plan. The Plan also contains rules for determining service for purposes of vesting and benefit accrual.

The former Morgan Products Ltd. Hourly Employees' Pension Plan covered certain hourly employees of Morgan Products Ltd. and former participants of the Restated Nicolai Company and Millmen's Local No. 1746 Pension Plan. Effective December 31, 2001, benefit accruals ceased for all participants in the former plan, and entry into the former plan was frozen. These participants were merged into the Plan on January 1, 2010.

Effective January 1, 2010, the former EMCO Enterprises, Inc. Retirement Plan covers any employee who is represented for collective bargaining purposes by International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, Local No. 1672 and has met the probation period as stated in the collective bargaining agreement. These participants were merged into the Plan on January 1, 2010.

Plan Benefits

The monthly benefit is determined by three factors:

a. Service benefit – based on years of credited service (up to 30)
b. Basic wage benefit – based on a percentage of annual compensation
c. Special pre-62 transaction supplement for certain grandfathered employees

Pension benefit payments are in the form of a monthly payment for life. The Plan provides that married participants will receive benefits in one of the following ways:

a. In a single life annuity
b. In a 50% qualified joint and survivor annuity
c. In a 75% qualified joint and survivor annuity, available for benefits commencing after January 1, 2008

The Plan also provides a benefit for the surviving spouse of an active employee who dies with more than five years of service.

The Plan provides for normal retirement at age 65 (which is not mandatory) and also has provisions for early retirement. The provisions for early retirement benefits are available to participants who have attained age 55 and have at least five years of service.

The monthly benefit is reduced in cases of early retirement, terminated vested participants (i.e., more than five years of service), and permanently disabled participants who were disabled prior to June 1, 1999, with more than two but less than five years of service. Disabled participants who were disabled prior to June 1, 1999, with five or more years of service are entitled to full benefits.

The monthly benefit is increased actuarially for participants who begin their benefits after age 65.

Vested participants formerly covered by the Morgan Products Ltd. Hourly Employees' Pension Plan or the EMCO Enterprises, Inc. Retirement Plan are entitled to annual pension benefits beginning at normal retirement age (the later of attaining age 65 or five years of continuous service, for certain participants). The normal monthly pension benefit is equal to a specified monthly retirement benefit amount multiplied by the years of benefit service as defined by the Plan document. A reduced benefit upon early retirement is available to participants beginning at age 55 for certain participants, if certain service requirements are met.

If a participant with a vested benefit dies prior to commencing a pension benefit, the participant's surviving spouse is entitled to a benefit equal to 50% of the participant's monthly benefit. Certain active participants who have completed vesting service and age requirements as defined by the Plan document who become totally disabled are eligible for a defined disability retirement benefit based on the normal monthly pension benefit at the date of disability.

Vesting

Participants become fully vested in the Plan after completion of five years of continuous service or if a participant terminates after reaching age 65, death, or disability as defined by the Plan document.

All Plan participants of the former Morgan Products Ltd. Hourly Employees’ Pension Plan are fully vested.

Pension Risk Transfer

In the fourth quarter of 2025, the Company entered into an agreement with an insurance company to purchase a group annuity contract. Under this agreement, the Company irrevocably transferred a portion of its defined benefit pension plan obligations and related plan assets to the insurance company. Additional details can be found in Note 12.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Administrative Expenses

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan, including those investments held in the Andersen Pension Plans Master Trust (Master Trust), are stated at fair value, except for the immediate participation contracts, group insurance contracts under which the Company’s unallocated account is credited with its share of actual investment income for the year, which are recorded at contract value (see Note 7). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 and Note 5 for further discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the employees for services rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024, were as follows:

Description	Assumption
Mortality rate	Pri-2012 gender specific no collar benefit weighted base tables, with separate mortality rates for non-disabled annuitants and non-annuitants and rates decreased by 5.6% to reflect the 2024 Andersen mortality study. Two-dimensional, generational mortality improvements from 2012 forward are based on the SOA RPEC_2014 v2020 model with long-term improvement rate (LTIR) of 0.85% until age 62, linear reduction to 0.75% at age 80, 0.15% at age 95, and 0% at age 105 and convergence to the LTIR over ten years.
Expected long-term return on plan assets	6.75%
Retirement age	Various rates ranging from 5% at age 55 to 100% at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The impact of the transfer of the benefit obligation related to the purchase of annuity contracts in November 2025 is not reflected in the Statement of Accumulated Plan Benefits. See additional details in Note 12.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, the Plan's interest in Master Trust investment income (loss) and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association and Principal Life Insurance Company, qualified institutions.

4. Interest in Master Trust

Certain of the Plan's assets are invested in the Master Trust. The purpose of the Master Trust is the collective investment of assets of participating plans. Each participating plan's interest in the Master Trust was based on account balances of the plans and the investment funds relating to the Plan. The Master Trust's assets are allocated among the participating plans by assigning to each Plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, based on the fair value of the specific assets assigned to each plan, the income and expenses resulting from the collective investment of the assets of the Master Trust. Investment income and administrative expenses related to the Master Trust are allocated to the individual plans based on the specific investment within each Plan.

The following table presents the investments of the Master Trust as of December 31, 2025 and 2024:

December 31,	**2025**		2024	
	Master Trust Balances	**Plan Interest**	Master Trust Balances	Plan Interest
Investments:				
Short-term investment fund	**$ 1,639,060**	**$ 703,269**	$ 248,521	$ 137,747
Limited Partnership	**15,912,758**	**15,912,758**	5,227,429	5,227,429
Commingled trust fund	**-**	**-**	340,445,627	340,445,627
Common/collective trust funds	**390,053,073**	**374,267,536**	448,410,369	421,449,854
103-12 investment entity	**284,894,784**	**284,894,784**	-	-
	$692,499,675	**$675,778,347**	$ 794,331,946	$ 767,260,657

The following are net appreciation (depreciation) in the fair value of investments and interest and dividend income for the Master Trust for the years ended December 31, 2025 and 2024:

Year ended December 31,	**2025**	2024
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	**$ 79,919,259**	$ (9,903,485)
Interest and dividend income	**131,079**	136,154
Total Investment Income (Loss)	**$ 80,050,338**	$ (9,767,331)

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 1,639,060	$ -	$ -	$ 1,639,060
Limited Partnership	-	-	15,912,758	15,912,758
	$ 1,639,060	$ -	$ 15,912,758	17,551,818
Investments measured at net asset value:				
Common/collective trust funds				390,053,073
103-12 investment entity				284,894,784
Total Investments, at fair value				$ 692,499,675

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 248,521	$ -	$ -	$ 248,521
Limited Partnership	-	-	5,227,429	5,227,429
	$ 248,521	$ -	$ 5,227,429	5,475,950
Investments measured at net asset value:				
Common/collective trust funds				448,410,369
Commingled fund				340,445,627
Total Investments, at fair value				$ 794,331,946

Beginning with the 2025 plan year, the Multi-Asset Core Plus Fund will be a Direct Filing Entity under ERISA guidelines and is classified, in 2025, to the 103-12 investment entity category. In 2024, the Multi-Asset Core Plus Fund was not a Direct Filing Entity under ERISA guidelines and was, in 2024, classified to the Commingled trust fund category.

5. Fair Value Measurements

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

Fair value measurements are categorized as follows:

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

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

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

There have been no changes in the methodologies used at December 31, 2025 or 2024, except for the change, in 2025, of the Multi-Asset Core Plus Fund to a classification of 103-12 investment entity, as discussed in Note 4. The following is a description of the valuation methodologies used for assets measured at fair value:

Short-term investment fund includes a money market fund that is Level 1 and is valued at the daily closing price as reported by the fund.

Common/collective trust funds (CCTs) include the Russell Investments Trust Company Real Estate Equity Fund, U.S. Government Fixed Income Fund, 8-Year LDI Fixed Income Fund, 14-year LDI Fixed Income Fund, 10-15 Year STRIPS Fixed Income Fund, 15-20 Year STRIPS Fixed Income Fund and 25+ Year STRIPS Fixed Income Fund and are valued based on the NAV provided by the administrator of the fund and is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The common/collective funds are invested in bonds, bond derivatives that provide liability hedging, and equity funds that provide broad equity and bond market exposure. The Real Estate Equity Fund provides for redemption requests with notice at least 110 days prior to the calendar quarter end. Each of the remaining CCTs provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities.

The Russell Investments Institutional Funds, LLC Multi-Asset Core Plus Fund is a 103-12 investment entity and is a direct filing entity in 2025. In 2024, the fund was not a direct filing entity and was classified as a commingled fund. In both years the fund is valued based on the NAV provided by the administrator of the fund, and is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. This fund provides broad bond, equity, and market exposure. This fund provides for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to this investment.

The Russell Investments Trust Company Private Markets 2023 SCSp is a limited partnership. This investment is valued at fair value as determined by the general partner of the limited partnership and approved by the trustee. The Fund is a close-ended fund investing in illiquid assets with no withdrawal provisions prior to the general partner making distributions to all investors. The Fund seeks to outperform the public markets in the long term, while seeking to reduce volatility through direct investment in a diversified portfolio of private market funds and separately managed accounts, secondary purchases of interests in private market funds and co-investments alongside third-party investment managers. Unfunded commitments as of December 31, 2025 and 2024 totaled $37,426,009 and $46,587,092, respectively.

The Plan's assets, held outside the trust, at December 31, 2025 and 2024, are invested in pooled separate accounts, totaled $1,626,409 and $1,715,246, respectively, and are measured at NAV, as further described below. Pooled separate accounts are investments issued by insurance carriers where the insurance company calculates the NAV of the investment, which is then used as a practical expedient to estimate fair value. The NAV is typically calculated daily and is determined based on the investment results of the separate account. Pooled separate accounts are invested in equity and bond market funds and provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities. These investments are held outside of the Master Trust and are not included in Note 4 but are measured at fair value on the statements of net assets available for benefits.

6. Funding Policy

The Company's Board of Directors has the power to determine the method by which the Plan will be funded and may change the method of funding from time to time. Presently, the Plan is being funded by means of a trust into which the Company contributes amounts equal to or exceeding the minimum amounts required by ERISA or amounts necessary to comply with any provisions of certain collective bargaining agreements. The Plan has met the ERISA minimum funding requirements.

7. Insurance Contracts

The Plan holds Principal Life Insurance Company (Principal) Immediate Participation Guarantee (IPG) group annuity contracts for certain participants. An IPG contract is a type of group annuity contract used for funding retirement plans, where the employer's unallocated account is credited with its share of the actual investment income earned by the insurance company. The contracts include both allocated and unallocated portions. The amounts allocated for participants generally mean that individual, specific annuities have been purchased for participants using premiums paid, while unallocated amounts are collectively held and individual annuities have not yet been purchased. Principal is primarily responsible for making the monthly payments to these retired employees, and the Plan is contingently liable. The unallocated portions of the group annuity contracts are presented at contract value in the statement of net assets. The allocated portions of the group annuity contracts and the related liability for the applicable retirees are not included in the financial statements.

8. Risks and Uncertainties

The Plan and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 the amounts reported on the statements of net assets available for benefits.

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

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

The Master Trust's assets are invested in funds managed by the Trustee and Custodian of the Plan. The Plan's investments outside of the Master Trust are managed by the contract holder Principal.

As described in Note 1, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

10. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 28, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore, the related trust is exempt from taxation. Although the Plan has been amended since the date of the determination letter, Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt.

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

11. Plan Termination

Although it has not expressed any intention 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 set forth in ERISA.

In the event the Plan does terminate, the net assets of the Plan will generally be allocated to participants in the order indicated:

a. Benefits attributable to participants who have rolled over into the Plan contributions from the Andersen Corporation Employee Stock Ownership Plan and/or the Andersen 401(k) Plan.
b. Benefits to participants to whom the payment of pensions commenced at least three years prior to the termination date of the Plan and to participants who have passed their respective normal retirement dates at least three years prior to the termination date of the Plan but who have not in fact retired.
c. Benefits to participants to whom the payment of pensions commenced less than three years prior to the termination date of the Plan and to participants who have passed their respective normal retirement dates less than three years prior to the termination date of the Plan but who have not in fact retired.
d. Benefits to participants who have acquired vested rights (in order of participants with the greatest age-service factor to participants with the lowest age-service factor).
e. Benefits to other participants.
f. Any assets remaining in the trust fund after the distributions to participants will be paid to the participating employer.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitation.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

12. Pension Risk Transfer

In November 2025, the Plan entered into a purchase agreement with Delaware Life Insurance Company (Delaware Life) to provide a standard single premium guaranteed annuity contract (GAC) in connection with the settlement of liabilities associated with certain benefits under the Plan.

Under the terms of the GAC, the obligation to make future pension payments transferred to Delaware Life, and participants ceased to be participants in the Plan. Delaware Life will make all future benefit payments to the Plan's participants and beneficiaries. The GAC provides for the continued payment of the participants' pension benefit in the same form that was in effect under the Plan immediately before the annuity purchase, including any beneficiary designation and survivor benefit. The purchase price of the annuity contract was approximately $113.1 million and is reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025. Under the terms of the GAC, the obligation to make future pension payments began on January 1, 2026.

13. Subsequent Events

The Plan has evaluated subsequent events after the statement of net assets date of December 31, 2025 through July 16, 2026, which is the date that the accompanying financial statements were available to be issued.

ERISA-Required Supplemental Schedule

Andersen Corporation Employees’ Pension and Retirement Plan

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

EIN: 41-0123208 **Plan Number: 001**

December 31, 2025

(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
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Stock Separate Account (5,121 shares)	$ 51,206	$ 414,166
*	Principal Life Insurance Company	Principal Core Plus Bond (254 shares of the separate account)	218,595	350,708
*	Principal Life Insurance Company	Group Stock (10,469 shares of the separate account)	145,015	846,769
*	Principal Life Insurance Company	Liquid Assets (246 shares of the separate account)	14,200	14,766
	Subtotal Pooled Separate Accounts		429,016	1,626,409
	Guaranteed Investment Contracts			
*	Principal Life Insurance Company	General Investments Fund; Contract No. (3)08689; 3.67 % average rate of return	2,949,531	2,949,531
*	Principal Life Insurance Company	General Investments Fund; Contract No. (3)08690; 3.75 % average rate of return	1,354,863	1,354,863
	Subtotal Guaranteed Investment Contracts		4,304,394	4,304,394
	Total		$ 4,733,410	$ 5,930,803

* A party-in-interest, as defined by ERISA.

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	84,882,609	15.00000	84,882,609	7,914,492
2. Shortfall	01/01/2024	(16,340,829)	14.00000	(15,224,207)	(1,486,694)
3. Shortfall	01/01/2023	117,225,361	13.00000	104,456,461	10,735,582
Total				174,114,863	17,163,380

Plan Name: Andersen Corporation Employees’ Pension and Retirement Plan
EIN / PN: 41-0123208/001
Plan Sponsor: Andersen Corporation
Valuation Date: January 1, 2025

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.37%	5.33%

Demographic and Other Assumptions

Compensation/Salary Increases

The rate of compensation increase varies by age group with a dollar weighted average for the current population of approximately 3.50%. Specific assumptions are shown below :

Age	Compensation Increase Rate
Under 35	N/A
35-39	6.00%
40-44	5.00%
45-49	4.00%
50-54	3.50%
55-59	3.00%
60-64	3.00%
65+	3.00%
Approximate Dollar Weighted Average for Current Population	3.50%

In addition, future salary is projected using an anticipated overtime load of 5.0% (applied to eligible groups) and an anticipated incentive load on base pay (see Table for specific rates).

SCHEDULE SB ATTACHMENTS

Incentive loads on base pay

Pay Grade	Rate
AIP	
• 14B, 14C, 14D	5.0%
• 15B, 15C, 15D	10.0%
• 16B, 16C, 16D	15.0%
• 20C, 20D	18.0%
• 21B, 21C, 21D	24.0%
• 22, 32, 33	
Base pay under $200,000	28.0%
Base pay over $200,000	37.0%
• EX0, EX1, EX2	80.0%
Andersen Division Sales	
• S2B, S2C, S2D, S2E, S4C, S4D, S5C, S5E, S8C, S8D, S8E	$20,000
• S3B, S3C, S3D, S3E, S6B, S6D, S7B, S7C, S7D, S7E	$30,000
The Home Depot Sales	
• H1B, H1C, H1D, H1E, H7C	$20,000
• H2	$60,000
• H5C	$30,000
• H6C	25.0%
Renewal by Andersen Sales Support	
• I2C, I2D, I3C, I4C	$3,500
• 66C, 77C	20.0%
• 61C, 63C	32.0%
• N7C	$10,000

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum deductible contribution purposes, the National Average Wage Index is assumed to increase by 3.50% per annum.

Future Increases in Maximum Benefits and Plan Compensation/Salary Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

For determining the maximum deductible contribution, it was assumed that the maximum benefit and plan compensation limitations under the Internal Revenue Code will increase 2.50% per year in the future.

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	All employees enter the Plan on the January 1 or July 1 that first occurs after the date on which the employee completes one year of continuous service. Other than EMCO employees, the plan was closed to employees hired on or after January 1, 2008.
Employees	It was assumed there will be no new or rehired employees.
Form of Payment	50% of participants are assumed to elect payments in the form of a single life annuity and 50% of participants are assumed to elect payments in the form of a 50% joint and survivor annuity.
Marriage	For purposes of valuing the pre-retirement surviving spouse's benefit and 50% joint and survivor annuity, 70% of eligible male participants are assumed to be married and 65% of eligible female participants are assumed to be married. Male participants are assumed to be two years older than their spouses and female participants are assumed to be two years younger than their spouses.

Demographic Assumptions

Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled Mortality	*Andersen*: N/A *Morgan & EMCO*: The pre-1995 and post-1994 disabled mortality tables specified in IRS Revenue Ruling 96-7.

Disability Rates

Andersen: None.

Morgan: One-fourth of the Railroad Retirement System rates.

EMCO: 1987 Commissioner's Group Disability Table, six month elimination period, male and female.

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate are shown below at various ages:

Age	Andersen & Morgan	EMCO
27	N/A	30.00%
32	5.50%	25.00%
37	3.50%	20.00%
42	3.00%	20.00%
47	2.50%	10.00%
52	2.00%	10.00%
57	0.00%	15.00%
62+	0.00%	20.00%

Andersen: Terminated vested participants are assumed to commence at the later of age 62 or termination of employment.

Morgan: Terminated vested Nicolai Bargaining and Nicolai Non-Bargaining participants are assumed to commence retirement benefits at the later of age 62 or termination of employment. Other terminated vested participants are assumed to commence retirement benefits at the later of age 65 or termination.

EMCO: Terminated vested participants are assumed to commence at the later of age 65 or termination of employment.

Retirement

The rates at which active participants retire by age and group are shown below:

Age	Retirement Rates: Does not meet Rule of 85	Meets Rule of 85	Meets Rule of 94 at age 56	Meets Rule of 94 at age 57
<55	0.00%	0.00%	0.00%	0.00%
55	5.00%	10.00%	10.00%	10.00%
56	5.00%	5.00%	35.00%	5.00%
57	5.00%	10.00%	35.00%	35.00%
58	5.00%	10.00%	25.00%	35.00%
59	5.00%	20.00%	25.00%	25.00%
60	5.00%	20.00%	20.00%	20.00%
61	10.00%	25.00%	25.00%	25.00%
62	15.00%	45.00%	45.00%	45.00%
63	15.00%	40.00%	40.00%	40.00%
64	15.00%	40.00%	40.00%	40.00%
65	30.00%	40.00%	40.00%	40.00%
66	30.00%	40.00%	40.00%	40.00%
67	40.00%	50.00%	50.00%	50.00%
68	40.00%	50.00%	50.00%	50.00%
69	50.00%	50.00%	50.00%	50.00%
70+	100.00%	100.00%	100.00%	100.00%

Additional Assumptions

Administrative expenses

Prior year actual administrative expenses excluding investment expenses and PBGC premiums plus estimated current year PBGC premiums, rounded to the nearest multiple of $25,000. 2025 assumption is $5,250,000.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2025 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Andersen Corporation and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Data Sources

Participant Data	Andersen Corporation furnished participant data as of January 1, 2025. Data were reviewed for reasonableness and consistency, but no audit was performed.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of increase in compensation	Assumed increases in compensation are based on an experience study conducted in 2024.

Rates of increase in statutory limits (CPI)	The assumed CPI is based on an assumed progression from recently experienced CPI to the long-term expected level.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were developed based on an experience study conducted in 2024.
Retirement	Retirement rates were developed based on an experience study conducted in 2024.
Form of Payment	Form of payment assumption was developed based on an experience study conducted in 2024.
Marriage	The marriage assumption was developed based on an experience study conducted in 2024.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Changes in assumptions since last actuarial valuation

- The segment interest rates reflecting corridors used to calculate the funding target and target normal cost were updated from an applicable month of September 2023 to September 2024.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the prescribed generational mortality tables for the 2025 plan year.
- An experience study was performed in 2024, and as a result assumed rates of retirement, termination, and compensation increase were changed to better reflect anticipated future experience.
- The overtime load was increased from 2% to 5%.

Changes in methods since last actuarial valuation

- None.

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Andersen Corporation

Plan

Andersen Corporation Employees' Pension and Retirement Plan

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

January 1 or July 1 that first occurs after the date on which the employee completes one year of continuous service. The plan was closed to employees hired on or after January 1, 2008.

Continuous Service/Credited Service

Employment years of service with 1,000 or more Hours of Service.

Average Annual Compensation

Average of highest three consecutive calendar years out of the 10 consecutive calendar years of service preceding retirement; minimum $4,000.

Covered Compensation

In the year of termination, the 35-year average of the Social Security Wage Base for someone reaching the Social Security Normal Retirement Age in that year.

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: Age 65.Based on the greater / greatest of the following formulas
Annual Benefit Formula: The sum of (a) and (b), where:

(a) 30% of the Participant's Average Annual Compensation,

(b) 15% of the Participant's Average Annual Compensation in excess of Covered Compensation,

multiplied by a fraction, the numerator of which is the number of Years of Credited Service completed by the Participant or 30, if less, and the denominator of which is 30.

Minimum Benefit: For participants who were participants on December 31, 1997 and who retire prior to January 1, 2008 after attaining age 62 with at least 10 Years of Credited Service, the following minimum benefit applies:

Whole Years of Credit Service Completed at Age 62	Minimum Annual Benefit Expressed as a Percent of Average Annual Compensation
12 or Less	18.0%
13	18.5%
14	19.0%
15	19.5%
16 or 17	20.0%
18 or 19	20.5%
20 or more	21.0%

Early Retirement Benefit

Eligibility: Retirement after the attainment of age 55 and the completion of 5 Years of Service.

Benefit: The Normal Retirement Benefit with the following reductions:

a) for commencement between ages 55 and 65, the benefit is reduced 6% per year for the first five years that commencement precedes age 65, and 4% per year of each of the next 5 years.

b) for retirement after age 55 and after age plus service equals 85, the benefit is reduced 6% per year for the first two years that commencement precedes age 62, and 4% per year for the next five years.

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Eligibility: Termination for reason other than death or retirement after completing five Years of Credited Service.

Benefit: Payable at age 65, Normal Retirement Benefit to date of termination. This benefit can start on a reduced basis prior to age 65 when the participant attains the Early Retirement Age. The early commencement reduction is the same as applied under Early Retirement.

Pre-Retirement Spouse Death Benefit

Eligibility: Five years of Credited Service, married at least one year prior to death, and either still employed, vested termination, or an early retirement that has not yet commenced benefit payment.

Benefit: 50% of the Participant's actuarially reduced benefit determined as if he had terminated on the earlier of the date of his death or his actual termination date, survived until his early retirement age, elected the 50% Joint and Survivor option and then died. Benefit is then payable for the lifetime of the surviving spouse.

Retirement Supplement Benefit

Participants who were employees on December 31, 1997 are eligible for a supplemental benefit based on their age on the 1128 date (Rule of 94) and Average Annual Compensation. The Supplemental benefit ranges from $50 to $600 per month. The benefit ceases at age 62.

Optional Forms of Retirement Income in Lieu of Normal Form

50% Joint and Survivor, 75% Joint and Survivor.

Actuarial equivalence is based on 5.0% interest and the RP-2000 Healthy Annuity Mortality Table for Males and Females.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Schedule SB, Part V
Summary of Plan Provisions – Morgan Formula Participants

Plan Sponsor

Andersen Corporation

Effective date

Effective December 31, 1984, the eight hourly pension plans sponsored by Morgan Products Ltd. were merged into a single plan - the Morgan Products Ltd. Hourly Employees' Pension Plan - which incorporated the provisions of the separate plans as they applied to their respective employee groups. Effective December 31, 1989, the Nicolai Retirement Plan was merged with this Plan, and effective December 31, 1994, the Plan for Bargaining Unit Employees of Nicolai Company was merged with this Plan.

Effective February 19, 1999, Morgan Products Ltd. purchased the assets of Adam Wholesalers, Inc. As a result, the plan covers Eligible Employees who are Cincinnati Carpenters, Dayton Millmen, Indianapolis Teamsters, Louisville Carpenters, or Woodbury Teamsters.

Finally, Morgan Products, Ltd. was purchased effective July 29, 1999 by Andersen Corporation under purchase accounting. This set the prepaid/(accrued) expense equal to the funded status and eliminated all unrecognized amounts.

Eligibility

Hourly paid employees of Morgan Products Ltd. who are employed in bargaining units or locations covered by the Plan.

Benefit service

Service is credited from the date of hire. See item below for the freezing of Benefit Service. Benefit Service for employees of Adam Wholesalers, Inc. as of February 18, 1999 will commence February 19, 1999. Benefit Service will be limited to 30 years for Woodbury Teamsters.

Schedule SB, Part V
Summary of Plan Provisions – Morgan Formula Participants

Plan Sponsor

Andersen Corporation

Effective date

Effective December 31, 1984, the eight hourly pension plans sponsored by Morgan Products Ltd. were merged into a single plan - the Morgan Products Ltd. Hourly Employees' Pension Plan - which incorporated the provisions of the separate plans as they applied to their respective employee groups. Effective December 31, 1989, the Nicolai Retirement Plan was merged with this Plan, and effective December 31, 1994, the Plan for Bargaining Unit Employees of Nicolai Company was merged with this Plan.

Effective February 19, 1999, Morgan Products Ltd. purchased the assets of Adam Wholesalers, Inc. As a result, the plan covers Eligible Employees who are Cincinnati Carpenters, Dayton Millmen, Indianapolis Teamsters, Louisville Carpenters, or Woodbury Teamsters.

Finally, Morgan Products, Ltd. was purchased effective July 29, 1999 by Andersen Corporation under purchase accounting. This set the prepaid/(accrued) expense equal to the funded status and eliminated all unrecognized amounts.

Eligibility

Hourly paid employees of Morgan Products Ltd. who are employed in bargaining units or locations covered by the Plan.

Benefit service

Service is credited from the date of hire. See item below for the freezing of Benefit Service. Benefit Service for employees of Adam Wholesalers, Inc. as of February 18, 1999 will commence February 19, 1999. Benefit Service will be limited to 30 years for Woodbury Teamsters.

SCHEDULE SB ATTACHMENTS

Frozen dates

Morgan Pension Frozen Dates:

Employee Group	Union	Frozen Date	Location Closed
Nicolai	Non-Union	10/15/86	
Alexandria/Gainsville	Non-Union	09/01/90	05/01/01
Williamsport/Newark	Non-Union	09/01/90	
Morgan Distribution Kansas City	Non-Union	09/01/90	
Columbia, Chesapeake and all other locations	Non-Union	09/01/90	
Nicolai	Millsmen - Local 1746	9/1/1988	
Morgan Distribution Kansas City	Local 541	06/15/92	
Oshkosh Carpenters	Carpenters	02/02/98	02/02/98
Mechanicsburg	Steelworkers - Local 7415	05/31/98	07/10/00
Decatur	Teamsters - Local 279	07/31/98	11/22/00
Scranton	Teamsters - Local 229	01/01/99	
Decatur Paperworkers	UPIU - Local 7828	02/01/99	11/22/00

Adam Pension Frozen Dates:

Employee Group	Union	Frozen Date	Location Closed
Cincinnati	Carpenters	12/31/99	03/31/00
Indianapolis	Teamsters	3/01/00	
Dayton	Millsmen - Local 684	06/01/00	06/01/00
Louisville	Carpenters	01/01/02	05/31/01
Woodbury	Drivers - Teamsters	09/30/99	07/22/00
Woodbury	Non-drivers - Teamsters	06/22/00	07/22/00

Retirement dates

a. Normal Service

Employee Group	Age Requirement	Service Requirement
Non-Adam Morgan Hourly	Age 65	5 Years
Cincinnati Carpenters	Age 62	5 Years
Dayton Millmen	Age 65	None
Indianapolis Teamsters	Age 65	None
Louisville Carpenters	Age 65	None
Woodbury Teamsters	Age 65	5 Years

Plan Name: Andersen Corporation Employees' Pension and Retirement Plan
EIN / PN: 41-0123208/001
Plan Sponsor: Andersen Corporation
Valuation Date: January 1, 2025

b. Early Service

Employee Group	Age Requirement	Service Requirement
Non-Adam Morgan Hourly	Age 55	10 Years
Cincinnati Carpenters	Age 55	15 Years
or	None	20 years
Dayton Millmen	Age 55	10 Years
Indianapolis Teamsters	Age 55	15 Years
Louisville Carpenters	Age 55	15 Years
or	None	20 years
Woodbury Teamsters	Age 55	5 Years

c. Disability

Employee Group	Age Requirement	Service Requirement
Oshkosh Carpenters	None	10 Years
Mechanicsburg Steelworkers	None	10 Years
Decatur Paperworkers	Age 55	20 Years
Morgan Non-union	None	10 Years
Decatur Teamsters	Age 55	10 Years
Morgan Distribution Teamsters	None	10 Years
Morgan Distribution Non-union	None	10 Years
Scranton Teamsters	None	10 Years
Cincinnati Carpenters	None	10 Years
Dayton Millmen	None	10 Years
Indianapolis Teamsters	None	15 Years
Louisville Carpenters	None	10 Years
Woodbury Teamsters	None	15 Years

Retirement benfits

a. Normal

A monthly benefit is payable in life annuity form according to the following schedule of employee groups and benefit levels:

Employee Group	Date of Retirement	Benefit Level
Oshkosh Carpenters	05/02/88 to 05/06/89	$12.00
	05/07/89 to 05/05/90	$13.00
	05/06/90 to 05/04/91	$14.00
	05/05/91 to 05/09/92	$15.00
	05/10/92 to 05/08/93	$16.00
	05/09/93 to 05/07/94	$17.00
	05/08/94 to 05/06/95	$18.00
	05/07/95 to 05/04/96	$19.00
	On or after 05/05/96	$20.00
Mechanicsburg Steelworkers	02/19/88 to 02/17/89	$14.00
	02/18/89 to 02/17/90	$14.50
	02/18/90 to 02/17/91	$15.00
	02/18/91 to 02/17/92	$16.50
	02/18/92 to 02/17/93	$17.00
	02/18/93 to 02/17/94	$17.50
	02/18/94 to 02/18/95	$18.00
	02/19/95 to 02/18/96	$19.00
	On or after 02/19/96	$20.00
Decatur Paperworkers	01/04/89 to 01/03/90	$10.00
	01/04/90 to 01/03/91	$10.50
	01/04/91 to 01/03/92	$11.00
	01/04/92 to 01/03/93	$11.50
	01/04/93 to 01/02/94	$12.00
	01/03/94 to 01/01/95	$12.50
	01/02/95 to 01/01/96	$13.00
	01/02/96 to 01/05/97	$13.50
	01/06/97 to 01/04/98	$14.00
	On or after 01/05/98	$15.00
Morgan Non-union	01/01/87 to 12/31/87	$ 7.50
Alexandria	01/01/88 to 12/31/88	$ 8.50
	On or after 01/01/89	$ 9.50
Williamsport	On or after 1/1/87	$ 7.50
Columbia, Chesapeake,	01/01/87 to 03/01/87	$ 6.50
and all other locations	On or after 03/02/87	$ 7.50

SCHEDULE SB ATTACHMENTS

Employee Group	Date of Retirement	Benefit Level
Decatur Teamsters	07/15/88 to 07/14/90	$ 9.50
	07/15/90 to 07/14/91	$ 9.75
	07/15/91 to 07/14/92	$10.00
	07/15/92 to 07/14/93	$10.50
	07/15/93 to 07/14/94	$11.00
	07/15/94 to 07/14/95	$11.50
	07/15/95 to 07/14/96	$12.00
	07/15/96 to 07/14/97	$12.50
	On or after 07/15/97	$13.50
Morgan Distribution Teamsters	04/01/87 to 03/31/90	$10.00
	04/01/90 to 03/31/91	$10.50
	On or after 04/01/91	$11.50
Morgan Distribution Non-Union	01/01/87 - 11/06/88	$ 9.00
	On or after 11/07/88	$10.50
Scranton Teamsters	12/09/88 to 12/08/89	$ 7.50
	12/09/89 to 12/08/90	$ 8.50
	12/09/90 to 12/08/91	$10.00
	12/09/91 to 12/08/92	$11.00
	12/09/92 to 12/08/93	$12.00
	On or after 12/09/93	$13.00
Cincinnati Carpenters	On or after 2/19/99	$12.00
Dayton Millmen	2/19/99 to 6/01/00	$14.00
Indianapolis Teamsters	2/19/99 to 2/27/99	$12.00
	On or after 2/28/99	$14.00
Louisville Carpenters	On or after 2/19/99	$14.00
Woodbury Teamsters	On or after 2/19/99	$25.00
Nicolai	For Participants formerly of the Nicolai Plans, the monthly Retirement benefit is equal to any prior plan benefit, payable as an annuity guaranteed for 5 years and for life thereafter for the Nicolai Bargaining Participants, and for life only for Nicolai Non-Bargaining Participants. No active participants remain.	

b. Early

Monthly benefit determined as in Item a. above, based on service to date of early retirement, reduced 5% per year from age 65 to age 62 then reduced actuarially from age 62 to age 55 for Oshkosh Carpenters employees. Benefit is reduced 20% for retirement at age 61 and 5% per year thereafter to age 55 for Nicolai Union participants, and reduced actuarially for benefit commencement after age 55 but prior to age 65 for all other Morgan employees except for Nicolai Non-Union. For Nicolai Non-Union and all Adam groups, benefit is reduced by $1/180^{th}$ for each month up to 60 months, then $1/360^{th}$ for each month thereafter.

c. Disability

Monthly benefit determined as in Item a. above, based on service to the date of disablement and payable after 6 months disablement without actuarial reduction, but reduced by any applicable offsets (e.g. workers' compensation benefits). The reduction for Adam division employees is equal to the reduction for early retirement for the first 10 years preceding normal retirement and actuarial equivalent for additional years.

Termination

Upon termination of employment after 5 years of Vesting Service, a benefit freeze, or a partial termination, an employee will be entitled to a deferred vested benefit. This benefit is determined as in Item a. above, based upon the benefit level in effect as of the date of termination, payable in full at age 65 (age 62 for Woodbury Teamsters and Cincinnati Carpenters). Participants who have satisfied the early retirement service requirement may commence payment of a reduced benefit after meeting the age requirement as noted in Item b.

Death benefits

a. Before Retirement

In the event of death of a vested employee prior to retirement, his surviving spouse will be entitled to 50% of the benefit payable to the participant as if he had terminated employment on the day before his death if active, retired at the earliest possible date, under a 50% Joint and Survivor Option, and then died on the following date.

b. After Retirement

The normal form of retirement benefit provides for the payment of a benefit which is actuarially equivalent to the life annuity payment form and provides, further, that upon the death of an employee receiving such a benefit, 50% of the benefit will be continued to his spouse for her lifetime.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Life Annuity, 50% Joint and Survivor, 75% Joint and Survivor, 66-2/3% Joint and Survivor, 100% Joint and Survivor, 5-Year Certain and Life,10-Year Certain and Life, 15-Year Certain and Life. Optional forms available vary by location.

Actuarial equivalence is based on 5.0% interest and the 1983 Group Annuity Mortality Table based on male/female blended rates.

Changes in plan provisions since last actuarial valuation

None.

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Life Annuity, 50% Joint and Survivor, 75% Joint and Survivor, 66-2/3% Joint and Survivor, 100% Joint and Survivor, 5-Year Certain and Life,10-Year Certain and Life, 15-Year Certain and Life. Optional forms available vary by location.

Actuarial equivalence is based on 5.0% interest and the 1983 Group Annuity Mortality Table based on male/female blended rates.

Changes in plan provisions since last actuarial valuation

None.

Schedule SB, Part V
Summary of Plan Provisions – EMCO Formula Participants

Plan Sponsor

Andersen Corporation

Plan Eligibility

An employee covered by the collective bargaining agreement between the Employer and International Union, United Automobile Aerospace & Agricultural Implement Workers of America Local No. 1672.

Normal Retirement Benefit

Age: Attained age 65.

Form: Monthly annuity payable for life (optional forms may be elected in advance of retirement).

Amount (accrued benefit):	Effective 3/21/2004:	$13 times accrual service.
	Effective 3/21/2005:	$14 times accrual service.
	Effective 3/21/2006:	$15 times accrual service.
	Effective 3/21/2008:	$16 times accrual service.

Early Retirement Benefit

Age: Attained age 55.

Service: Ten years of accrual service.

Form: Same as normal retirement benefit.

Amount: Accrued benefit on early retirement date reduced by 5% for each year the early retirement date precedes normal retirement date.

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

Age: No maximum age.

Form: Same as normal retirement benefit.

Amount: The greater of (a) and (b):

a. Accrued benefit as of late retirement date.

b. Accrued benefit as of normal retirement date actuarially increased from the later of January 1, 1982 or normal retirement date

Termination Benefit

Vesting Percentage: Subsequent to completion of five years of vesting service, 100%.

Form: Same as normal retirement benefit with income deferred until normal retirement date.

Amount: Accrued benefit on date of termination multiplied by the vesting percentage.

Disability Benefit

Service: Ten years of accrual service.

Form: Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.

Amount: Accrued benefit on date of disability.

Survivor Annuity Death Benefit

Eligibility: Qualified married participant fully or partial vested in an accrued benefit.

Form: Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than date of death.

Amount: If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Accrual Service: The sum of (a) plus (b):

a. Service prior to March 21, 1970: the sum of all periods worked prior to March 21, 1970 expressed in whole years and fractional parts of a year.

b. Service on or after March 21, 1970: the sum of all service for each accrual compensation period in which he has been credited with hours-of-service as follows:

Hours-of-service during accrual computation period	Accrual service
1,200 or more	1.00 year
1,100 but less than 1,200	.92
1,000 but less than 1,100	.83
900 but less than 1,000	.75
800 but less than 900	.67
700 but less than 800	.58
600 but less than 700	.50
500 but less than 600	.42
400 but less than 500	.33
300 but less than 400	.25
200 but less than 300	.17
100 but less than 200	.08
less than 100	.00

Accrual computation period is March 21 through March 20. For the purposes of this valuation all active employees as of January 1, 2011 were granted a full year of service for the period March 21, 2010 – December 31, 2010.

Actuarial Equivalence: 7.5% interest and the mortality table in Revenue Ruling 95-6.

Optional Forms of Retirement Income in Lieu of Normal Form

50% Joint and Survivor, 75% Joint and Survivor, 100% Joint and Survivor, 5-Year Certain and Life, 10-Year Certain and Life, 15-Year Certain and Life.

Changes in plan provisions since last actuarial valuation

None.

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Less than 85 points

x	q_x^r	l_x	$_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.000	1,000	1.000000	0.000000	0.000000
51	0.000	1,000	1.000000	0.000000	0.000000
52	0.000	1,000	1.000000	0.000000	0.000000
53	0.000	1,000	1.000000	0.000000	0.000000
54	0.000	1,000	1.000000	0.000000	0.000000
55	0.050	1,000	1.000000	0.050000	2.750000
56	0.050	950	0.950000	0.047500	2.660000
57	0.050	903	0.902500	0.045125	2.572125
58	0.050	857	0.857375	0.042869	2.486388
59	0.050	815	0.814506	0.040725	2.402793
60	0.050	774	0.773781	0.038689	2.321343
61	0.100	735	0.735092	0.073509	4.484061
62	0.150	662	0.661583	0.099237	6.152719
63	0.150	562	0.562345	0.084352	5.314163
64	0.150	478	0.477994	0.071699	4.588738
65	0.300	406	0.406294	0.121888	7.922742
66	0.300	284	0.284406	0.085322	5.631241
67	0.400	199	0.199084	0.079634	5.335459
68	0.400	119	0.119451	0.047780	3.249056
69	0.500	72	0.071670	0.035835	2.472627
70	1.000	36	0.035835	0.035835	2.508462

Average age at retirement 62.8519

Plan Name:	Andersen Corporation Employees’ Pension and Retirement Plan
EIN / PN:	41-0123208/001
Plan Sponsor:	Andersen Corporation
Valuation Date:	January 1, 2025

At least 85 points

x	q_x^r	l_x	$_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.000	1,000	1.000000	0.000000	0.000000
51	0.000	1,000	1.000000	0.000000	0.000000
52	0.000	1,000	1.000000	0.000000	0.000000
53	0.000	1,000	1.000000	0.000000	0.000000
54	0.000	1,000	1.000000	0.000000	0.000000
55	0.100	1,000	1.000000	0.100000	5.500000
56	0.050	900	0.900000	0.045000	2.520000
57	0.100	855	0.855000	0.085500	4.873500
58	0.100	770	0.769500	0.076950	4.463100
59	0.200	693	0.692550	0.138510	8.172090
60	0.200	554	0.554040	0.110808	6.648480
61	0.250	443	0.443232	0.110808	6.759288
62	0.450	332	0.332424	0.149591	9.274630
63	0.400	183	0.182833	0.073133	4.607397
64	0.400	110	0.109700	0.043880	2.808318
65	0.400	66	0.065820	0.026328	1.711319
66	0.400	39	0.039492	0.015797	1.042588
67	0.500	24	0.023695	0.011848	0.793789
68	0.500	12	0.011848	0.005924	0.402818
69	0.500	6	0.005924	0.002962	0.204371
70	1.000	3	0.002962	0.002962	0.207333

Average age at retirement	59.9890

Rule of 94 at 56

x	q_x^r	l_x	$_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.000	1,000	1.000000	0.000000	0.000000
51	0.000	1,000	1.000000	0.000000	0.000000
52	0.000	1,000	1.000000	0.000000	0.000000
53	0.000	1,000	1.000000	0.000000	0.000000
54	0.000	1,000	1.000000	0.000000	0.000000
55	0.100	1,000	1.000000	0.100000	5.500000
56	0.350	900	0.900000	0.315000	17.640000
57	0.350	585	0.585000	0.204750	11.670750
58	0.250	380	0.380250	0.095063	5.513625
59	0.250	285	0.285188	0.071297	4.206516
60	0.200	214	0.213891	0.042778	2.566688
61	0.250	171	0.171113	0.042778	2.609466
62	0.450	128	0.128334	0.057750	3.580529
63	0.400	71	0.070584	0.028234	1.778714
64	0.400	42	0.042350	0.016940	1.084169
65	0.400	25	0.025410	0.010164	0.660665
66	0.400	15	0.015246	0.006098	0.402498
67	0.500	9	0.009148	0.004574	0.306447
68	0.500	5	0.004574	0.002287	0.155510
69	0.500	2	0.002287	0.001143	0.078899
70	1.000	1	0.001143	0.001143	0.080042

Average age at retirement	57.8345

Rule of 94 at 57

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x * l_x / l_{50}$
50	0.000	1,000	1.000000	0.000000	0.000000
51	0.000	1,000	1.000000	0.000000	0.000000
52	0.000	1,000	1.000000	0.000000	0.000000
53	0.000	1,000	1.000000	0.000000	0.000000
54	0.000	1,000	1.000000	0.000000	0.000000
55	0.100	1,000	1.000000	0.100000	5.500000
56	0.050	900	0.900000	0.045000	2.520000
57	0.350	855	0.855000	0.299250	17.057250
58	0.350	556	0.555750	0.194513	11.281725
59	0.250	361	0.361238	0.090309	5.328253
60	0.200	271	0.270928	0.054186	3.251138
61	0.250	217	0.216743	0.054186	3.305323
62	0.450	163	0.162557	0.073151	4.535337
63	0.400	89	0.089406	0.035763	2.253038
64	0.400	54	0.053644	0.021458	1.373280
65	0.400	32	0.032186	0.012875	0.836843
66	0.400	19	0.019312	0.007725	0.509830
67	0.500	12	0.011587	0.005794	0.388166
68	0.500	6	0.005794	0.002897	0.196980
69	0.500	3	0.002897	0.001448	0.099938
70	1.000	1	0.001448	0.001448	0.101387

Average age at retirement 58.5385

	# of employees (1)	Average age at retirement (2)	(1) * (2)
Less than 85 points	1,038	62.8519	65,240.29
At least 85 points	250	59.9890	14,997.25
Rule of 94 at 56	41	57.8345	2,371.22
Rule of 94 at 57	117	58.5385	6,849.00
Total	1,446		89,457.76
Average			61.87
Rounded age for SB			62

Plan Name: Andersen Corporation Employees' Pension and Retirement Plan
EIN / PN: 41-0123208/001
Plan Sponsor: Andersen Corporation
Valuation Date: January 1, 2025

Schedule SB, Line 24
Change in Actuarial Assumptions

- An experience study was performed in 2024, and as a result assumed rates of retirement, termination, and compensation increase were changed to better reflect anticipated future experience.
- The overtime load was increased from 2% to 5%.

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	14	0	0	0	0	0	0	0	0	14
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	27	2	0	0	0	0	0	0	0	29
	-	0	-	-	-	-	-	-	-	-	0
30-34	0	22	6	1	0	0	0	0	0	0	29
	-	0	-	-	-	-	-	-	-	-	0
35-39	0	35	8	3	6	0	0	0	0	0	52
	-	0	-	-	-	-	-	-	-	-	12,507
40-44	0	24	3	0	28	42	11	0	0	0	108
	-	0	-	-	131,660	126,500	-	-	-	-	93,197
45-49	0	19	7	3	24	65	125	1	0	0	244
	-	-	-	-	142,016	129,706	108,165	-	-	-	104,207
50-54	0	8	2	2	26	62	154	29	10	0	293
	-	-	-	-	130,726	124,291	110,311	128,813	-	-	111,265
55-59	0	10	12	0	18	102	116	25	96	23	402
	-	-	-	-	-	124,541	93,101	107,242	93,243	82,352	97,872
60-64	0	5	7	1	16	69	62	6	32	19	217
	-	-	-	-	-	99,128	98,021	-	107,998	-	90,139
65-69	0	1	0	0	6	15	14	1	2	8	47
	-	-	-	-	-	-	-	-	-	-	78,001
70 & over	0	3	1	0	0	3	1	1	0	2	11
	-	-	-	-	-	-	-	-	-	-	-
Total	0	168	48	10	124	358	483	63	140	52	1,446

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Andersen Corporation Employees' Pension and Retirement Plan
EIN / PN: 41-0123208/001
Plan Sponsor: Andersen Corporation
Valuation Date: January 1, 2025

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments
As of January 1, 2025

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,895,051	831,424	47,354,746	50,081,221
2026	5,317,674	1,962,426	46,405,431	53,685,531
2027	8,225,324	2,597,368	45,367,664	56,190,356
2028	10,781,199	3,235,754	44,275,213	58,292,166
2029	12,963,050	3,775,140	43,139,626	59,877,816
2030	14,842,357	4,120,580	41,982,297	60,945,234
2031	16,509,087	4,355,874	40,866,639	61,731,600
2032	17,996,759	4,632,873	39,756,239	62,385,871
2033	19,366,102	4,926,654	38,593,892	62,886,648
2034	20,648,731	5,162,406	37,377,008	63,188,145
2035	21,810,155	5,371,599	36,106,031	63,287,785
2036	22,820,689	5,598,919	34,782,566	63,202,174
2037	23,705,762	5,791,204	33,404,551	62,901,517
2038	24,431,106	5,924,601	31,973,199	62,328,906
2039	24,951,164	6,029,124	30,493,436	61,473,724
2040	25,299,812	6,085,756	28,970,234	60,355,802
2041	25,503,320	6,095,452	27,407,125	59,005,897
2042	25,589,923	6,075,547	25,810,556	57,476,026
2043	25,521,117	6,023,075	24,188,403	55,732,595
2044	25,299,299	5,945,105	22,549,805	53,794,209
2045	24,959,868	5,841,882	20,904,999	51,706,749
2046	24,512,251	5,708,452	19,265,098	49,485,801
2047	23,965,897	5,548,881	17,641,833	47,156,611
2048	23,338,791	5,377,119	16,047,286	44,763,196
2049	22,644,358	5,184,791	14,493,640	42,322,789
2050	21,884,629	4,978,249	12,992,770	39,855,648
2051	21,072,815	4,759,971	11,555,811	37,388,597

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2052	20,211,293	4,527,180	10,192,811	34,931,284
2053	19,305,510	4,285,086	8,912,413	32,503,009
2054	18,359,848	4,034,662	7,721,576	30,116,086
2055	17,377,159	3,779,214	6,625,463	27,781,836
2056	16,368,242	3,519,861	5,627,496	25,515,599
2057	15,339,237	3,258,538	4,729,275	23,327,050
2058	14,296,149	2,998,545	3,930,588	21,225,282
2059	13,248,794	2,742,592	3,229,436	19,220,822
2060	12,205,554	2,493,799	2,622,140	17,321,493
2061	11,175,739	2,253,213	2,103,424	15,532,376
2062	10,167,991	2,022,596	1,666,732	13,857,319
2063	9,190,706	1,804,637	1,304,516	12,299,859
2064	8,251,678	1,600,004	1,008,547	10,860,229
2065	7,355,770	1,409,011	770,379	9,535,160
2066	6,509,072	1,232,569	581,642	8,323,283
2067	5,715,222	1,070,880	434,353	7,220,455
2068	4,976,707	923,911	321,142	6,221,760
2069	4,296,497	791,382	235,407	5,323,286
2070	3,675,871	672,833	171,384	4,520,088
2071	3,115,296	567,643	124,189	3,807,128
2072	2,614,241	475,075	89,791	3,179,107
2073	2,171,280	394,312	64,941	2,630,533
2074	1,784,076	324,466	47,097	2,155,639

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
ANDERSEN CORPORATION
EMPLOYEES' PENSION AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
41-0123208

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2	Assets:		
	a Market value	**2a**	773,517,376
	b Actuarial value	**2b**	802,045,643

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,342	523,357,148	523,357,148
b For terminated vested participants	735	72,504,612	72,504,612
c For active participants	1,446	262,733,940	291,914,747
d Total	5,523	858,595,700	887,776,507

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	5.37 %
6	Target normal cost		
	a Present value of current plan year accruals	**6a**	17,066,366
	b Expected plan-related expenses	**6b**	5,250,000
	c Target normal cost	**6c**	22,316,366

Statement by Enrolled Actuary

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

SIGN HERE Kristoff M. Hendrickson KMH — 7/7/2026

Signature of actuary — Date

KRISTOFF M HENDRICKSON, FSA, EA — 26-07525

Type or print name of actuary — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — (952)842-7000

Firm name — Telephone number (including area code)

8400 NORMANDALE LAKE BLVD
SUITE 1700
MINNEAPOLIS MN 55437-3837

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	129,425,621
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30,584,099
9 Amount remaining (line 7 minus line 8)	0	98,841,522
10 Interest on line 9 using prior year's actual return of -1.37 %	0	-1,354,129
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.15 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		9,103,394
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	88,383,999

Part III Funding Percentages

14 Funding target attainment percentage	14	80.38 %
15 Adjusted funding target attainment percentage	15	80.38 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.10 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	22,316,366
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	174,114,863	17,163,380
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ________ Day ________ Year ________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	39,479,746

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		39,479,746	39,479,746

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

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

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

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

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

Andersen Corporation Employees' Pension and Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Interest in Master Trust, at fair value	**$ 675,778,347**	$ 767,260,657
Investments in pooled separate accounts, at fair value	**1,626,409**	1,715,246
Guaranteed investment contracts, at contract value	**4,304,394**	4,171,560
Total Investments	**681,709,150**	773,147,463
Accrued interest and dividends receivable	**-**	1,657
Total Assets	**681,709,150**	773,149,120
Net Assets Available for Benefits	**$ 681,709,150**	$ 773,149,120

See accompanying notes to financial statements.

Andersen Corporation Employees' Pension and Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income (loss):		
Plan's interest in Master Trust investment income (loss)	**$ 78,114,569**	$ (9,806,190)
Interest and dividend income	**151,351**	178,596
Net appreciation (depreciation) in fair value of investments	**227,483**	(490,131)
Total Investment Income (Loss)	**78,493,403**	(10,117,725)
Total Additions, Net of Investment Income (Loss)	**78,493,403**	(10,117,725)
Deductions		
Payments to provide benefits directly to participants or their beneficiaries	**49,850,456**	45,823,556
Transfer to insurance company	**113,096,484**	-
Administrative expenses	**6,986,433**	3,932,607
Total Deductions	**169,933,373**	49,756,163
Net Additions (Deductions)	**(91,439,970)**	(59,873,888)
Net Assets Available for Benefits, beginning of year	**773,149,120**	833,023,008
Net Assets Available for Benefits, end of year	**$ 681,709,150**	$ 773,149,120

See accompanying notes to financial statements.

Andersen Corporation Employees' Pension and Retirement Plan

Statement of Accumulated Plan Benefits

Year ended December 31, 2024	
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Participants currently receiving payments	$ 472,607,264
Other participants	278,474,915
Total Vested Benefits	751,082,179
Non-Vested Benefits	25,133,250
Total Actuarial Present Value of Accumulated Plan Benefits	$ 776,215,429

See accompanying notes to financial statements.

Andersen Corporation Employees' Pension and Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2024		
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$	749,132,266
Increase (decrease) during the year attributable to:		
Benefits accumulated		14,927,895
Increase for interest due to decrease in the discount period		50,027,516
Actuarial losses		3,833,038
Increase due to change in assumptions		4,118,270
Benefits paid		(45,823,556)
Actuarial Present Value of Accumulated Plan Benefits, end of year	$	776,215,429

See accompanying notes to financial statements.

1. Plan Description

The following description of Andersen Corporation Employees' Pension and Retirement Plan (the Plan) is intended to highlight the principal provisions of the Plan. Participants should refer to the comprehensive plan document for a more complete description of the Plan's provisions.

General

Andersen Corporation (the Company) established the Plan in 1950. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Certain plan benefits are insured by the Pension Benefit Guaranty Corporation (PBGC).

The Plan is administered by the Company's Benefits and Compensation Committee (the Committee). The Committee has overall responsibility for the administration of the Plan. U.S. Bank National Association is the Trustee and Custodian of the Plan.

Eligibility

Employees are eligible to participate in the Plan if they are at least 21 years of age and if they are employees of the Company and certain of its subsidiaries that have adopted the Plan. Prior to January 1, 2008, an employee became eligible to participate in the Plan on either the January 1 or July 1 that follows the last day of the first employment year, after the employee completes one year of continuous service.

Effective January 1, 2008, the Company closed participation in the Plan to employees hired or rehired after December 31, 2007. A participant who ceased active participation in the Plan and was rehired after December 31, 2007, is not eligible to accrue additional benefits after December 31, 2007. Existing participants will continue to accrue the historical benefits under the Plan. The Plan also contains rules for determining service for purposes of vesting and benefit accrual.

The former Morgan Products Ltd. Hourly Employees' Pension Plan covered certain hourly employees of Morgan Products Ltd. and former participants of the Restated Nicolai Company and Millmen's Local No. 1746 Pension Plan. Effective December 31, 2001, benefit accruals ceased for all participants in the former plan, and entry into the former plan was frozen. These participants were merged into the Plan on January 1, 2010.

Effective January 1, 2010, the former EMCO Enterprises, Inc. Retirement Plan covers any employee who is represented for collective bargaining purposes by International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, Local No. 1672 and has met the probation period as stated in the collective bargaining agreement. These participants were merged into the Plan on January 1, 2010.

Plan Benefits

The monthly benefit is determined by three factors:

a. Service benefit – based on years of credited service (up to 30)
b. Basic wage benefit – based on a percentage of annual compensation
c. Special pre-62 transaction supplement for certain grandfathered employees

Pension benefit payments are in the form of a monthly payment for life. The Plan provides that married participants will receive benefits in one of the following ways:

a. In a single life annuity
b. In a 50% qualified joint and survivor annuity
c. In a 75% qualified joint and survivor annuity, available for benefits commencing after January 1, 2008

The Plan also provides a benefit for the surviving spouse of an active employee who dies with more than five years of service.

The Plan provides for normal retirement at age 65 (which is not mandatory) and also has provisions for early retirement. The provisions for early retirement benefits are available to participants who have attained age 55 and have at least five years of service.

The monthly benefit is reduced in cases of early retirement, terminated vested participants (i.e., more than five years of service), and permanently disabled participants who were disabled prior to June 1, 1999, with more than two but less than five years of service. Disabled participants who were disabled prior to June 1, 1999, with five or more years of service are entitled to full benefits.

The monthly benefit is increased actuarially for participants who begin their benefits after age 65.

Vested participants formerly covered by the Morgan Products Ltd. Hourly Employees' Pension Plan or the EMCO Enterprises, Inc. Retirement Plan are entitled to annual pension benefits beginning at normal retirement age (the later of attaining age 65 or five years of continuous service, for certain participants). The normal monthly pension benefit is equal to a specified monthly retirement benefit amount multiplied by the years of benefit service as defined by the Plan document. A reduced benefit upon early retirement is available to participants beginning at age 55 for certain participants, if certain service requirements are met.

If a participant with a vested benefit dies prior to commencing a pension benefit, the participant's surviving spouse is entitled to a benefit equal to 50% of the participant's monthly benefit. Certain active participants who have completed vesting service and age requirements as defined by the Plan document who become totally disabled are eligible for a defined disability retirement benefit based on the normal monthly pension benefit at the date of disability.

Vesting

Participants become fully vested in the Plan after completion of five years of continuous service or if a participant terminates after reaching age 65, death, or disability as defined by the Plan document.

All Plan participants of the former Morgan Products Ltd. Hourly Employees' Pension Plan are fully vested.

Pension Risk Transfer

In the fourth quarter of 2025, the Company entered into an agreement with an insurance company to purchase a group annuity contract. Under this agreement, the Company irrevocably transferred a portion of its defined benefit pension plan obligations and related plan assets to the insurance company. Additional details can be found in Note 12.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Administrative Expenses

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan, including those investments held in the Andersen Pension Plans Master Trust (Master Trust), are stated at fair value, except for the immediate participation contracts, group insurance contracts under which the Company's unallocated account is credited with its share of actual investment income for the year, which are recorded at contract value (see Note 7). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 and Note 5 for further discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the employees for services rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024, were as follows:

Description	Assumption
Mortality rate	Pri-2012 gender specific no collar benefit weighted base tables, with separate mortality rates for non-disabled annuitants and non-annuitants and rates decreased by 5.6% to reflect the 2024 Andersen mortality study. Two-dimensional, generational mortality improvements from 2012 forward are based on the SOA RPEC_2014 v2020 model with long-term improvement rate (LTIR) of 0.85% until age 62, linear reduction to 0.75% at age 80, 0.15% at age 95, and 0% at age 105 and convergence to the LTIR over ten years.
Expected long-term return on plan assets	6.75%
Retirement age	Various rates ranging from 5% at age 55 to 100% at age 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, there would be no material differences.

The impact of the transfer of the benefit obligation related to the purchase of annuity contracts in November 2025 is not reflected in the Statement of Accumulated Plan Benefits. See additional details in Note 12.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, the Plan's interest in Master Trust investment income (loss) and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association and Principal Life Insurance Company, qualified institutions.

4. Interest in Master Trust

Certain of the Plan's assets are invested in the Master Trust. The purpose of the Master Trust is the collective investment of assets of participating plans. Each participating plan's interest in the Master Trust was based on account balances of the plans and the investment funds relating to the Plan. The Master Trust's assets are allocated among the participating plans by assigning to each Plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, based on the fair value of the specific assets assigned to each plan, the income and expenses resulting from the collective investment of the assets of the Master Trust. Investment income and administrative expenses related to the Master Trust are allocated to the individual plans based on the specific investment within each Plan.

The following table presents the investments of the Master Trust as of December 31, 2025 and 2024:

December 31,	**2025**		2024	
	Master Trust Balances	**Plan Interest**	Master Trust Balances	Plan Interest
Investments:				
Short-term investment fund	**$ 1,639,060**	**$ 703,269**	$ 248,521	$ 137,747
Limited Partnership	**15,912,758**	**15,912,758**	5,227,429	5,227,429
Commingled trust fund	**-**	**-**	340,445,627	340,445,627
Common/collective trust funds	**390,053,073**	**374,267,536**	448,410,369	421,449,854
103-12 investment entity	**284,894,784**	**284,894,784**	-	-
	$692,499,675	**$675,778,347**	$ 794,331,946	$ 767,260,657

The following are net appreciation (depreciation) in the fair value of investments and interest and dividend income for the Master Trust for the years ended December 31, 2025 and 2024:

Year ended December 31,	**2025**	2024
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	**$ 79,919,259**	$ (9,903,485)
Interest and dividend income	**131,079**	136,154
Total Investment Income (Loss)	**$ 80,050,338**	$ (9,767,331)

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 1,639,060	$ -	$ -	$ 1,639,060
Limited Partnership	-	-	15,912,758	15,912,758
	$ 1,639,060	$ -	$ 15,912,758	17,551,818
Investments measured at net asset value:				
Common/collective trust funds				390,053,073
103-12 investment entity				284,894,784
Total Investments, at fair value				$ 692,499,675

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Short-term investment fund	$ 248,521	$ -	$ -	$ 248,521
Limited Partnership	-	-	5,227,429	5,227,429
	$ 248,521	$ -	$ 5,227,429	5,475,950
Investments measured at net asset value:				
Common/collective trust funds				448,410,369
Commingled fund				340,445,627
Total Investments, at fair value				$ 794,331,946

Beginning with the 2025 plan year, the Multi-Asset Core Plus Fund will be a Direct Filing Entity under ERISA guidelines and is classified, in 2025, to the 103-12 investment entity category. In 2024, the Multi-Asset Core Plus Fund was not a Direct Filing Entity under ERISA guidelines and was, in 2024, classified to the Commingled trust fund category.

5. Fair Value Measurements

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

Fair value measurements are categorized as follows:

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

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

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

There have been no changes in the methodologies used at December 31, 2025 or 2024, except for the change, in 2025, of the Multi-Asset Core Plus Fund to a classification of 103-12 investment entity, as discussed in Note 4. The following is a description of the valuation methodologies used for assets measured at fair value:

Short-term investment fund includes a money market fund that is Level 1 and is valued at the daily closing price as reported by the fund.

Common/collective trust funds (CCTs) include the Russell Investments Trust Company Real Estate Equity Fund, U.S. Government Fixed Income Fund, 8-Year LDI Fixed Income Fund, 14-year LDI Fixed Income Fund, 10-15 Year STRIPS Fixed Income Fund, 15-20 Year STRIPS Fixed Income Fund and 25+ Year STRIPS Fixed Income Fund and are valued based on the NAV provided by the administrator of the fund and is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The common/collective funds are invested in bonds, bond derivatives that provide liability hedging, and equity funds that provide broad equity and bond market exposure. The Real Estate Equity Fund provides for redemption requests with notice at least 110 days prior to the calendar quarter end. Each of the remaining CCTs provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities.

The Russell Investments Institutional Funds, LLC Multi-Asset Core Plus Fund is a 103-12 investment entity and is a direct filing entity in 2025. In 2024, the fund was not a direct filing entity and was classified as a commingled fund. In both years the fund is valued based on the NAV provided by the administrator of the fund, and is used as a practical expedient to estimate fair value. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. This fund provides broad bond, equity, and market exposure. This fund provides for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to this investment.

The Russell Investments Trust Company Private Markets 2023 SCSp is a limited partnership. This investment is valued at fair value as determined by the general partner of the limited partnership and approved by the trustee. The Fund is a close-ended fund investing in illiquid assets with no withdrawal provisions prior to the general partner making distributions to all investors. The Fund seeks to outperform the public markets in the long term, while seeking to reduce volatility through direct investment in a diversified portfolio of private market funds and separately managed accounts, secondary purchases of interests in private market funds and co-investments alongside third-party investment managers. Unfunded commitments as of December 31, 2025 and 2024 totaled $37,426,009 and $46,587,092, respectively.

The Plan's assets, held outside the trust, at December 31, 2025 and 2024, are invested in pooled separate accounts, totaled $1,626,409 and $1,715,246, respectively, and are measured at NAV, as further described below. Pooled separate accounts are investments issued by insurance carriers where the insurance company calculates the NAV of the investment, which is then used as a practical expedient to estimate fair value. The NAV is typically calculated daily and is determined based on the investment results of the separate account. Pooled separate accounts are invested in equity and bond market funds and provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities. These investments are held outside of the Master Trust and are not included in Note 4 but are measured at fair value on the statements of net assets available for benefits.

6. Funding Policy

The Company's Board of Directors has the power to determine the method by which the Plan will be funded and may change the method of funding from time to time. Presently, the Plan is being funded by means of a trust into which the Company contributes amounts equal to or exceeding the minimum amounts required by ERISA or amounts necessary to comply with any provisions of certain collective bargaining agreements. The Plan has met the ERISA minimum funding requirements.

7. Insurance Contracts

The Plan holds Principal Life Insurance Company (Principal) Immediate Participation Guarantee (IPG) group annuity contracts for certain participants. An IPG contract is a type of group annuity contract used for funding retirement plans, where the employer's unallocated account is credited with its share of the actual investment income earned by the insurance company. The contracts include both allocated and unallocated portions. The amounts allocated for participants generally mean that individual, specific annuities have been purchased for participants using premiums paid, while unallocated amounts are collectively held and individual annuities have not yet been purchased. Principal is primarily responsible for making the monthly payments to these retired employees, and the Plan is contingently liable. The unallocated portions of the group annuity contracts are presented at contract value in the statement of net assets. The allocated portions of the group annuity contracts and the related liability for the applicable retirees are not included in the financial statements.

8. Risks and Uncertainties

The Plan and Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 the amounts reported on the statements of net assets available for benefits.

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

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

The Master Trust's assets are invested in funds managed by the Trustee and Custodian of the Plan. The Plan's investments outside of the Master Trust are managed by the contract holder Principal.

As described in Note 1, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

10. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 28, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC), and therefore, the related trust is exempt from taxation. Although the Plan has been amended since the date of the determination letter, Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt.

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

11. Plan Termination

Although it has not expressed any intention 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 set forth in ERISA.

In the event the Plan does terminate, the net assets of the Plan will generally be allocated to participants in the order indicated:

a. Benefits attributable to participants who have rolled over into the Plan contributions from the Andersen Corporation Employee Stock Ownership Plan and/or the Andersen 401(k) Plan.

b. Benefits to participants to whom the payment of pensions commenced at least three years prior to the termination date of the Plan and to participants who have passed their respective normal retirement dates at least three years prior to the termination date of the Plan but who have not in fact retired.

c. Benefits to participants to whom the payment of pensions commenced less than three years prior to the termination date of the Plan and to participants who have passed their respective normal retirement dates less than three years prior to the termination date of the Plan but who have not in fact retired.

d. Benefits to participants who have acquired vested rights (in order of participants with the greatest age-service factor to participants with the lowest age-service factor).

e. Benefits to other participants.

f. Any assets remaining in the trust fund after the distributions to participants will be paid to the participating employer.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitation.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

12. Pension Risk Transfer

In November 2025, the Plan entered into a purchase agreement with Delaware Life Insurance Company (Delaware Life) to provide a standard single premium guaranteed annuity contract (GAC) in connection with the settlement of liabilities associated with certain benefits under the Plan.

Under the terms of the GAC, the obligation to make future pension payments transferred to Delaware Life, and participants ceased to be participants in the Plan. Delaware Life will make all future benefit payments to the Plan's participants and beneficiaries. The GAC provides for the continued payment of the participants' pension benefit in the same form that was in effect under the Plan immediately before the annuity purchase, including any beneficiary designation and survivor benefit. The purchase price of the annuity contract was approximately $113.1 million and is reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025. Under the terms of the GAC, the obligation to make future pension payments began on January 1, 2026.

13. Subsequent Events

The Plan has evaluated subsequent events after the statement of net assets date of December 31, 2025 through July 16, 2026, which is the date that the accompanying financial statements were available to be issued.

ERISA-Required Supplemental Schedule

Andersen Corporation Employees' Pension and Retirement Plan

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

EIN: 41-0123208 **Plan Number: 001**

December 31, 2025

(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
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Stock Separate Account (5,121 shares)	$ 51,206	$ 414,166
*	Principal Life Insurance Company	Principal Core Plus Bond (254 shares of the separate account)	218,595	350,708
*	Principal Life Insurance Company	Group Stock (10,469 shares of the separate account)	145,015	846,769
*	Principal Life Insurance Company	Liquid Assets (246 shares of the separate account)	14,200	14,766
	Subtotal Pooled Separate Accounts		429,016	1,626,409
	Guaranteed Investment Contracts			
*	Principal Life Insurance Company	General Investments Fund; Contract No. (3)08689; 3.67 % average rate of return	2,949,531	2,949,531
*	Principal Life Insurance Company	General Investments Fund; Contract No. (3)08690; 3.75 % average rate of return	1,354,863	1,354,863
	Subtotal Guaranteed Investment Contracts		4,304,394	4,304,394
	Total		$ 4,733,410	$ 5,930,803

* A party-in-interest, as defined by ERISA.

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning and ending

A Name of plan

B Three-digit plan number (PN) ▶

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

D Employer Identification Number (EIN)

Part I Asset and Liability Statement

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

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

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

Part II Income and Expense Statement

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

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

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

Expenses

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

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions.)

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**			
e Was this plan covered by a fidelity bond?........	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)........	**4i**			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)........	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)........	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3........	**4n**			

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

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

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

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

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

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

Attachment to 2025 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ANDERSEN CORPORATION EMPLOYEES' PENSION AND RETIREMENT PLAN **EIN:** 41-0123208
Plan Sponsor's Name ANDERSEN CORPORATION **PN:** 001

(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
*	Principal Life Insurance Company	General Investment Fund Contract (3)08690 3.75% Average rate of return	1,354,863	1,354,863
*	Principal Life Insurance Company	Principal Stock Separate Account 10,469 shares Contract 8-06024 17.27% Average rate of return	145,015	846,769
*	Principal Life Insurance Company	Core Plus Bond Separate Account 254 shares Contract 8-06024 7.44% Average rate of return	218,595	350,708
*	Principal Life Insurance Company	Principal Stock Separate Account 5121 shares Contract (3) 08690 17.27% Average rate of return	51,206	414,166
*	Principal Life Insurance Company	General Investment Fund Contract (3)08689 3.67% Average rate of return	2,949,531	2,949,531
*	Principal Life Insurance Company	Liquid Assets Separate Account 246 shares Contract 8-06024 3.83% Average rate of return	14,200	14,766