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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 05/30/1960

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)
HOPE'S WINDOWS

84 HOPKINS AVE, P.O. BOX 580
JAMESTOWN, NY 14701-2223

2b Employer Identification Number (EIN) 16-1184041

2c Plan Sponsor's telephone number 716-665-5124

2d Business code (see instructions) 332300

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.	08/23/2022	PETER MORGANTE
	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**	253
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)**	122
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	120
b	Retired or separated participants receiving benefits	**6b**	77
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	235
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	25
f	Total. Add lines **6d** and **6e**.	**6f**	260
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

▶ **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
HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOPE'S WINDOWS

D Employer Identification Number (EIN)
16-1184041

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

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

Part I Basic Information

1 Enter the valuation date: Month 06 Day 01 Year 2020

2 Assets:

a Market value	**2a**	5656523
b Actuarial value	**2b**	5656523

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	96	2803198	2803198
b For terminated vested participants	35	386478	386478
c For active participants	122	2287838	2324081
d Total	253	5477514	5513757

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.44 %
6 Target normal cost	**6**	163996

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

	01/07/2022
Signature of actuary	Date
DON J. BOETGER	20-03998
Type or print name of actuary	Most recent enrollment number
DEFINITI	814-746-3900
Firm name	Telephone number (including area code)
3 HOLLAND STREET ERIE, PA 16507	
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	563885
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	126720
9	Amount remaining (line 7 minus line 8)	0	437165
10	Interest on line 9 using prior year's actual return of 14.16 %	0	61903
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		50811
	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 5.59 %		2840
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		53651
	d Portion of (c) to be added to prefunding balance		53651
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	552719

Part III Funding Percentages

14	Funding target attainment percentage	14	92.56 %
15	Adjusted funding target attainment percentage	15	102.58 %
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	85.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2020	50000	0			
12/14/2020	50000	0			
03/16/2021	50000	0			
06/15/2021	50000	0			
			Totals ► **18(b)**	200000	**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	193119

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:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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 Is the plan required to provide a Schedule of Active Participants? 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 6)	**31a**	163996
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	409953	138710
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**	302706

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	136218	136218

36 Additional cash requirement (line 34 minus line 35)	**36**	166488
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	193119
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	26631
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

A Name of plan
HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1184041

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

MANNING & NAPIER ADVISORS, INC.

16-0995736

(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	NONE	48128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXETER TRUST

02-0476209

(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?
31	NONE	5969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUFFAMANTE WHIPPLE BUTTAFARO, P.C.

16-1117932

(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	NONE	8451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 ☐

(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 ☐

(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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

A Name of plan
HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1184041

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)	53715	50000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8105	7798
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	194469	227852
(2) U.S. Government securities	1c(2)	875450	733515
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	147763	170556
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2569600	3365842
(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)	1807485	2116505
(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	5656587	6672068
	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	5656587	6672068

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)	200000	
	(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)		200000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	14615	
	(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)	438	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15053
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	86407	
	(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)		86407
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4413716	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3830185	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		583531
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	600111	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		600111

		(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		1485102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	304758	
(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)		304758
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	18381	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	48128	
(4) Other	2i(4)	98354	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		164863
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		469621
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1015481
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)** [X] 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)** [X] 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: BUFFAMANTE WHIPPLE BUTTAFARO, P.C. **(2)** EIN: 16-1117932

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4334336.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

A Name of plan
HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1184041

Part I Distributions

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

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

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

EIN(s): 82-1667008

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

THE HOPE'S WINDOWS PENSION PLAN FOR EMPLOYEES WITHIN THE BARGAINING UNITS REPRESENTED BY SHOPMEN'S LOCAL NO. 470, AFL, CIO

REPORT ON AUDITED FINANCIAL STATEMENTS

YEARS ENDED
MAY 31, 2021 AND 2020

THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO

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B·W·B
BUFFAMANTE WHIPPLE BUTTAFARO, P.C.
Certified Public Accountants ▲ Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO
Jamestown, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ***The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO*** , which comprise the statements of net assets available for benefits as of May 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of June 1, 2021 and 2020 and the related statements of changes in accumulated plan benefits for the years ended June 1, 2021 and 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Exeter Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended May 31, 2021 and 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held for investment purposes and reportable transactions as of or for the year ended May 31, 2021 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Buffamante Whipple Buttafaro P.C.

BUFFAMANTE WHIPPLE BUTTAFARO, P.C.

Jamestown, New York
December 28, 2021

As of May 31,	2021	2020
Assets		
Investments, at fair value:		
Cash management fund	$ 227,852	$ 194,469
U.S. government and federal agencies	733,515	875,450
Common stocks	3,365,842	2,569,600
Mutual funds	2,116,505	1,807,485
Corporate bonds	170,556	147,763
	6,614,270	**5,594,767**
Other:		
Contribution receivable	50,000	53,715
Accrued income	7,798	8,105
	57,798	**61,820**
Net assets available for benefits	**$ 6,672,068**	**$ 5,656,587**

Years ended May 31,	2021	2020
Additions to net assets:		
Investment income:		
Net realized and unrealized gains on investments	$ 1,183,642	$ 595,849
Dividends and interest	101,460	111,856
Contributions from Hope's Windows, Inc.	200,000	253,715
Total additions to net assets	**1,485,102**	**961,420**
Deductions from net assets:		
Benefits paid to participants	304,758	276,124
Custodian and other fees	66,509	50,199
PBGC fees	98,354	76,264
Total deductions from net assets	**469,621**	**402,587**
Total change in net assets	**1,015,481**	**558,833**
Net assets available for benefits, at beginning of year	5,656,587	5,097,754
Net assets available for benefits, at end of year	**$ 6,672,068**	**$ 5,656,587**

As of June 1,	2021	2020
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 2,557,483	$ 2,372,806
Other participants	2,064,854	2,159,134
Total vested benefits	4,622,337	4,531,940
Nonvested benefits	24,268	26,901
Total actuarial present value of accumulated plan benefits	**$ 4,646,605**	**$ 4,558,841**

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years ended June 1,	2021	2020
Valuation Date	June 1, 2021	June 1, 2020
Actuarial present value of accumulated plan benefits at beginning of year	**$ 4,558,841**	**$ 4,482,731**
Increase (decrease) during the year attributable to:		
Additional benefits accumulated	103,442	96,821
Increase for interest due to the decrease in discount period	307,563	303,321
Benefits paid	(304,758)	(276,124)
Assumption change	(18,483)	(47,908)
Net increase	**87,764**	**76,110**
Actuarial present value of accumulated plan benefits at end of year	**$ 4,646,605**	**$ 4,558,841**

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following brief description of the ***The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO*** is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined benefit pension plan covering substantially all members covered by a collective bargaining agreement between Hope's Windows, Inc. and the Shopmen's Local Union No. 470. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides for retirement, disability and death benefits. The provisions of the Plan provide for 100% vesting at the end of 5 years of service. Pension benefit payments are made from Plan assets by the Plan Sponsor upon the direction of the Plan's Administrative Committee.

Effective January 31, 2018, no additional employees of the Correctional division shall be eligible to participate in the Plan. The accrued benefit of any employee of the Correctional division currently accruing a benefit under the Plan shall be frozen effective January 31, 2018, and no further benefits shall accrue under the Plan.

Contributions - The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company makes sufficient contributions to at least meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and to fund the Plan's current service costs on a current and past service costs plus interest thereon.

Pension Benefits – At normal retirement age (65), an eligible employee of Hope's Windows, Inc. will begin to receive monthly benefit payments equal to the benefit rate currently in effect at the termination of his employment, or the date on which they ceased to qualify as an eligible employee, if earlier, multiplied by the number of years of credited service (between 30 to 40 years based on respective union contract). The plan permits early retirement at ages 55-64 and at least 10 years of vested service. If participants terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. That portion of forfeited accrued benefits will be used only to reduce future costs of the plan.

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Death and Disability Benefits – If an active participant dies at normal retirement age or older or dies after completing at least 5 years of vested service, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who attain the age of 50, complete at least 10 years of vested service and become totally disabled are eligible for benefit payments equal to his accrued benefits as of his termination of employment.

Funding Policy - The employer's policy is to fund pension costs computed by the Plan's actuary as accrued. ERISA minimum funding requirements have been met for the years ended May 31, 2021 and 2020.

Termination - The Company has the right under the Plan to discontinue contributions at any time and terminate the Plan. Should the Plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

Basis of Accounting - The accounting records of the Plan are maintained on the accrual basis.

Valuation of Investments and Income Recognition - Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Dividends and capital gains from mutual funds are recorded on the settlement date. Net realized and unrealized gains on investments include the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. 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. Benefits for employees or their beneficiaries are based on employees' credited years of service. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are considered attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits 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 such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of June 1, 2021 and 2020 were:

Actuarial cost method	Entry age normal with frozen initial liability
Mortality basis	Combined Static Mortality Tables for males and females
Employee turnover and disability	In accordance with Crocker Sarason Straight Table T-7
Retirement	At the later of age 65 or 5 years of service
Assumed rate of return	7%

Use of Estimates - The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported. Accordingly, actual results could differ from those estimates.

PBGC Premiums – During the years ended May 31, 2021 and 2020, the Plan paid premium fees to the Pension Benefit Guaranty Corporation (PBGC) in the amount of $98,354 and $76,264 respectively.

NOTE 2 - INVESTMENTS

The Plan's investments, which are held by a bank-administered trust fund, are summarized as follows at May 31, 2021 and 2020:

	2021	2020
Fair value as determined by quoted market price:		
Cash management fund	$ 227,852	$ 194,469
U.S. government and federal agencies	733,515	875,450
Common stocks	3,365,842	2,569,600
Mutual funds	2,116,505	1,807,485
Corporate bonds	170,556	147,763
	$ 6,614,270	$ 5,594,767

NOTE 3 - SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

The investment assets of the Plan are held in a trust fund administered by Exeter Trust Company. The following financial data is based on information certified by Exeter Trust Company as of May 31, 2021 and May 31, 2020, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	2021	2020
Exeter Trust Company:		
Plan Assets:		
Investments	$ 6,614,270	$ 5,594,767
Accrued income	7,798	8,105
Investment income	1,285,102	707,705

NOTE 4 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Manning and Napier Advisors, Inc., which totaled $2,116,505 and $1,807,485 as of May 31, 2021 and 2020, respectively. Manning and Napier Advisors, Inc. is an investment manager of the Plan and, therefore, these transactions qualify as party-in-interest transactions under ERISA. Fees paid by the Plan for the Manning and Napier investment management services amounted to $48,128 and $42,117 during the years ended May 31, 2021 and 2020, respectively. Also, StateStreet Bank and Trust Company is a sub-custodian for the Plan. The Plan invests in a StateStreet money market account which totaled $227,852 and $194,469 as of May 31, 2021 and 2020, respectively and qualifies as a party-in-interest transaction under ERISA.

NOTE 4 – RELATED PARTY TRANSACTIONS (CONTINUED)

In addition, the Plan pays custodian fees to Exeter Trust Company out of the Plan's assets. Custodian fees totaled $5,969 and $5,304 to Exeter Trust Company during the plan years ended May 31, 2021 and 2020, respectively. Further, the Plan paid $12,363 and $2,778 of service fees to Boetger Retirement Plan Services during the years ended May 31, 2021 and 2020, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA. All other administrative fees are paid by the Plan Sponsor, Hope's Windows, Inc.

NOTE 5 - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated January 26, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The Plan's Form 5500 is subject to examination by the Internal Revenue Service; plan years that remain open for examination include May 31, 2018 and later.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that change in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 7 - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's money market funds, U.S. government and federal agencies, common stocks, mutual funds, and corporate bonds have been valued at the closing price reported in the active market in which the individual security is traded. There have been no changes in the methodologies used at May 31, 2021 and 2020.

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of May 31, 2021 and 2020:

	Level 1 May 31, 2021	Level 1 May 31, 2020
Money market funds	$ 227,852	$ 194,469
U.S. government and federal agencies	733,515	875,450
Common stocks	3,365,842	2,569,600
Mutual funds	2,116,505	1,807,485
Corporate bonds	170,556	147,763
Total	$ 6,614,270	$ 5,594,767

NOTE 8 - COVID-19 PANDEMIC

In March 2020, the World Health Organization declared the novel strain of COVID-19 (Coronavirus) a global pandemic which has become increasingly widespread in the United States. The Coronavirus outbreak has had a significant impact on financial markets and general economic conditions. Given the uncertainty regarding the duration of the pandemic, the financial impact on the Plan cannot be reasonably predicted or estimated at this time.

NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated by management through December 28, 2021, which is the date that the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Manning & Napier Fund, Inc.	14,113.184 shares Disciplined Value Series	$ 106,488	$ 129,276
*	Manning & Napier Fund, Inc.	49,397.661 shares Core Bond	$ 558,063	$ 544,856
*	Manning & Napier Fund, Inc.	10,943.972 shares Real Estate Series	$ 159,430	$ 188,893
*	Manning & Napier Fund, Inc.	7,631.722 shares Overseas Series	$ 184,615	$ 277,642
*	Manning & Napier Fund, Inc.	76,947.972 shares Unconstrained Class S	$ 803,724	$ 852,584
*	Manning & Napier Fund, Inc.	11,616.751 shares High Yield	$ 102,583	$ 123,254
	Activision Blizzard Inc	340 shares	$ 15,364	$ 33,065
	Agnico Eagle Mines	449 shares	$ 31,418	$ 32,216
	Alcon Inc Ord Shs	877 shares	$ 50,356	$ 61,109
	Alphabet Inc Cl A	57 shares	$ 76,941	$ 134,340
	Amazon.Com Inc	51 shares	$ 130,672	$ 164,377
	American Tower Corp	175 shares	$ 25,266	$ 44,705
	Barrick Gold	1,343 shares	$ 31,893	$ 32,339
	Berkshire Hathaway Inc- CL B	111 shares	$ 22,359	$ 32,128
	Biomarin Pharmaceutical Inc	733 shares	$ 58,709	$ 56,661
	BP Plc Sponsored Adr	625 shares	$ 12,796	$ 16,394
	Cabot Oil & Gas Corp	3,595 shares	$ 58,913	$ 58,958
	Cameoco Corp	1,923 shares	$ 20,059	$ 38,402
	Canadian Natl Ry Co Com	453 shares	$ 51,057	$ 50,994
	Charter Communications Inc Class A	76 shares	$ 39,867	$ 52,784
	Coca-Cola Co.	955 shares	$ 45,220	$ 52,802
	Concophillips	978 shares	$ 33,889	$ 48,995
	Copart Inc.	340 shares	$ 24,317	$ 43,863
	Diageo Plc	605 shares	$ 24,552	$ 29,250
	Dollar General	163 shares	$ 31,653	$ 33,082
	Dollar Tree Inc	305 shares	$ 27,331	$ 29,738
	Electronic Arts	230 shares	$ 9,822	$ 32,874
	EOG Resources Inc	425 shares	$ 16,348	$ 34,145
	Equinix Inc	47 shares	$ 18,883	$ 34,626
	Eqt Corp	2,145 shares	$ 34,402	$ 44,788
	Expedia Group Inc Com New	450 shares	$ 34,896	$ 79,628
	Exxon Mobil Corp	437 shares	$ 17,220	$ 25,508
	Facebook Inc-A	482 shares	$ 107,975	$ 158,448
	Fair Isaac Corp	81 shares	$ 38,719	$ 40,991
	FMC Corp	409 shares	$ 36,934	$ 47,726
	Graphic Packaging Holding Company	3,895 shares	$ 58,760	$ 68,864
	Heineken N V Spn Adr	640 shares	$ 30,619	$ 38,291
	Ideex Laboritories Inc	70 shares	$ 30,129	$ 39,068
	Insperity Inc	440 shares	$ 27,012	$ 40,564
	Intercontinental Exchange Inc.	580 shares	$ 50,608	$ 65,470
	Johnson & Johnson	490 shares	$ 48,080	$ 82,933
	L'air Liquide Adr	1,442 shares	$ 49,151	$ 48,913
	Lululemon Athletica Inc	107 shares	$ 32,782	$ 34,575
	Mastercard Inc Cl A	275 shares	$ 56,758	$ 99,160
	Medtronic Plc	265 shares	$ 20,981	$ 33,546
	Micron Technology Inc Com	398 shares	$ 19,505	$ 33,488
	Microsoft Corp	395 shares	$ 61,105	$ 98,624
	Mondelez International Inc.	1,080 shares	$ 46,223	$ 68,612

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current value**
	Moody's Corp	176 shares	$ 43,716	$ 59,022
	Nestle Sa	375 shares	$ 31,164	$ 46,183
	Newmont Corp	506 shares	$ 31,705	$ 37,181
	Nexon Co LTD NPV	1,100 shares	$ 14,607	$ 25,937
	Nikon Corp	2,900 shares	$ 25,245	$ 29,691
	Norfolk Southern	135 shares	$ 29,977	$ 37,922
	Novartis Ag Spon Adr	674 shares	$ 43,300	$ 59,568
	Nvidia Corp	62 shares	$ 31,593	$ 40,286
	PayPal Holdings Inc	256 shares	$ 26,172	$ 66,565
	Pioneer Natural Resources Co	214 shares	$ 21,194	$ 32,569
	Royal Dutch Shell PLC ADR	215 shares	$ 11,325	$ 7,809
	Ryanair Holdings PLC SP ADR	270 shares	$ 13,404	$ 31,523
	S&P Global Inc	65 shares	$ 11,442	$ 24,666
	Sea Ltd	273 shares	$ 57,071	$ 69,135
	seagen Inc	400 shares	$ 60,084	$ 62,140
	Sba Communications Corporation	306 shares	$ 63,177	$ 91,225
	ServiceNow Inc	60 shares	$ 8,654	$ 28,432
	Sony Corp	330 shares	$ 30,792	$ 32,871
*	State Street Bank Int Bearing Fd	198,944 shares	$ 198,944	$ 198,944
*	State Street Instl US Govt Money	28,908.23 shares	$ 28,908	$ 28,908
	Tencent Holdings Ltd	1,510 shares	$ 22,691	$ 40,664
	Thermo Fisher Scientific Inc	85 shares	$ 21,614	$ 39,908
	Total SE Sponsored ADS	290 shares	$ 9,810	$ 13,540
	Unilever Plc Adr Amer Shs Spon	1,495 shares	$ 61,616	$ 89,655
	Vertex Pharmaceuticals	373 shares	$ 78,912	$ 77,818
	US Treasury Bond	3.00% 05/15/2047	$ 86,719	$ 101,961
	US Treasury Bond	3.50% 02/15/2039	$ 49,133	$ 58,483
	US Treasury Note	3.875% 08/15/2040	$ 59,679	$ 53,773
	US Treasury Note	0.5% 08/31/2027	$ 156,966	$ 157,965
	US Treasury Note	1.50% 08/15/2026	$ 364,924	$ 361,333
	Visa Inc Cl A	455 shares	$ 42,351	$ 103,421
	Walmart De Mexico	1,129 shares	$ 34,445	$ 35,949
	Wr Berkley Corp	510 shares	$ 32,119	$ 39,774
	Zoetis Inc	90 shares	$ 14,651	$ 15,900
	Total Assets		$ 5,392,551	$ 6,614,270

* Represents a Party-In-Interest

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 3 - Series of transactions in same security exceeds 5% of value								
Identity of party involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Lease Rental**	**Expense incurred with transaction**	**Cost of Asset**	**Current value of asset on transaction date**	**Net gain or (loss)**
State Street	Interest Bearing Fund	$ 1,097,862	N/A	N/A	N/A	$ 1,097,862	$ 1,097,862	N/A
State Street	Interest Bearing Fund	N/A	$ 1,042,331	N/A	N/A	$ 1,042,331	$ 1,042,331	N/A
State Street	US Government Money Market	$ 859,869	N/A	N/A	N/A	$ 859,869	$ 859,869	N/A
State Street	US Government Money Market	N/A	$ 830,961	N/A	N/A	$ 830,961	$ 830,961	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 121,363	N/A	N/A	$ 121,555	$ 121,363	$ (192)
US Treasury Notes	2.0% 08/15/2025	N/A	$ 143,292	N/A	N/A	$ 143,261	$ 143,292	$ 31
US Treasury Notes	1.5% 8/15/2026	$ 143,066	N/A	N/A	N/A	$ 143,066	$ 143,066	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 146,397	N/A	N/A	$ 147,602	$ 146,397	$ (1,205)
US Treasury Notes	1.5% 08/15/2026	$ 173,417	N/A	N/A	N/A	$ 173,417	$ 173,417	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 133,156	N/A	N/A	$ 136,749	$ 133,156	$ (3,593)

HOPE'S WINDOWS, INC. PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING UNIT
REPRESENTED BY SHOPMEN'S LOCAL NO. 470, AFL-CIO

EIN: 16-1184041
PLAN NO: 004
6/1/2020 - 5/31/2021 Plan Year
Schedule SB, line 26 - Schedule of Active Participant Data

Years of credited service:

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		2		0		0		0		0		0	
25 to 29	2		5		4		0		0		0		0	
30 to 34	2		4		6		4		0		0		0	
35 to 39	0		7		4		5		0		0		0	
40 to 44	0		2		5		4		2		1		0	
45 to 49	0		2		0		3		2		2		0	
50 to 54	0		2		2		1		2		4		1	
55 to 59	0		4		1		3		2		4		1	
60 to 64	0		0		3		1		2		3		3	
65 to 69	0		0		1		1		3		2		2	
70 & up	0		0		0		0		0		0		0	

	30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0	
25 to 29	0		0		0	
30 to 34	0		0		0	
35 to 39	0		0		0	
40 to 44	0		0		0	
45 to 49	0		0		0	
50 to 54	0		0		0	
55 to 59	0		1		1	
60 to 64	0		3		3	
65 to 69	0		0		0	
70 & up	0		0		0	

HOPES WINDOWS, INC. PENSION PLAN
FOR SHOPMENS LOCAL 470

EIN: 16-1184041
PLAN NO: 004
6/1/2020 – 5/31/2021 Plan Year
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Method for Contributions

Contributions required to fund the plan benefits are determined according to the provisions under MAP-21, as revised by the Highway and Transportation Funding Act of 2014 (HATFA) and the Bipartisan Budget Act of 2015 (BBA 2015). The Target Normal Cost is the present value of benefits earned during the plan year plus the amount of plan-related expenses expected to be paid from the plan assets during the plan year. The Funding Target is the present value of benefits earned as of the beginning of the plan year. The excess of the Funding Target over the actuarial value of assets represents the Funding Shortfall.

Method for Accrued Benefits

The actuarial present value of accumulated plan benefits is a measure of plan benefits that have been earned to date. This is not only a valuation of retirement benefits, but also of deferred vested, death, and disability benefits. Earnings and service for benefit purposes expected to be earned after the valuation date are excluded from this value.

The actuarial assumptions used to determine this value are identical to those used for the funding purposes with the exception of an interest rate of 7.0% and the Society of Actuaries Pri-2012 mortality table. The specific features of the table include blue collar population, headcount weighted, and generational projection using mortality improvement scale MP-2019.

Method of Asset Valuation

Plan assets are valued at fair market value.

In general, the actuarial value of assets must fall between 90% and 110% of the market value of assets.

Data

The valuation results are based upon participant census and financial data provided by the plan sponsor. The data was tested for reasonableness and consistency with the prior valuation.

Actuarial Assumptions

The following actuarial assumptions were employed in the determination of the liabilities and annual contributions of the plan as developed in accordance with the funding methods described in this report.

Mortality Decrement

Mortality for healthy participants:

IRS 2018+ Combined Static Mortality Table for males and females, as published by the IRS.

The mortality assumption for funding purposes is prescribed by IRS regulations.

Mortality for disabled participants:

The rates of mortality for disabled lives are based on the Disability Mortality Table per Revenue Ruling 96-7.

Interest Rates

Minimum Funding

The HAFTA adjusted interest rates used for determining the minimum funding requirements and the plan's AFTAP are developed as follows:

Segment	25-year average As of 9/30/19	90% - 110% Corridor	June 2020 Unadjusted Rate	HATFA Adjusted Rate
1	4.04%	3.64%	2.54%	3.64%
2	5.79%	5.21%	3.61%	5.21%
3	6.60%	5.94%	4.09%	5.94%

The Effective Interest Rate is 5.44%.

Maximum Tax Deductible Contribution

The interest rates used for determining the maximum tax deductible contribution are the 24-month average corporate bond segment rates for June 2020 as published by the IRS. The interest rate for this purpose is 3.81%.

Retirement

Retirement is assumed to occur at the later of age 65 or 5 years of service.

Separation from Service

Withdrawal prior to retirement is assumed to occur in accordance with Crocker Sarason Straight Table T-7.

Miscellaneous

PBGC premium is calculated using the Standard Method. (Election year: 2018)

All plan participants have been included in the funding.

As required by Section 415 of the Internal Revenue Code, the determination of a participant's projected retirement benefit has been limited so that the amount does not exceed $230,000 per year adjusted if necessary to recognize the participant's assumed retirement age, cost of living adjustments on the valuation date and optional forms of payment.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 3 - Series of transactions in same security exceeds 5% of value								
Identity of party involved	**Description of Asset**	**Purchase Price**	**Selling Price**	**Lease Rental**	**Expense incurred with transaction**	**Cost of Asset**	**Current value of asset on transaction date**	**Net gain or (loss)**
State Street	Interest Bearing Fund	$ 1,097,862	N/A	N/A	N/A	$ 1,097,862	$ 1,097,862	N/A
State Street	Interest Bearing Fund	N/A	$ 1,042,331	N/A	N/A	$ 1,042,331	$ 1,042,331	N/A
State Street	US Government Money Market	$ 859,869	N/A	N/A	N/A	$ 859,869	$ 859,869	N/A
State Street	US Government Money Market	N/A	$ 830,961	N/A	N/A	$ 830,961	$ 830,961	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 121,363	N/A	N/A	$ 121,555	$ 121,363	$ (192)
US Treasury Notes	2.0% 08/15/2025	N/A	$ 143,292	N/A	N/A	$ 143,261	$ 143,292	$ 31
US Treasury Notes	1.5% 8/15/2026	$ 143,066	N/A	N/A	N/A	$ 143,066	$ 143,066	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 146,397	N/A	N/A	$ 147,602	$ 146,397	$ (1,205)
US Treasury Notes	1.5% 08/15/2026	$ 173,417	N/A	N/A	N/A	$ 173,417	$ 173,417	N/A
US Treasury Notes	2.0% 08/15/2025	N/A	$ 133,156	N/A	N/A	$ 136,749	$ 133,156	$ (3,593)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 06/01/2020 and ending 05/31/2021

▶ **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
Hopes Windows, Inc. Pension Plan for Shopmens Local 470

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
16-1184041

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

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

Part I Basic Information

1 Enter the valuation date: Month 06 Day 01 Year 2020

2 Assets:

a Market value	**2a**	5656523
b Actuarial value	**2b**	5656523

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	96	2803198	2803198
b For terminated vested participants	35	386478	386478
c For active participants	122	2287838	2324081
d Total	253	5477514	5513757

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.44 %
6 Target normal cost	**6**	163996

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
Don J. Boetger

Date
01/07/2022

Type or print name of actuary
Don J. Boetger

Most recent enrollment number
20-03998

Firm name
Definiti

Telephone number (including area code)
(814) 746-3900

Address of the firm
3 Holland Street
Erie, PA 16507

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	563885
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	126720
9	Amount remaining (line 7 minus line 8)	0	437165
10	Interest on line 9 using prior year's actual return of 14.16 %	0	61903
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		50811
	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 5.59 %		2840
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		53651
	d Portion of (c) to be added to prefunding balance		53651
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	552719

Part III Funding Percentages

14	Funding target attainment percentage	14	92.56 %
15	Adjusted funding target attainment percentage	15	102.58 %
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	85.49 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09-15-2020	50000	0			
12-14-2020	50000	0			
03-16-2021	50000	0			
06-15-2021	50000	0			
			Totals ▶ 18(b)	200000	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	193119

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:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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 Is the plan required to provide a Schedule of Active Participants? 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 6)	**31a**	163996
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	409953	138710
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**	302706

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	136218	136218

36 Additional cash requirement (line 34 minus line 35)	**36**	166488
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	193119
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	26631
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

HOPES WINDOWS, INC. PENSION PLAN
FOR SHOPMENS LOCAL 470

EIN: 16-1184041
PLAN NO: 004
6/1/2020 – 5/31/2021 Plan Year

SCHEDULE SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at age 65, the Normal Retirement Age of the Plan.

HOPES WINDOWS, INC. PENSION PLAN
FOR SHOPMENS LOCAL 470
EIN: 16-1184041
PLAN NO: 004
6/1/2020 – 5/31/2021 Plan Year
Schedule SB, Part V – Summary of Plan Provisions

Effective Date

May 30, 1960. Most recently restated June 1, 2016 and last amended January 31, 2018.

Plan Eligibility

Employees of Hope's Architectural Products, Inc. covered by the Shopmen's Local No. 470, AFL-CIO bargaining agreement participate in the Plan.

Effective June 1, 1996, employees of Hope's Specialty Products, Inc. covered by the Shopmen's Local No. 470, AFL-CIO bargaining agreement participate in the Plan.

Effective January 31, 2018, no additional employees of the Correctional (Specialty) Division shall be eligible to participate in the Plan.

Normal Retirement

Normal Retirement occurs at age 65.

The monthly normal retirement benefit is equal to the applicable benefit multiplier in effect as of termination retirement, death or disability multiplied by Years of Credited Service, up to a maximum of 35 years. Effective June 30, 2014, the maximum Years of Credited Service is 40 years for Architectural Products, Inc. Participants.

The negotiated benefit multipliers are as follows:

Hope's Architectural Products, Inc.

Effective June 25, 2006	18.00
Effective June 24, 2007	18.25
Effective May 5, 2008	18.50
Effective June 21, 2009	18.75
Effective June 21, 2010	19.00
Effective June 30, 2011	19.75
Effective June 30, 2014	20.00
Effective November 1, 2017	19.00

Hope's Correctional Products, Inc. (Specialty)

Effective June 1, 2011	11.75
Effective June 1, 2012	12.50
Effective June 1, 2013	12.75
Effective June 1, 2014	13.00
Effective June 1, 2015	13.25
Effective June 1, 2016	13.50
Effective June 1, 2017	14.00

The accrued benefit of any employee of the Correctional (Specialty) Division shall be frozen effective January 31, 2018 and no further benefits shall accrue under the Plan.

Early Retirement

Early retirement is permitted upon the attainment of age 55 and 10 years of service.

The early retirement benefit is based on service at the time of retirement. The benefit is reduced by 0.5% for each month early retirement precedes normal retirement.

Late Retirement

Late retirement is permitted.

The late retirement benefit is equal to the greater of the benefit computed as of the employee's late retirement date or the actuarial equivalent of the employee's normal retirement benefit.

Disability Retirement

Disability retirement is available for any disabled employee upon the age of 50 and who has completed 10 years of Credited Service and is receiving Social Security disability payments.

The disability benefit is based on service at the time of disability with no reduction.

Termination Benefits

Upon termination after 5 years or upon attainment of age 65, a participant is fully vested in his accrued benefit.

The accrued benefit is equal to the benefit developed under the normal retirement formula based on service to date of termination.

Pre-Retirement Spouse's Benefit

Upon the death of an active participant eligible for early retirement but prior to normal retirement, the surviving spouse will receive 50% of the accrued benefit reduced for early retirement and a 50% joint and survivor annuity.

The Retirement Equity Act (REA) requires the plan to allow a pre-retirement spouse's benefit for a vested participant prior to eligibility for early retirement. The surviving spouse will receive 50% of the accrued benefit the participant has accrued on the day before his death reduced for the 50% joint and survivor form of payment. This death benefit is payable on the date in which the participant would have been eligible for early retirement and is subject to an early retirement reduction on that date.

Payments of Benefits

Normal: Life Annuity. Pension benefits are automatically payable as a 50% Joint and Survivor Annuity to married participants, with the benefit the actuarial equivalent of the normal retirement benefit.

Optional: Optional forms of payment available to plan participants which are the actuarial equivalent of the Normal Form are as follows:

Life Annuity.

Life Annuity with 120 months guaranteed.

Joint and 50% to Survivor.

Joint and 75% to Survivor.

Joint and 100% to Survivor.

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Manning & Napier Fund, Inc.	14,113.184 shares Disciplined Value Series	$ 106,488	$ 129,276
*	Manning & Napier Fund, Inc.	49,397.661 shares Core Bond	$ 558,063	$ 544,856
*	Manning & Napier Fund, Inc.	10,943.972 shares Real Estate Series	$ 159,430	$ 188,893
*	Manning & Napier Fund, Inc.	7,631.722 shares Overseas Series	$ 184,615	$ 277,642
*	Manning & Napier Fund, Inc.	76,947.972 shares Unconstrained Class S	$ 803,724	$ 852,584
*	Manning & Napier Fund, Inc.	11,616.751 shares High Yield	$ 102,583	$ 123,254
	Activision Blizzard Inc	340 shares	$ 15,364	$ 33,065
	Agnico Eagle Mines	449 shares	$ 31,418	$ 32,216
	Alcon Inc Ord Shs	877 shares	$ 50,356	$ 61,109
	Alphabet Inc Cl A	57 shares	$ 76,941	$ 134,340
	Amazon.Com Inc	51 shares	$ 130,672	$ 164,377
	American Tower Corp	175 shares	$ 25,266	$ 44,705
	Barrick Gold	1,343 shares	$ 31,893	$ 32,339
	Berkshire Hathaway Inc- CL B	111 shares	$ 22,359	$ 32,128
	Biomarin Pharmaceutical Inc	733 shares	$ 58,709	$ 56,661
	BP Plc Sponsored Adr	625 shares	$ 12,796	$ 16,394
	Cabot Oil & Gas Corp	3,595 shares	$ 58,913	$ 58,958
	Cameoco Corp	1,923 shares	$ 20,059	$ 38,402
	Canadian Natl Ry Co Com	453 shares	$ 51,057	$ 50,994
	Charter Communications Inc Class A	76 shares	$ 39,867	$ 52,784
	Coca-Cola Co.	955 shares	$ 45,220	$ 52,802
	Concophillips	978 shares	$ 33,889	$ 48,995
	Copart Inc.	340 shares	$ 24,317	$ 43,863
	Diageo Plc	605 shares	$ 24,552	$ 29,250
	Dollar General	163 shares	$ 31,653	$ 33,082
	Dollar Tree Inc	305 shares	$ 27,331	$ 29,738
	Electronic Arts	230 shares	$ 9,822	$ 32,874
	EOG Resources Inc	425 shares	$ 16,348	$ 34,145
	Equinix Inc	47 shares	$ 18,883	$ 34,626
	Eqt Corp	2,145 shares	$ 34,402	$ 44,788
	Expedia Group Inc Com New	450 shares	$ 34,896	$ 79,628
	Exxon Mobil Corp	437 shares	$ 17,220	$ 25,508
	Facebook Inc-A	482 shares	$ 107,975	$ 158,448
	Fair Isaac Corp	81 shares	$ 38,719	$ 40,991
	FMC Corp	409 shares	$ 36,934	$ 47,726
	Graphic Packaging Holding Company	3,895 shares	$ 58,760	$ 68,864
	Heineken N V Spn Adr	640 shares	$ 30,619	$ 38,291
	Ideex Laboritories Inc	70 shares	$ 30,129	$ 39,068
	Insperity Inc	440 shares	$ 27,012	$ 40,564
	Intercontinental Exchange Inc.	580 shares	$ 50,608	$ 65,470
	Johnson & Johnson	490 shares	$ 48,080	$ 82,933
	L'air Liquide Adr	1,442 shares	$ 49,151	$ 48,913
	Lululemon Athletica Inc	107 shares	$ 32,782	$ 34,575
	Mastercard Inc Cl A	275 shares	$ 56,758	$ 99,160
	Medtronic Plc	265 shares	$ 20,981	$ 33,546
	Micron Technology Inc Com	398 shares	$ 19,505	$ 33,488
	Microsoft Corp	395 shares	$ 61,105	$ 98,624
	Mondelez International Inc.	1,080 shares	$ 46,223	$ 68,612

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current value**
	Moody's Corp	176 shares	$ 43,716	$ 59,022
	Nestle Sa	375 shares	$ 31,164	$ 46,183
	Newmont Corp	506 shares	$ 31,705	$ 37,181
	Nexon Co LTD NPV	1,100 shares	$ 14,607	$ 25,937
	Nikon Corp	2,900 shares	$ 25,245	$ 29,691
	Norfolk Southern	135 shares	$ 29,977	$ 37,922
	Novartis Ag Spon Adr	674 shares	$ 43,300	$ 59,568
	Nvidia Corp	62 shares	$ 31,593	$ 40,286
	PayPal Holdings Inc	256 shares	$ 26,172	$ 66,565
	Pioneer Natural Resources Co	214 shares	$ 21,194	$ 32,569
	Royal Dutch Shell PLC ADR	215 shares	$ 11,325	$ 7,809
	Ryanair Holdings PLC SP ADR	270 shares	$ 13,404	$ 31,523
	S&P Global Inc	65 shares	$ 11,442	$ 24,666
	Sea Ltd	273 shares	$ 57,071	$ 69,135
	seagen Inc	400 shares	$ 60,084	$ 62,140
	Sba Communications Corporation	306 shares	$ 63,177	$ 91,225
	ServiceNow Inc	60 shares	$ 8,654	$ 28,432
	Sony Corp	330 shares	$ 30,792	$ 32,871
*	State Street Bank Int Bearing Fd	198,944 shares	$ 198,944	$ 198,944
*	State Street Instl US Govt Money	28,908.23 shares	$ 28,908	$ 28,908
	Tencent Holdings Ltd	1,510 shares	$ 22,691	$ 40,664
	Thermo Fisher Scientific Inc	85 shares	$ 21,614	$ 39,908
	Total SE Sponsored ADS	290 shares	$ 9,810	$ 13,540
	Unilever Plc Adr Amer Shs Spon	1,495 shares	$ 61,616	$ 89,655
	Vertex Pharmaceuticals	373 shares	$ 78,912	$ 77,818
	US Treasury Bond	3.00% 05/15/2047	$ 86,719	$ 101,961
	US Treasury Bond	3.50% 02/15/2039	$ 49,133	$ 58,483
	US Treasury Note	3.875% 08/15/2040	$ 59,679	$ 53,773
	US Treasury Note	0.5% 08/31/2027	$ 156,966	$ 157,965
	US Treasury Note	1.50% 08/15/2026	$ 364,924	$ 361,333
	Visa Inc Cl A	455 shares	$ 42,351	$ 103,421
	Walmart De Mexico	1,129 shares	$ 34,445	$ 35,949
	Wr Berkley Corp	510 shares	$ 32,119	$ 39,774
	Zoetis Inc	90 shares	$ 14,651	$ 15,900
	Total Assets		$ 5,392,551	$ 6,614,270

* Represents a Party-In-Interest

HOPES WINDOWS, INC. PENSION PLAN
FOR SHOPMENS LOCAL 470

EIN: 16-1184041
PLAN NO: 004
6/1/2020 – 5/31/2021 Plan Year
Schedule SB, line 32 – Schedule of Amortization Bases

1.	Funding Target	$	5,513,757
2.	Adjusted Plan Assets		
	a) Actuarial Value of Assets		5,656,523
	b) Funding Standard Carryover Balance		0
	c) Prefunding Balance		552,719
	d) Adjusted Assets: (a) - (b) - (c)		5,103,804
3.	Funding Shortfall / (Excess): (1) - (2)(d)		409,953
4.	Exemption From New Shortfall Amortization Base		
	a) Target Liability Percentage		100%
	b) Shortfall Funding Target (1) x (a)		5,513,757
	c) Exempt if [(2)(a) – (2)(c)] ≥ (4)(b)		No
5.	Shortfall Amortization Base: 4(b) – 2(d)	$	409,953

Shortfall Amortization Charge

Date	Base	Current Amount	Amortization Period Remaining	Shortfall Amortization Charge
6/1/15	$ 210,778	$ 68,875	2	$ 35,053
6/1/16	377,644	180,691	3	62,396
6/1/17	171,601	106,916	4	28,179
6/1/18	(61,487)	(46,786)	5	(10,038)
6/1/19	354,599	313,248	6	57,618
6/1/20	(212,991)	(212,991)	7	(34,498)
		$ 409,953		$ 138,710