

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 2021 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1961</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>91-6033485</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>206-329-1120</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>331500</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1961</u>		2b Employer Identification Number (EIN) <u>91-6033485</u>		2c Plan Sponsor's telephone number <u>206-329-1120</u>		2d Business code (see instructions) <u>331500</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>04/01/1961</u>											
2b Employer Identification Number (EIN) <u>91-6033485</u>											
2c Plan Sponsor's telephone number <u>206-329-1120</u>											
2d Business code (see instructions) <u>331500</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN</u> <u>7525 SE 24TH STREET, SUITE 200</u> <u>MERCER ISLAND, WA 98040</u>											

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.	01/16/2023	DONALD CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2023	SCOTT CHAFFIN
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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 2032
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 664 6a(2) 705 6b 518 6c 728 6d 1951 6e 133 6f 2084 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 4

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

1A

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) ☒ 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) ☒ 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase 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 2021 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

▶ **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 NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 04 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	92242714
(2) Actuarial value of assets for funding standard account	1b(2)	87425335
c (1) Accrued liability for plan using immediate gain methods	1c(1)	88469158
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	88469158
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	136295872
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1532014
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	5589963

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	01/05/2023
Signature of actuary	Date
KELLY S. COFFING	20-06596
Type or print name of actuary	Most recent enrollment number
MILLIMAN, INC.	206-624-7940
Firm name	Telephone number (including area code)
1301 FIFTH AVENUE SUITE 3800, SEATTLE, WA 98101-2605	
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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	92242714
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	662	68328659
(2) For terminated vested participants	728	41169927
(3) For active participants:		
(a) Non-vested benefits.....		1126969
(b) Vested benefits.....		25670317
(c) Total active	572	26797286
(4) Total	1962	136295872
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	67.67 %

3 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
10/31/2021	680494	0			
Totals ▶			3(b)	680494	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	☐

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.02 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9P	9P	
(2) Females	6c(2)	9FP	9FP	
d Valuation liability interest rate	6d	6.00 %	6.00 %	
e Expense loading	6e	8.7 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	32.3 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	124651	12108
4	3331524	323607

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	598800
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16393121
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	248366
e Total charges. Add lines 9a through 9d.....	9e	4387806

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	6512665
g Employer contributions. Total from column (b) of line 3.....	9g	680494
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	8836633
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1939728
		523858
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	8644604
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34544891
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	9656745
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5268939
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
--	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	---

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022		
A Name of plan NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485	

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
ARTISAN PARTNERS L.P.
30-0551775

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX FUNDS
94-1441976

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GMO LLC
72-1566419

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PACIFIC INVESTMENT MGMT CO LLC
95-2632339

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

THE VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

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

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

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

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

WPAS INC

91-1363171

(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 12 13 14 15 50	NONE	169069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 34 50	NONE	72492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RVK

93-0910652

(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?
27 50	NONE	48896	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	26008	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BARLOW COUGHRAN MORALES JOSEPHSON

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	20100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18356	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)

ANASTASI MOORE & MARTIN

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(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?
27	NONE	5808	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 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>		
A Name of plan <u>NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN</u>	D Employer Identification Number (EIN) <u>91-6033485</u>	

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	476380	473038
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55880	55502
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	21692	77508
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7714	1
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	91712130	89660887
(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	92273796 90266936
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	31082 33415
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	31082 33415
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	92242714 90233521

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	680494
	(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)	680494
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	6955903
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	6955903
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4740000
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4740000
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		-4213000
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3423400
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4927557	
(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)		4927557
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)	116909	
(2) Contract administrator fees.....	2i(2)	157315	
(3) Investment advisory and management fees.....	2i(3)	80712	
(4) Other.....	2i(4)	150100	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		505036
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5432593
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2009193
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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:

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.).....

	Yes	No	Amount
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 452700 _____.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 04/01/2021 and ending 03/31/2022

A Name of plan NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485

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): _____ 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

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

Schedule R (Form 5500) 2021
v. 201209

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 **TRAVIS PATTERN AND FOUNDRY**

b EIN **91-0873570**

c Dollar amount contributed by employer **542598**

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 **07** Day **31** Year **2023**

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) **0.95**

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

a Name of contributing employer **SPOKANE STEEL FOUNDRY**

b EIN **91-0572717**

c Dollar amount contributed by employer **104222**

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 **10** Day **31** Year **2025**

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) **1.00**

(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

1240

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

0

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

126

- 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

1.01

b The corresponding number for the second preceding plan year.....

15b

1.16

- 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: 54.6 % Investment-Grade Debt: 33.0 % High-Yield Debt: 3.0 % Real Estate: 0.0 % Other: 9.4 %

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 _____

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED MARCH 31, 2022 AND 2021



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
TABLE OF CONTENTS
YEARS ENDED MARCH 31, 2022 AND 2021**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	4
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	5
NOTES TO FINANCIAL STATEMENTS	6
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	14
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	15



INDEPENDENT AUDITORS' REPORT

Board of Trustees
Northwest Glass, Molders, Pottery, Plastics,
and Allied Workers' Pension Plan
Seattle, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Northwest Glass, Molders, Pottery, Plastics, and Allied Workers' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Northwest Glass, Molders, Pottery, Plastics, and Allied Workers' Pension Plan as of March 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Board of Trustees
Northwest Glass, Molders, Pottery, Plastics,
and Allied Workers' Pension Plan

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended March 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Bellevue, Washington
January 9, 2023

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Short-Term Funds	\$ 1	\$ 7,714
Mutual Funds	89,660,887	91,712,130
Total Investments at Fair Value	<u>89,660,888</u>	<u>91,719,844</u>
RECEIVABLES		
Employer Contributions	55,502	55,880
Accrued Interest and Dividends	66,671	4,813
Other	825	799
Total Receivables	<u>122,998</u>	<u>61,492</u>
PREPAID EXPENSES	10,012	16,080
CASH		
Checking	2,672	5,002
Benefit	470,366	471,378
Total Cash	<u>473,038</u>	<u>476,380</u>
Total Assets	90,266,936	92,273,796
LIABILITIES		
ACCOUNTS PAYABLE	<u>33,415</u>	<u>31,082</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 90,233,521</u></u>	<u><u>\$ 92,242,714</u></u>

See accompanying Notes to Financial Statements.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MARCH 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
INVESTMENT INCOME		
Interest and Dividends	\$ 6,955,906	\$ 3,272,194
Net Appreciation (Depreciation) in Fair Value of Investments	<u>(4,213,000)</u>	<u>19,863,225</u>
Total Investment Income	2,742,906	23,135,419
Less: Investment Expenses	<u>(80,712)</u>	<u>(77,490)</u>
Net Investment Income	2,662,194	23,057,929
EMPLOYER CONTRIBUTIONS	<u>680,494</u>	<u>665,154</u>
Total Additions	3,342,688	23,723,083
DEDUCTIONS:		
BENEFITS PAID DIRECTLY TO PARTICIPANTS	4,927,557	4,881,953
ADMINISTRATIVE EXPENSES		
Administration Fees	157,315	153,853
Audit Fees	24,317	20,566
Legal Fees	20,100	17,243
Actuarial Fees	72,492	81,911
Fiduciary Liability Insurance	46,390	32,870
PBGC Insurance	55,738	55,080
Fidelity Bond	897	541
Cyber Liability Insurance	2,271	747
Office Supplies	5,114	4,461
Trustee Travel and Meeting Expense	29,249	(4,186)
Benefit Check Processing Expense	<u>10,441</u>	<u>10,033</u>
Total Administrative Expenses	<u>424,324</u>	<u>373,119</u>
Total Deductions	<u>5,351,881</u>	<u>5,255,072</u>
NET INCREASE (DECREASE)	(2,009,193)	18,468,011
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>92,242,714</u>	<u>73,774,703</u>
End of Year	<u><u>\$ 90,233,521</u></u>	<u><u>\$ 92,242,714</u></u>

See accompanying Notes to Financial Statements.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Northwest Glass, Molders, Pottery, Plastics, and Allied Workers' Pension Plan (the Plan) is provided for general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan became effective April 1, 1961, as a result of collective bargaining between the International Molders and Allied Workers Union, AFL-CIO, Local No. 158 and Washington Metal Trades, Inc. Currently, the Plan covers employees of four employers, signatory to bargaining agreements with locals or district lodge of Glass, Molders, Pottery, Plastics and Allied Workers International Union, AFL-CIO, CLC. The Plan is a defined benefit pension plan covering those bargaining unit employees of employers under the collective bargaining agreement. The Plan was most recently restated effective April 1, 2014 and amended May 4, 2021. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Board of Trustees. The Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Pension Benefits

The Plan provides for retirement, disability, and death benefits to qualified participating employees based upon credited service as specified in the Plan. Upon the attainment of age 65, participants with five or more years of credited service while an active participant in the Plan are entitled to normal retirement benefits. The Plan also permits early retirement for participants who have attained age 55 with five or more years of credited future service. The monthly benefit amount is reduced by one-quarter of 1% percent for each month the early retirement precedes the participant's 60th birthday.

Death and Disability Benefits

The Plan also provides for a disability retirement for a total and permanent disability incurred prior to termination from the Plan. A death benefit of at least \$5,000 is provided to the beneficiary of an unmarried participant who had at least five years of credited service and had not received any retirement income payment.

Funding Policy

The collective bargaining agreements presently call for contributions by participating employers on covered employees.

Employer contributions for 2022 and 2021 exceeded the minimum funding requirements of ERISA. Contributions received by the Plan are deposited in a trust account where they are invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for plan benefits.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Currently, a participant receives one year of credited service for each Plan year during which he completes 375 or more covered hours of employment. A participant's accrued benefit will vest according to the following schedule:

<u>Years of Credited Service</u>	<u>Vesting Percentage</u>
Less Than 5 Years	0%
5 or More Years	100%

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, accumulated plan benefits, and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 4 for discussion of fair value measurements.

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

Employer Contributions

Contributions from employers are accrued based upon reported hours worked during the year by covered employees.

Payment of Benefits

Benefits are recorded upon distribution.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

Subsequent Events

The Plan has evaluated subsequent events through January 9, 2023, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable, under the Plan's provisions, to the service employees have already worked. 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 under the Plan are based on vesting service, as defined in the Plan agreement, ending on the date as of which the benefit information is presented (March 31, 2021). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by the consulting actuary, Milliman, using the "traditional unit credit actuarial cost method." This method defines the annual normal cost as the actuarial present value of all benefits expected to be earned during the Plan year. For active employees, these earned benefits are generally due to an additional year of service. The actuarial accrued liability as of the valuation date is the actuarial present value of all benefits accrued to date, generally based on service to date.

The significant actuarial assumptions used in the valuations as of March 31, 2021 and 2020 were:

- a) Life expectancy of participants (Pri-2012 Sex Distinct Blue Collar Benefit Weighted Average Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using scale MP-2021 on a generational basis); (the RP-2000 Blue Collar Mortality Table with Projection Scale AA for healthy and disabled lives for 2020).
- b) Retirement age assumptions (participants are assumed to retire at the age of 61 and at the age of 60 for 2020).
- c) Investment return (6.00%; 6.50% for 2020).

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

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

The following is a summary of actuarial present value of accumulated plan benefits as of March 31, 2021:

Vested Benefits:

Participants and Beneficiaries Currently	
Receiving Benefits	\$ 47,062,196
Other Participants	33,889,300
Total Vested Benefits	<u>80,951,496</u>
Nonvested Benefits	462,522
Reserve for Future Expenses	<u>7,055,140</u>
Total Actuarial Present Value of	
Accumulated Plan Benefits	<u><u>\$ 88,469,158</u></u>

The changes in actuarial present value of accumulated plan benefits for the year ended March 31, 2021, are summarized as follows:

Actuarial Present Value of Accumulated Plan Benefits -	
Beginning of Year	\$ 85,466,541
Increase (Decrease) Attributable to:	
Benefits Accumulated	383,339
Change in Discount Period	5,387,224
Benefits Paid	(4,881,953)
Expenses Paid	(373,119)
Actuarial Gain	(844,398)
Change in Assumptions	<u>3,331,524</u>
Actuarial Present Value of Accumulated Plan Benefits -	
End of Year	<u><u>\$ 88,469,158</u></u>

The computations of the actuarial present value of accumulated plan benefits were made as of April 1. Had the valuations been performed as of March 31, there would be no material differences.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at March 31, 2022 and 2021.

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

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of March 31:

2022			
	Level 1	Level 2	Level 3
Short-Term Funds	\$ 1	\$ -	\$ -
Mutual Funds	89,660,887	-	-
Total Investments at Fair Value	<u>\$ 89,660,888</u>	<u>\$ -</u>	<u>\$ -</u>

2021			
	Level 1	Level 2	Level 3
Short-Term Funds	\$ 7,714	\$ -	\$ -
Mutual Funds	91,712,130	-	-
Total Investments at Fair Value	<u>\$ 91,719,844</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 5 PLAN TERMINATION

The Plan may only be terminated as provided in the trust agreement. On termination of the Plan, no part of the Fund shall revert to any employer or be used or diverted to purposes other than the exclusive purposes of providing benefits to participants and their beneficiaries and of defraying the reasonable expenses of administering the Plan and such termination. On termination of the Plan, each participant's right to benefits accrued hereunder shall be 100% vested and nonforfeitable. On termination of the Plan, the trust shall continue until the Fund has been allocated by the Board on an actuarial basis among participants and their beneficiaries in the manner prescribed by Title IV of ERISA. Except as otherwise provided in ERISA, after such termination no employer, union, or any other person shall have any liability or obligation to provide benefits hereunder in excess of the value of the Fund. On such termination, the participants and their beneficiaries shall obtain benefits solely from the Fund. A more complete discussion of the priority order of participants' claims to the assets of the Plan upon plan termination and benefits guaranteed by the Pension Benefit Guarantee Corporation (PBGC) is located in the Plan booklet. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits.

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

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 6 TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 16, 2015, that the Plan and related trust, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 7 PENSION PROTECTION ACT FUNDING STATUS

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of April 1, 2022, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of April 1, 2021, adjusted for subsequent events and projected to March 31, 2022, and estimated asset information as of March 31, 2022, as well as industry activity assumptions provided by the trustees.

For the Plan year ended March 31, 2022, the Plan was certified to be neither endangered nor critical (the Green Zone) and the funded percentages was 99%. The Plan's funding status as of March 31, 2021 was 102%.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in a variety of investments. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2022 AND 2021**

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by U.S. Bank. U.S. Bank is the custodian of the investments as defined by the Plan and, therefore, fees paid to U.S. Bank qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTE 10 CONCENTRATIONS

Two Employers contributed 95% and 94% of total contributions for the Plan years ended March 31, 2022 and 2021, respectively.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
E.I.N. 91-6033485, PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2022**

(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
	<u>Short-Term Funds:</u>			
	First Am Govt Ob Fd CI Z	Variable Interest Rate	\$ 1	\$ 1
	<u>Mutual Funds:</u>			
	Artisan Funds Inc Intl Fund	394,732	\$ 11,860,795	\$ 10,551,198
	Dodge & Cox Global Stk Fd	1,164,347	12,195,460	17,197,407
	Dodge & Cox Income Fund	610,621	8,039,861	8,096,828
	GMO Benchmark Free Allocation	339,259	9,099,177	8,484,859
	PIMCO All Assets All Auth Fd	1,278,172	12,156,830	10,097,561
	PIMCO Total Return Fund	822,893	8,573,541	7,883,313
	Vanguard Institutional Index Fund	40,536	9,081,902	15,556,323
	Vanguard Total Bond Market Idx Fd	1,127,476	12,232,271	11,793,398
	Total Mutual Funds		83,239,837	89,660,887
	Total Investment Assets		\$ 83,239,837	\$ 89,660,888

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS,
AND ALLIED WORKERS' PENSION PLAN
E.I.N. 91-6033485, PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED MARCH 31, 2022**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain or (Loss)
<u>Category (iii) - Series of Transactions</u>						
First Am Govt Ob Fd CI Z	Variable Rate	\$ 4,740,000	\$ -	\$ 4,740,000	\$ 4,740,000	\$ -
First Am Govt Ob Fd CI Z	Variable Rate	-	4,740,000	4,740,000	4,740,000	-

There were no category (i), (ii) or (iv) reportable transactions during the Plan year ended March 31, 2022.

Columns (e) and (f) are omitted as they are not applicable.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Exhibit 5

Active Participants by Age and Service

The number of active participants summarized by attained age and years of credited service as of April 1, 2021 is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	22	4	-	-	-	-	-	-	-	26
25–29	-	133	12	3	-	-	-	-	-	-	148
30–34	-	36	21	13	1	-	-	-	-	-	71
35–39	-	23	14	14	8	-	-	-	-	-	59
40–44	-	27	11	15	8	9	1	-	-	-	71
45–49	-	21	10	7	5	7	2	1	-	-	53
50–54	-	14	9	7	5	6	7	4	1	-	53
55–59	-	7	4	9	2	8	4	7	2	-	43
60–64	-	7	5	6	3	7	2	4	-	2	36
65–69	-	3	2	3	2	-	-	1	-	1	12
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	293	92	77	34	37	16	17	3	3	572

Expected Benefit Payments

The following expected annual benefit payments are present value of accrued benefit payouts as of the April 1, 2021 actuarial valuation.

Plan Year	Expected Annual Benefit Payments
2021	\$5,580,795
2022	\$5,733,466
2023	\$5,888,627
2024	\$5,995,729
2025	\$6,063,673
2026	\$6,050,590
2027	\$6,064,414
2028	\$6,044,785
2029	\$6,040,173
2030	\$5,975,532

The following details the principal actuarial assumptions used in our valuation. The rationale for all significant economic assumptions is noted below. All significant demographic assumptions are based on analysis of the Plan's experience, in particular, our Demographic Assumptions Study dated October 24, 2016 with updates based on experience over the five Plan Years ending March 31, 2021.

Investment Return (Interest)

Funding: 6.00% per year, net of investment expenses (adopted April 1, 2021). The investment return assumption was selected based on the Plan's target asset allocation as of the valuation date and capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgment the selected investment return assumption is reasonable and is not expected to have any significant bias.

Current Liability: 2.02% per year (adopted April 1, 2021), based on 90% of the four-year average 30-year Treasury Rates as required by law.

Inflation

No explicit assumption.

Expense Reserve

An expense reserve of \$5.25 million was established on April 1, 2005. Each year, the expense reserve is brought forward with interest and is reduced by administrative expenses for the year. The current reserve is \$7.06 million.

Pay Increases

Not applicable.

Employee Contributions

Employee contributions are credited with 6.00% in all future years.

Rates for Active Participants

Death: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis. Sample male life expectancies are shown in the following table (adopted April 1, 2021):

Age	Sex	Table	Future Life Expectancy (in years)				
			2010	2020	2030	2040	2050
65	Male	Employee	21.3	21.7	22.4	23.0	23.6
65	Male	Retiree	19.1	19.5	20.3	21.1	21.8

Withdrawal: Sample termination rates are shown in the following table (adopted April 1, 2021).

Duration from Hire	Termination Rate
0	35.00%
1	35.00
2	33.00
3	30.00
4	20.00
7	13.00
12	8.00
17	6.00
22	4.00
30+	2.00

Rates for Active Participants (continued)

Retirement: Sample retirement rates are shown in the following table (adopted April 1, 2021).

Age	Retirement
55	10.00%
56	5.00
57	5.00
58	5.00
59	5.00
60	5.00
61	5.00
62	35.00
63	20.00
64	20.00
65	100.00

Disability: Rates based on 50% of the unisex rates for Class 1 from the 1985 Pension Disability Study. Sample rates are shown in the following table.

Age	Disability
20	0.0150%
25	0.0215
30	0.0320
35	0.0490
40	0.0790
45	0.1295
50	0.2240
55	0.4225
60	0.6020
64	0.7265

Marriage: Survivor benefits are provided for all Plan participants. 80% of active and terminated vested participants are assumed to be married. Wives are assumed to be three years younger than husbands.

Lump Sum: A lump-sum distribution option is provided upon retirement for benefits valued under \$5,000. However, there is no explicit assumption for this. These benefits are valued as annuities.

Weighted Average Retirement Age

The weighted average retirement age for participants is 61. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age “r”	(b) Assumed Rate of Retirement at Age “r”	(c) Probability of Person Age 55 Still Working at “r”	(d) (b) x (c) = Probability of Person Age 55 Retiring at “r”	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.1000	1.0000	0.1000	5.5000
56	0.0500	0.9000	0.0450	2.5200
57	0.0500	0.8550	0.0428	2.4368
58	0.0500	0.8123	0.0406	2.3555
59	0.0500	0.7716	0.0386	2.2763
60	0.0500	0.7331	0.0367	2.1992
61	0.0500	0.6964	0.0348	2.1240
62	0.3500	0.6616	0.2316	14.3563
63	0.2000	0.4300	0.0860	5.4184
64	0.2000	0.3440	0.0688	4.4035
65	1.0000	0.2752	0.2752	17.8892
Weighted Average Retirement Age:				61.4792
Rounded Age:				61.0000

Form of Payment

All in-pay benefits are valued based on the form of payment elected.

All non-retired participants are assumed to elect the single life annuity with a five-year certain period. A 1.3% load is applied to non-retired benefit amounts to account for the free pop-up provided on all Joint and Survivor elections and the differences in Joint and Survivor conversion factors compared to actuarial assumptions.

Mortality Rates after Leaving Active Participation

Healthy Lives: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis.

Disabled Lives: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis.

Mortality for Current Liability

Non-Annuitant and Annuitant Static Mortality Tables sex-distinct as prescribed by IRC Section 430(h)(3)(A).

Postretirement Benefit Increases

None. (The Plan does not provide for any future postretirement benefit increases.)

Retirement Age of Terminated Participants

Terminated vested participants are assumed to commence benefits at the following rates:

Age	Retirement
55	10.00%
56	2.00
57	2.00
58	2.00
59	2.00
60	2.00
61	7.00
62	15.00
63	20.00
64	20.00
65	100.00

Retained Liability for Pro Rata Reciprocity and Other Non-vested Participants

None.

Records with No Birth Date

Participants with missing dates of birth are assumed to be age 18 in the year they are hired, or if the date of hire is not available, then they are assumed to be age 30 in the first year they appeared in the data.

Material Modifications to Participant Data Provided

The participant data provided by the administrator includes a number of newly active records that have less than 375 hours worked in the most recent plan year. Per the plan document, a participant that works less than 375 hours in a plan year incurs a break in service for that plan year. For valuation purposes newly active participants who worked less than 375 hours in the most recent plan year are not included.

Activity Assumption

To determine expected costs for benefits earned during the next year and in future years an assumption must be made regarding how much contribution will be received annually on behalf of all active participants. We call this the activity assumption and it is made up of two factors:

- Expected industry activity is developed with input from the Board of Trustees. Currently, the expectation is that 775,000 contributory hours will be worked each plan year.
- The average contribution rate is developed using the participant data and negotiated contribution rates (including negotiated increases to contributions rates). Currently, the average contribution rate is \$0.83 per hour.

Based on the factors above, the activity assumption is \$643,250 annually. This amount is allocated to each active participant in proportion to the contributions received on that individual's behalf in the preceding plan year. If an active participant had hours reported but no contribution in the preceding plan year a hypothetical contribution of hours worked multiplied by the average contribution rate is used for allocation purposes.

Benefits Not Valued

Non-vested participants who have yet to experience a permanent break in service are not assumed to vest in their benefits.

Non-vested participants who still have employee contributions credited to their account are not valued.

Background

Before we explain our cost method, we must first define the term "actuarial present value".

An actuarial present value is the value, on a given date, of a series of future benefit payments, future compensation payments or future contributions, where each amount in the series is:

- adjusted for the probability of increase (or decrease) due to such events as death, changes in marital status, etc.;
- multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- discounted at an assumed rate of investment return.

Our actuarial assumptions estimate these probabilities and the investment return.

Actuarial Cost Method

The actuarial cost method used to calculate the funding requirements of the Plan is called the traditional unit credit actuarial cost method.

The actuarial cost method is used to calculate the normal cost and unfunded actuarial accrued liability, which in turn determine the funding requirements of the Plan (minimum amount required and maximum amount deductible). The cost method allocates the total cost of the Plan over time: the normal cost is that portion of the cost allocated to the current year, and the actuarial accrued liability is the actuarial present value of costs allocated to prior years. The unfunded actuarial accrued liability is equal to the excess, if any, of the actuarial accrued liability over the actuarial value of assets.

Under the traditional unit credit cost method, the normal cost is the actuarial present value of all benefits expected to be earned during the plan year; for active employees, these earned benefits are generally due to additional covered hours worked. The actuarial accrued liability is the actuarial present value of all benefits accrued to date, generally based on service to date.

Funding Requirements

Each year contributions must fund the normal cost and amortize a portion of the unfunded actuarial accrued liability. IRS minimum and maximum funding rules specify amortization schedules for the unfunded actuarial accrued liability, depending on the source of increase or decrease (Plan improvements, assumption changes, gains/losses, etc.).

Another factor can also affect funding requirements. The excess, if any, of past contributions over the accumulated minimum required amount creates a credit balance, which may be used to offset the minimum required contribution.

Asset Valuation Method

The actuarial value of assets is the asset value used to determine funding requirements. The actuarial asset method is a part of the Plan's cost method and may include smoothing to reduce large year-to-year swings in funding requirements due to asset gains and losses.

The method used recognizes market value gains and losses in relation to the investment return assumption over the ten-year periods following the occurrence of the gains or losses. However, this method cannot produce an asset value that varies from market value more than 20%.

Changes in Actuarial Methods Since Prior Valuation

None.

NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED
WORKERS PENSION PLAN

EIN 91-6033485 PN 001 FYE 3/31/2022

Schedule H, line 4j - Schedule of Reportable Transactions - included in the
Accountant's audit report attachment.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase 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 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>04/01/2021</u> and ending <u>03/31/2022</u>		
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 NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2021</u>		
b Assets		
(1) Current value of assets	1b(1)	92,242,714
(2) Actuarial value of assets for funding standard account	1b(2)	87,425,335
(1) Accrued liability for plan using immediate gain methods	1c(1)	88,469,158
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	88,469,158
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	136,295,872
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,532,014
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	5,589,963
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 KELLY S. COFFING MILLIMAN, INC.	 Signature of actuary Type or print name of actuary Firm name 1301 FIFTH AVENUE SUITE 3800 SEATTLE WA 98101-2605 Address of the firm	<u>1/5/2023</u> Date 2006596 Most recent enrollment number 206-624-7940 Telephone number (including area code)

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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a** 92,242,714**b** "RPA '94" current liability/participant count breakdown:

- (1) For retired participants and beneficiaries receiving payment
- (2) For terminated vested participants
- (3) For active participants:
- (a) Non-vested benefits
- (b) Vested benefits
- (c) Total active
- (4) Total

(1) Number of participants	(2) Current liability
662	68,328,659
728	41,169,927
	1,126,969
	25,670,317
572	26,797,286
1,962	136,295,872

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c** 67.67%**3** 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
10/31/2021	680,494	0			
Totals ▶			3(b)	680,494	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total**3(d)** 0**4** Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a** 98.8 %**b** Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5**4b** N**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):**a** ☐ Attained age normal**b** ☐ Entry age normal**c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate**e** ☐ Frozen initial liability**f** ☐ Individual level premium**g** ☐ Individual aggregate**h** ☐ Shortfall**i** ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 2.02 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) 9P	9P
(2) Females	6c(2) 9FP	9FP
d Valuation liability interest rate	6d 6.00 %	6.00 %
e Expense loading	6e 8.7 % ☐ N/A	% ☒ N/A
f Salary scale.....	6f % ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g 5.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h 32.3 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	124,651	12,108
4	3,331,524	323,607

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	598,800

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	16,393,121
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	248,366
e Total charges. Add lines 9a through 9d.....	9e	4,387,806

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	6,512,665
g Employer contributions. Total from column (b) of line 3.....	9g	680,494
Outstanding balance		
h Amortization credits as of valuation date.....	9h	8,836,633
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	523,858

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	8,644,604
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34,544,891
(3) FFL credit	9j(3)	0

k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	9,656,745
--	-----------	-----------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	5,268,939
---	-----------	-----------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
---	-----------	--

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
---	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	---

The summary provided here is based on the 2014 plan restatement with all amendments through the valuation date. Please see the plan document for complete plan provisions.

Plan Identification

EIN: 91-6033485

Plan Number: 001

Plan Year: April 1 to March 31

Normal Retirement Benefits

Benefits: Future service benefit plus past service benefit.

\$70.00 multiplied by the participant's years of credited service earned prior to April 1, 1976 (a maximum of 25 years).

Current future service formula: 2.30% of contributions made on behalf of participant as a monthly benefit.

Effective Date	Description
April 1, 1976	Initial future service benefit is established at 9.75% x contributions made for the participant as a monthly benefit.
April 1, 2002	Monthly benefits earned for future contributions changed from 9.75% of contributions to 7.60% of contributions.
April 1, 2007	Monthly benefits earned for future contributions changed from 7.60% of contributions to 5.60% of contributions.
July 1, 2009	Monthly benefits earned for future contributions changed from 5.60% of contributions to 2.00% of contributions.
April 1, 2016	Monthly benefits earned for future contributions changed from 2.00% of contributions to 2.30% of contributions.
August 1, 2020	Monthly benefits earned for future contributions changed from 2.30% of contributions to 1.00% of contributions.
April 1, 2021	Monthly benefits earned for future contributions changed from 1.00% of contributions to 2.30% of contributions.

Eligibility: Normal Retirement Age is age 65.

Early Retirement Benefits

Benefits: The normal retirement benefit (based on contributions to date) reduced by age according to the following scale:

Age at Retirement	Retiring from Active Status (benefits earned prior to 4/1/2016)	Retiring from Terminated Vested Status (benefits earned prior to 4/1/2016)	Meets Recency Test* (benefits earned on and after 4/1/2016)	Does not Meet Recency Test * (benefits earned on and after 4/1/2016)
65	1.0000	1.0000	1.0000	1.0000
64	1.0000	1.0000	1.0000	0.9400
63	1.0000	1.0000	1.0000	0.8800
62	1.0000	0.9700	1.0000	0.8200
61	1.0000	0.9400	0.9400	0.7600
60	1.0000	0.9100	0.8800	0.7000
59	0.9700	0.8800	0.8200	0.6400
58	0.9400	0.8500	0.7600	0.5800
57	0.9100	0.8200	0.7000	0.5200
56	0.8800	0.7900	0.6400	0.4600
55	0.8500	0.7600	0.5800	0.4000

* To meet the recency test, a participant must work at least 375 hours in at least two of the three most recent years before retirement. The year of retirement is only included as one of the three if at least 375 hours are worked; if less than 375 hours are worked in the year of retirement, the previous three full years are used.

Eligibility: Age 55 with five service credits (one year of which must be credited future service).

Vesting (Withdrawal before Retirement)

A participant who leaves with five years of credited service is 100% vested in his normal and early retirement benefits. Prior to April 1, 1992, a graded vesting schedule applied, with benefits vested 50% after five years, increasing 10% per year to 100% after 10 years.

Participants may also become vested under reciprocal service arrangements with other plans.

Disability Benefits

Benefits: The normal retirement benefit with no reduction for early commencement. The disability benefit is converted to a normal retirement benefit at age 65, and the preretirement death benefits are payable in the event of death before age 65.

Eligibility: "Total and permanent disability" under age 55 with five service credits (one of which must be credited to future service).

Death Benefits

Death with Spouse: If the participant is vested at death, the spouse receives benefits assuming the participant had elected the 100% survivor option the day before death, or at age 55, if later.

Without Spouse: If at time of death, the participant has five years of service, a lump-sum equal to \$5,000 in addition to any employee contributions, plus interest thereon at a rate determined by the Internal Revenue Service from year to year.

Forms of Pension Payment

The normal form of payment for a single employee is a life annuity with a five-year certain period. A participant may elect to receive a reduced benefit payable for life with 50%, 75%, or 100% of such reduced benefit continued to his or her spouse upon the death of the employee. If one of these optional forms is elected and the spouse predeceases the participant, the benefit reverts back to the amount the participant would have received had the optional form not been elected. This feature is provided at no cost to the participant.

Actuarial Equivalence

Actuarial Equivalence is a method of adjusting benefits differing in time, period, and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest: 5.75% per annum, compounded annually.

Mortality: 1994 Group Annuity Reserving Table, projected to 2002. Unisex table used for participants and beneficiaries.

Plan Changes Since Prior Valuation

- The accrual rate use to convert contributions made on a participant's behalf into a monthly benefit payable at normal retirement was changed (on a go forward basis) from 1.0% to 2.3% effective with hours worked on or after April 1, 2021.

Ad Hoc Benefit Increases

(Improvements that do not change the “Basic Benefit Structure”)

Effective Date	Description
April 1, 1976	Retiree benefits were increased 10%
April 1, 1980	Retiree benefits for most recipients were increased
April 1, 1983	Retiree benefits for most recipients were increased
April 1, 1985	All retirees received 5% increase and one-time extra month's benefit in July 1987
March 1, 1987	Retirees as of 03/1/1987 receive an extra benefit equal to two months' benefit in June 1988
March 1, 1988	Retirees as of 03/1/1988 receive an extra benefit equal to three months' benefit in July 1989
April 1, 1989	Benefits were increased 10% for all retirees and beneficiaries who were receiving benefits immediately prior to 04/1/1989
April 1, 1990	Benefits were increased 10% for all retirees and beneficiaries who were receiving benefits immediately prior to 04/1/1990
April 1, 1991	All prior retirees received a 3% increase and a one-time extra month's benefit with a \$300 minimum
March 1, 1992	Retirees received a one-time extra month's benefit in December 1992
March 1, 1993	Retirees received a one-time extra month's benefit. Benefits were increased 1% for retirees and beneficiaries who were receiving benefits immediately prior to 04/1/1997
April 1, 1998	Benefits were increased 12% for retirees and beneficiaries who were receiving benefits immediately prior to 04/1/1998
April 1, 1999	All retirees and beneficiaries received a 2% increase in benefits and a one-time extra month's benefit with a \$300 minimum
April 1, 2000	All retirees and beneficiaries received a 3% increase in benefits and a one-time extra month's benefit with a \$300 minimum
April 1, 2001	All retirees and beneficiaries received a 3% increase in benefits and a one-time extra month's benefit with a \$300 minimum
April 1, 2004	All retirees and beneficiaries received a one-time extra month's benefit with a \$300 minimum
April 1, 2005	All retirees and beneficiaries received a 2% increase in benefits
December 1, 2005	All retirees and beneficiaries received a one-time extra month's benefit with a \$400 minimum
April 1, 2006	All retirees and beneficiaries received a 3% increase in benefits
December 1, 2006	All retirees and beneficiaries received a one-time extra month's benefit with a \$400 minimum
April 1, 2007	All retirees and beneficiaries received a 2% increase in benefits
December 1, 2007	All retirees and beneficiaries received a one-time extra month's benefit with a \$400 minimum
December 1, 2014	All retirees and beneficiaries received a one-time extra month's benefit with no minimum.

NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED
WORKERS PENSION PLAN

EIN 91-6033485 PN 001 FYE 3/31/2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - included in the
Accountant's audit report attachment.

Exhibit 11

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning April 1, 2021 are determined below.

1. Charges as of April 1, 2021

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	April 1, 1992	Change in assumptions	\$50,756	1.00	\$50,756
b.	April 1, 1992	Plan amendment	246,565	1.00	246,565
c.	April 1, 1993	Change in assumptions	108,538	2.00	210,933
d.	April 1, 1993	Plan amendment	19,533	2.00	37,960
e.	April 1, 1994	Plan amendment	62,301	3.00	176,524
f.	April 1, 1995	Plan amendment	74,209	4.00	272,570
g.	April 1, 1997	Change in assumptions	87,887	6.00	458,099
h.	April 1, 1997	Plan amendment	35,200	6.00	183,475
i.	April 1, 1998	Change in assumptions	246,163	7.00	1,456,629
j.	April 1, 1998	Plan amendment	331,170	7.00	1,959,638
k.	April 1, 1999	Change in assumptions	31,114	8.00	204,804
l.	April 1, 1999	Plan amendment	143,372	8.00	943,732
m.	April 1, 2009	Actuarial loss	1,452,030	3.00	4,114,171
n.	April 1, 2011	Actuarial loss	6,145	5.00	27,437
o.	April 1, 2012	Actuarial loss	24,298	6.00	126,648
p.	April 1, 2013	Actuarial loss	34,271	7.00	202,793
q.	April 1, 2014	Actuarial loss	30,229	8.00	198,978
r.	April 1, 2015	Actuarial loss	26,881	9.00	193,809
s.	April 1, 2016	Actuarial loss	17,677	10.00	137,913
t.	April 1, 2017	Actuarial loss	4,244	11.00	35,480
u.	April 1, 2020	Actuarial loss	172,342	14.00	1,698,032
v.	April 1, 2021	Change in assumptions	323,607	15.00	3,331,524
w.	April 1, 2021	Actuarial loss	<u>12,108</u>	15.00	<u>124,651</u>
x.	Total		3,540,640		16,393,121

2. Credits as of April 1, 2021

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	April 1, 2007	Actuarial gain	\$30,206	1.00	\$30,206
b.	April 1, 2008	Actuarial gain	20,857	2.00	40,534
c.	April 1, 2009	Change in assumptions	6,316	3.00	17,896

	<u>Date</u>		<u>Amortization</u>	<u>Years</u>	<u>Outstanding</u>
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
d.	July 1, 2009	Plan amendment	204,352	3.24	621,834
e.	April 1, 2010	Actuarial gain	1,334,047	4.00	4,899,970
f.	April 1, 2018	Actuarial gain	2,787	12.00	24,772
g.	April 1, 2019	Actuarial gain	<u>341,163</u>	13.00	<u>3,201,421</u>
h.	Total		1,939,728		8,836,633
3.	Net outstanding balance [(1x) - (2h)]				7,556,488
4.	Credit Balance as of April 1, 2021				6,512,665
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				1,043,823
7.	Unfunded Actuarial Accrued Liability as of April 1, 2021				1,043,823

Changes in Actuarial Assumptions Since Prior Valuation

- The activity assumption was decreased from \$674,250 to \$643,250 based on the assumed average negotiated contribution rate decreasing from \$0.87 from \$0.83.
- The investment return assumption was decreased from 6.50% to 6.00% to better reflect anticipated future market conditions.
- The mortality assumption was updated from RP-2000 Blue Collar with projection Scale AA to Pri-2012 Blue Collar with projection Scale MP-2021 to reflect current best estimates for mortality.
- Non-mortality decrements (retirement, disability, termination) were updated based on experience over the last five years.
- The current liability interest rate was re-established within the statutory interest rate corridor.
- The statutory current liability mortality basis was re-established based on current requirements.