

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>05/01/2021</u> and ending <u>04/30/2022</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>GLAZIERS LOCAL NO. 1162 PENSION FUND</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>05/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1970</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>GLAZIERS LOCAL NO. 1162 PENSION FUND</u> <u>CW BREITSMAN ASSOCIATES, LLC</u> <u>THREE GATEWAY CENTER, STE. 1625</u> <u>401 LIBERTY AVENUE</u> <u>PITTSBURGH, PA 15222</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6668355</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>412-325-2200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6668355</u>	2c Plan Sponsor's telephone number <u>412-325-2200</u>	2d Business code (see instructions) <u>238100</u>	
2b Employer Identification Number (EIN) <u>34-6668355</u>					
2c Plan Sponsor's telephone number <u>412-325-2200</u>					
2d Business code (see instructions) <u>238100</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.	02/10/2023	SCOTT HARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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	209
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	57
a(2) Total number of active participants at the end of the plan year		6a(2)	54
b Retired or separated participants receiving benefits.....		6b	51
c Other retired or separated participants entitled to future benefits		6c	65
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	170
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	21
f Total. Add lines 6d and 6e		6f	191
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	14
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☐ 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
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

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 GLAZIERS LOCAL NO. 1162 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GLAZIERS LOCAL NO. 1162 PENSION FUND	D Employer Identification Number (EIN) 34-6668355

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

1a Enter the valuation date: Month 05 Day 01 Year 2021	
b Assets	
(1) Current value of assets	1b(1) 14388818
(2) Actuarial value of assets for funding standard account	1b(2) 12681837
c (1) Accrued liability for plan using immediate gain methods	1c(1) 13442907
(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) 13442907
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) 26016550
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 614557
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 838540
(3) Expected plan disbursements for the plan year	1d(3) 846967

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	02/03/2023
Signature of actuary KATHRYN A. GARRITY, FSA, EA, MAAA	Date 20-05379
Type or print name of actuary UNITED ACTUARIAL SERVICES, INC.	Most recent enrollment number 317-580-8688
Firm name 11590 N. MERIDIAN STREET, SUITE 610, CARMEL, IN 46032-4529	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	14388818
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	74	9765104
(2) For terminated vested participants	57	6815007
(3) For active participants:		
(a) Non-vested benefits.....		2114043
(b) Vested benefits.....		7322396
(c) Total active	63	9436439
(4) Total	194	26016550
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.31 %

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
04/30/2022	566983				
			Totals ▶	3(b)	566983
					3(c)
					3(d)
					0

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	94.3 %
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	2.01 %
	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)	A	A	
(2) Females	6c(2)	AF	AF	
d Valuation liability interest rate	6d	6.75 %	6.75 %	
e Expense loading	6e	26.0 % ☐ 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	11.2 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	30.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-558580	56547
4	319238	32318
5	-1161070	-153073

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	
b Employer's normal cost for plan year as of valuation date.....	9b	316543
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)	5703556
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	72999
e Total charges. Add lines 9a through 9d.....	9e	1154434

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1962340
g Employer contributions. Total from column (b) of line 3.....	9g	566983
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	2980146
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	175363
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3245243
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11105383
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	3056836
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1902402
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)	
(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)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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 05/01/2021 and ending 04/30/2022		
A Name of plan GLAZIERS LOCAL NO. 1162 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS LOCAL NO. 1162 PENSION FUND	D Employer Identification Number (EIN) 34-6668355	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

STEWART C. MILLER & CO.

34-1820020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATOR	6800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

35-2156428

(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	ACTUARY	15450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YURCHYK & DAVIS CPA'S, INC.

34-1638235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9500	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)

MORGAN STANLEY

200 PUBLIC SQUARE 2600
CLEVELAND, OH 44114

(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	INVESTMENT ADVISOR	108226	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PBGC PREMIUM

1200 K STREET, NW
WASHINGTON, DC 20005

(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?
99	NONE	5490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CW BREITSMAN ASSOCIATES LLC

401 LIBERTY AVE
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATOR	21600	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)

MACALA & PIATT, LLC

601 S. MAIN ST.
NORTH CANTON, OH 44720

(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	ATTORNEY	8278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEN BATES TECHNOLOGIES

600 MCKNIGHT PARK DR
PITTSBURGH, PA 15237

(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	IT PROGRAMMING SERVICES	9320	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
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022		
A Name of plan GLAZIERS LOCAL NO. 1162 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS LOCAL NO. 1162 PENSION FUND	D Employer Identification Number (EIN) 34-6668355	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	155516	234601
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	57550	68795
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	4356	18198
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	222895	224246
(2) U.S. Government securities	1c(2)	1287225	1319070
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1523411	1080248
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4916246	4931915
(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)	5677184	4425698
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	555242	719246

		(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	14399625	13022017

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10807	28412
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10807	28412

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14388818	12993605
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	566983	
(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)		566983
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	47	
(B) U.S. Government securities	2b(1)(B)	271041	
(C) Corporate debt instruments	2b(1)(C)	49396	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	26275	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		346759
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	55941	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	68184	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		124125
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4814077	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4279288	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		534789
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-749982	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-749982

		(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)		-1276997
c Other income.....	2c		315
d Total income. Add all income amounts in column (b) and enter total.....	2d		-454008
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	739830	
(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)		739830
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)	37576	
(2) Contract administrator fees.....	2i(2)	28400	
(3) Investment advisory and management fees.....	2i(3)	108226	
(4) Other.....	2i(4)	27173	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		201375
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		941205
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1395213
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: YURCHYK & DAVIS CPA'S INC.

(2) EIN: 34-1638235

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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 464508.

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.
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-6668355</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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	<u>0</u>

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.)
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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
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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
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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.
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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 **UNITED GLASS & PANEL SYS**

b EIN **34-1819758**

c Dollar amount contributed by employer **149429**

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 **04** Day **30** Year **2022**

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) **4.59**

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

a Name of contributing employer **BONFERT GLASS CO**

b EIN **34-1290144**

c Dollar amount contributed by employer **87101**

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 **04** Day **30** Year **2022**

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) **4.59**

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

a Name of contributing employer **HUGHES GLASS CO**

b EIN **34-1449015**

c Dollar amount contributed by employer **74002**

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 **04** Day **30** Year **2022**

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) **4.59**

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

a Name of contributing employer **NATIONAL ENCLOSURE**

b EIN **27-0859201**

c Dollar amount contributed by employer **72921**

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 **04** Day **30** Year **2022**

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) **4.59**

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

a Name of contributing employer **DC DOOR & WINDOW**

b EIN **45-5608210**

c Dollar amount contributed by employer **42560**

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 **04** Day **30** Year **2022**

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) **4.59**

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

a Name of contributing employer **NORTH HILL GLASS & MIRROR**

b EIN **34-0870457**

c Dollar amount contributed by employer **32960**

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 **04** Day **30** Year **2022**

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) **4.59**

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

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 RITENOUR GROUP

b EIN 34-1092625

c Dollar amount contributed by employer 32567

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 04 Day 30 Year 2022

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) 4.59

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

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

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Glaziers Local No. 1162 Pension Fund

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended April 30, 2022 and 2021

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Glaziers Local No. 1162 Pension Fund

For The Years Ended April 30, 2022 and 2021

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Independent Auditor's Report

To the Board of Trustees of
Glaziers Local No. 1162
Pension Fund

Opinion

We have audited the financial statements of Glaziers Local No. 1162 Pension Fund, 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 April 30, 2022 and 2021, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Glaziers Local No. 1162 Pension Fund as of April 30, 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Local No. 1162 Pension Fund 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 Glaziers Local No. 1162 Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Glaziers Local No. 1162 Pension Fund'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 Glaziers Local No. 1162 Pension Fund's ability to continue as a going concern for a reasonable period of time.

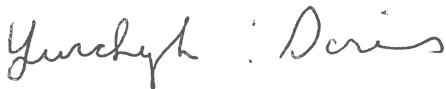
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—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 for investment and reportable transactions as of April 30, 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.



Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
January 27, 2023

Glaziers Local No. 1162 Pension Fund

Statements of Net Assets Available for Benefits

April 30, 2022 and 2021

	2022	2021
ASSETS		
Investments, at Fair Value:		
Money Market Funds	\$ 224,246	\$ 222,895
Government Securities	865,288	760,225
Mortgage Backed Securities	453,782	527,000
Mutual Funds	2,898,152	3,955,288
Exchange Traded Funds	1,527,546	1,721,896
Real Estate Investment Trust	9,019	10,091
Common Stocks	4,931,915	4,916,246
Corporate Bonds	1,080,248	1,523,411
Hedge Fund	710,227	545,151
Total Investments, at Fair Value	12,700,423	14,182,203
Receivables:		
Employer Contributions	68,795	57,550
Due From Other Fund	4,041	4,041
Interest	13,842	-
Total Receivables	86,678	61,591
Prepaid Expenses	315	315
Cash and Cash Equivalents	234,601	155,516
 Total Assets	 13,022,017	 14,399,625
LIABILITIES		
Accounts Payable - Administrative Expenses	5,865	9,159
Accounts Payable - Drug Fund	22,547	1,648
 Total Liabilities	 28,412	 10,807
 Net Assets Available for Benefits	 \$ 12,993,605	 \$ 14,388,818

The Accompanying Notes are an Integral Part of These Financial Statements

Glaziers Local No. 1162 Pension Fund

Statements of Changes in Net Assets Available for Benefits

For The Years Ended April 30, 2022 and 2021

	2022	2021
Additions in Net Assets Attributable to:		
Investment Income:		
Net Appreciation (Depreciation)		
in Fair Value of Investments	\$ (1,492,190)	\$ 2,931,578
Interest and Dividends	470,884	542,370
Total Investment Income	(1,021,306)	3,473,948
Less: Investment Expenses	(108,226)	(86,602)
Net Investment Income (Loss)	(1,129,532)	3,387,346
Contributions:		
Employer	566,983	529,156
Total Contributions	566,983	529,156
Miscellaneous Income	315	-
Total Additions (Losses)	(562,234)	3,916,502
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	739,830	741,182
Administrative Expenses:		
Contract Administration Fees	28,400	20,400
Trustee Meeting Expense	899	80
Actuary Fees	15,450	14,250
Auditing Fees	13,848	9,200
Attorney Fees	8,278	4,750
IT Programming Fees	9,320	-
PBGC Premium	5,490	6,090
Insurance	7,211	8,750
Bank Charges	2,946	3,091
Printing & Postage	207	292
Miscellaneous	1,100	1,065
Total Administrative Expenses	93,149	67,968
Total Deductions	832,979	809,150
Net Increase (Decrease)	(1,395,213)	3,107,352
Net Assets Available for Benefits:		
Beginning of Year	14,388,818	11,281,466
End of Year	\$ 12,993,605	\$ 14,388,818

The Accompanying Notes are an Integral Part of These Financial Statements

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE A – DESCRIPTION OF PLAN

The following brief discussion of the Glaziers Local 1162 Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

- 1.) **General** – The Plan is a multi-employer defined benefit plan covering all eligible members of Glazier Local No. 1162 Union (the Plan sponsor) who meet the minimum service requirements. An employee will become eligible at the beginning of the Plan year or on November 1st, whichever is earlier, following 435 hours of completed service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- 2.) **Administration of the Plan** – The Fund was administered by CW Breitsman Associates, LLC and Stewart C. Miller & Co. Inc., the third-party administrators, at April 30, 2022 and 2021, respectively. Administrative expenses are paid by the Fund in accordance with the Fund document.
- 3.) **Pension Benefits** – Participants with 5 or more years of service who have at least one hour of service after the effective date shall be 100% vested in their accrued benefit and will become eligible for a vested benefit at such time as they reach the normal retirement age (64). A participant's accumulated benefits are based upon years of service and retirement date as detailed in the Plan document. The Plan allows for six classes of benefits: normal retirement, early retirement, qualified joint and 50% survivor, disability, death and vested.
- 4.) **Normal Retirement** – Upon obtaining age 64, a participant is eligible to receive a monthly benefit. Unless the participant elects otherwise or has no surviving spouse, the normal retirement benefit will be paid as qualified joint and 50% survivor benefit as described below. Participants who elect out of the qualified joint and 50% survivor benefit receive benefits as a five-year certain benefit. Under this benefit, the participant receives a monthly benefit payment for life.
- 5.) **Early Retirement Benefits** – Participants who retire between the ages of 55 and 64 with 10 years or more of service are eligible for early retirement benefits. The amount of the early retirement benefit is equal to the participant's normal retirement benefit reduced by $\frac{1}{4}$ of 1% for each month the participant was younger than age 64 on the commencement date of the participant's early retirement benefit.
- 6.) **Qualified Joint and 50% Survivor Benefit** – Upon retirement, an annuity is established for the life of the participant with a survivor annuity for the life of the spouse, which is a reduced monthly income that is the actuarial equivalent of the normal or early retirement benefit to which the participant is otherwise entitled. Upon the death of the participant, 50% of the monthly income continues to the surviving spouse until their death.
- 7.) **Death Benefit** – The surviving spouse of a deceased participant who would have been eligible to receive an early or normal retirement benefit may elect to receive a qualified joint and 50% survivor benefit as though the deceased participant had applied for such a benefit the day immediately prior to his death.

If the surviving spouse waives the qualified joint and 50% survivor benefit, then the spouse will have the option of electing a five-year certain benefit. If a participant who is receiving normal, early or disability retirement benefits and who has waived the qualified joint and 50% survivor benefit dies prior to receiving a total of 60 monthly payments, then this participant's beneficiary, or beneficiaries, is eligible to receive a post retirement death benefit. The beneficiary shall be eligible to receive a continuation of the deceased participant's retirement benefit until a total of 60 monthly payments have been received by the deceased participant and/or beneficiaries.

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE A – DESCRIPTION OF PLAN - Continued

- 8.) **Disability Benefit** – An active participant with at least 10 years of service whom is totally and permanently disabled is eligible to receive disability benefits provided they meet certain other Plan requirements. The monthly benefit is equal to 70% of the participant's accrued retirement benefit as of the date the participant became totally and permanently disabled.
- 9.) **Vested** – The accrued benefit of a participant who terminates employment after obtaining five or more years of service is 100% vested and thus the participant becomes eligible for retirement benefit at such time as the participant reaches normal or early retirement age. Vesting does not extend to the disability benefit. Unless the participant elects otherwise, the benefit is paid as a qualified joint 50% survivor benefit.
- 10.) **Funding** – Employers were required to make monthly contributions to the Plan for hours worked as follows:

<u>Effective</u>	<u>Glaziers</u>
5/1/21 - 4/30/22	\$ 5.36
5/1/20 - 4/30/21	\$ 5.21
	<u>Glassworkers</u>
5/1/21 - 4/30/22	\$ 3.81
5/1/20 - 4/30/21	\$ 3.71

The Plan's funding policy is for the participating employers to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. During the years ended April 30, 2022 and 2021, contributions were made in the amount of \$566,983 and \$529,156, respectively. The contributions for years ended April 30, 2022 and 2021 exceeded the minimum funding requirements of ERISA.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- 1.) **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
- 2.) **Payment of Benefits** – Benefits payments to participants are recorded upon distribution.
- 3.) **Recognition of Contributions** – Contractors' contributions are based upon hours worked by participants and are recognized as receivable when such hours are worked.
- 4.) **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 trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note D for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on the investment purchased and sold, as well as held, during the year.

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICES – Continued

- 5.) **Use of Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein; disclosures of contingent asset and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.
- 6.) **Subsequent Events** – The Plan has evaluated subsequent events through January 27, 2023, the date the financial statements were available to be issued.
- 7.) **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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participants' years of service and the amount the employer(s) have contributed for each eligible participant. The accumulated plan benefits for active employees are based on upon their years of service and employer contributions made as of the date the benefit information is presented (the valuation date). 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.

An independent actuary from the United Actuarial Services, Inc. determines the actuarial present value of accumulated plan benefits. The actuarial present value of plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method.

The significant actuarial assumptions used in the valuations as of April 30, 2021 and 2020 were (a) life expectancy of participants (From 105% (95% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale, and the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2019 projection scale as of April 30, 2021 and 2020, respectively), (b) special retirement rates starting at age 55 through 65 to better reflect recent and anticipated retirement experience, and (c) investment return of 6.75% and 7.00% as of April 30, 2021 and 2020, respectively. 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 to determine the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of May 1, 2021 and 2020. Had the valuations been performed as of April 30, there would be no material difference.

NOTE C – RISKS AND UNCERTAINTIES

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

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE C – RISKS AND UNCERTAINTIES - Continued

Fund 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 estimates and assumptions process, it is at least reasonably possible that change in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE D – 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 (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 in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical assets in inactive markets;
- Inputs other than quoted prices that are observable for the assets;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

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

The asset'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a brief description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2022 and 2021.

Money Market Funds and Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds and Exchange Traded Funds – Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

U.S. Government Securities, Corporate Bonds & Debentures, Mortgage Backed Securities, and Real Estate Investment Trusts – Valued using pricing models maximizing the use of observable inputs for similar securities.

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE D – FAIR VALUE MEASUREMENTS – Continued

Hedge Funds - Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at April 30, 2022 and 2021.

Assets at Fair Value as of April 30, 2022				
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 4,931,915	\$ -	\$ -	\$ 4,931,915
Corporate Bonds	-	1,080,248	-	1,080,248
Government Securities	-	865,288	-	865,288
Mortgage Backed Securities	-	453,782	-	453,782
Mutual Funds	2,898,152	-	-	2,898,152
Exchange Traded Funds	1,527,546	-	-	1,527,546
Money Market Funds	224,246	-	-	224,246
Real Estate Investment Trust	9,019	-	-	9,019
Total assets in the fair Value Hierarchy	9,590,878	2,399,318	-	11,990,196
Investments Measured at NAV	-	-	-	710,227
Total Investments, at Fair Value	\$ 9,590,878	\$ 2,399,318	\$ -	\$ 12,700,423

Assets at Fair Value as of April 30, 2021				
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 4,916,246	\$ -	\$ -	\$ 4,916,246
Corporate Bonds	-	1,523,411	-	1,523,411
Government Securities	-	760,225	-	760,225
Mortgage Backed Securities	-	527,000	-	527,000
Mutual Funds	3,955,288	-	-	3,955,288
Exchange Traded Funds	1,721,896	-	-	1,721,896
Money Market Funds	222,895	-	-	222,895
Real Estate Investment Trust	10,091	-	-	10,091
Total assets in the fair Value Hierarchy	10,826,416	2,810,636	-	13,637,052
Investments Measured at NAV	-	-	-	545,151
Total Investments, at Fair Value	\$ 10,826,416	\$ 2,810,636	\$ -	\$ 14,182,203

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table summarized investments measured at fair value based on net asset value (NAVs) per share as of April 30, 2022 and 2021.

<u>April 30, 2022</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Hedge Funds	\$ 710,227	\$ -	Monthly	30 Days

<u>April 30, 2021</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Hedge Funds	\$ 545,151	\$ -	Monthly	30 Days

The hedge funds' objective is to use leveraged, long, short, and derivative positions in both domestic and international markets with the goal of generating high returns.

NOTE E – ACCUMULATED PLAN BENEFITS AND CHANGES

The actuarial present value of accumulated plan benefits as of April 30, 2021 and 2020 were as follows:

	<u>2021</u>	<u>2020</u>
Vested accumulated benefits:		
Participants currently receiving payments	\$ 6,289,900	\$ 5,889,853
Expenses on parts. currently rec. benefits	723,339	780,406
Other participants	6,207,181	6,260,648
Expenses on other participants	<u>713,826</u>	<u>829,536</u>
	13,934,246	13,760,443
Nonvested Accumulated Benefits:		
Non-vested benefits	945,826	756,383
Expenses on nonvested benefits	<u>108,770</u>	<u>100,221</u>
	1,054,596	856,604
Actuarial present value of accumulated plan benefits	<u>\$ 14,988,842</u>	<u>\$ 14,617,047</u>

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE E – ACCUMULATED PLAN BENEFITS AND CHANGES – Continued

The changes in accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as of April 30, 2020	\$ 14,617,047
Increase (decrease) during the year attributable to:	
Plan Amendment	-
Change in actuarial assumptions	44,458
Benefits accumulated and experience gain	113,294
Interest due to decrease in discount period	1,023,193
Benefits paid	(741,182)
Operational Expenses Paid	<u>(67,968)</u>
Net Increase (Decrease)	371,795
Actuarial present value of accumulated plan benefits as of April 30, 2021	<u>\$ 14,988,842</u>

NOTE F – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated October 20, 2015, that the Plan and related trust are designed in accordance with the 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress. The Plan administrators believe it is no longer subject to income tax examinations for years prior to 2019.

NOTE G – PLAN TERMINATION

Though there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions taking into account those paid out before termination
- b. Annuity benefits participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2022 and 2021

NOTE G – PLAN TERMINATION - Continued

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than single-life annuity, the corresponding ceiling is actuarially adjusted downward.

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 contributing employers subject to the collective bargaining agreement and may also depend on the level of benefits guaranteed by the PBGC.

Glaziers Local No. 1162 Pension Fund

Supplementary Information

Schedule of Assets Held for Investment

Schedule of Reportable Transactions

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

**Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

April 30, 2022

Morgan Stanley - Starwood

Face Amount/ Number of Shares	Description	Cost	Market Value
MONEY MARKET			
265	Morgan Stanley Private Bank NA	\$ 265	\$ 265
HEDGE FUND			
26,244	Starwood Real Estate Income	\$ 533,547	\$ 710,227

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Citi

Face Value/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
107	Advanced Micro Devices	\$ 10,018	\$ 9,151
60	Affirm Holdings Inc Cl A	7,705	1,722
48	Alphabet Inc Class C	103,841	110,368
40	Amazon Inc Com	129,294	99,425
589	Apple Inc	81,796	92,856
14	ASML Holding NV NY Reg New	11,023	7,893
21	Atlassian Corp PLC Cl A	6,582	4,721
29	Bill Com Holdings Inc	5,847	4,950
56	Block Inc Cl A	13,944	5,574
56	Carvana Co Cl A	18,178	3,246
87	Charles Schwab New	4,644	5,771
13	Chipotle Mexican Grill Inc Com	22,987	18,923
49	Danaher Corporation	12,908	12,305
27	DocuSign Inc	7,457	2,187
34	Dollar General Corp	7,170	8,076
57	Doordash Inc Cl A	12,264	4,641
58	Eli Lilly & Co	13,667	16,943
57	General Electric Co	5,682	4,249
36	Goldman Sachs Group Inc	12,878	10,998
35	HCA Healthcare Inc	8,443	7,509
38	Intuit Inc	15,876	15,912
63	Intuitive Surgical Inc	18,314	15,076
26	Lululemon Athletica Inc	10,573	9,220
62	Mastercard Inc Cl A	21,149	22,530
267	Meta Platforms Inc	83,050	53,525
416	Microsoft Corp	108,485	115,448
21	Mongodb Inc Cl A	9,132	7,454
11	Monolithic Power Systems Inc	4,471	4,315
38	Netflix Inc	20,012	7,234
64	Nike Inc	9,033	7,981
148	Nvidia Corporation	32,684	27,450
62	Paypal Holdings Inc	12,229	5,452
14	Roper Technologies Inc	6,586	6,579
81	Ross Stores Inc	8,998	8,081
18	S&P Global Inc Com	7,715	6,777
86	Sea Limited ADR	23,611	7,117
46	Servicenow Inc	24,806	21,993
13	Shopify Inc	19,047	5,549
371	Snap Inc Cl A	24,370	10,559
38	Stryker Corp	9,202	9,168
39	Synopsys Inc	11,777	11,185
33	Tesla Inc	38,371	28,735
13	Thermo Fisher Scientific	6,639	7,188
47	UnitedHealth Group Inc	16,625	23,902
148	Visa Inc Cl A	31,467	31,543
41	Zoetis Inc Cl A	8,226	7,267
Total Common Stocks		\$ 1,078,776	\$ 908,748

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

April 30, 2022

Morgan Stanley - Citi

Face Value/ Number of Shares	Description	Cost	Market Value
EXCHANGE TRADED & CLOSED-END			
173	Energy Sel Sect SPDR Fd	\$ 5,860	\$ 13,001
636	Graniteshares Gold Trust ETF	11,950	11,963
46	Health Care Sel Sect SPDR Fd	4,898	5,993
1,320	Invesco S&P 500 Equal Weight E	198,213	194,634
108	iShares 10-20 Yr Treasury Bond ETF	17,107	13,386
211	iShares 7-10 Yr Treasury Bond ETF	25,349	21,693
2,998	iShares Core MSCI Emerging	136,793	156,646
477	iShares Edge MSCI US Quality Fac	51,216	58,900
188	iShares Global Con Stap ETF	11,797	11,750
171	iShares Global Financials ETF	12,835	12,363
77	iShares Global Healthcare ETF	5,695	6,436
63	iShares Global Materials ETF	4,618	5,537
163	iShares iBoxx Invest Gr Cor Bd ETF	19,731	18,354
214	iShares Inc MSCI Emerging Markets ETF	12,859	11,663
333	iShares Intl Hedge Corp Bond ETF	31,423	30,449
238	iShares Int Rate Hdg Long Term	5,615	5,571
140	iShares MSCI China ETF	9,555	7,064
1,208	iShares MSCI International Q	40,146	41,193
42	iShares Transportation Ave ETF	9,093	10,199
481	Janus Henderson AAA Clo ETF	24,242	24,199
295	JPMorgan BetaBuilders Japan ETF	16,776	13,762
177	PIMCO 0-5 Year H/Y Corp Bond	16,898	16,542
84	SPDR S&P Dividend ETF	10,897	10,418
278	SPDR S&P Regional Banking ETF	16,247	17,192
108	The Technology Sel Sec SPDR Fd	17,196	15,273
77	Utilities Sel Sect SPDR Fund	5,713	5,487
1,464	Vaneck Vectors Emerging Markets ETF	34,937	28,328
166	Vanguard FTSE Europe ETF	9,437	9,693
3,325	Vanguard Total Stock Market ETF	455,119	687,876
104	Vanguard Value ETF	14,731	14,633
940	Wisdomtree Floating Rate Treasury	47,202	47,348
Total Exchange Traded and Closed-End		\$ 1,284,148	\$ 1,527,546
MUTUAL FUNDS			
25,422	Artisan Intl Value Adv	\$ 921,180	\$ 995,508
24,250	GQG Partners Emerging Markets Eq Ins	324,949	353,316
18,846	Guggenheim Floating Rate Strat I	473,028	465,113
16,555	Harding Loevner Frontier Emerging Markets Ins	121,571	128,798
15,952	Victory Trivalent Intl Small Cap Y	245,818	224,287
Total Mutual Funds		\$ 2,086,546	\$ 2,167,022
MONEY MARKET			
20,319	Morgan Stanley Private Bank NA	\$ 20,319	\$ 20,319

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Clearbridge Intl Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
19	Accenture PLC Ireland	\$ 6,629	\$ 5,707
89	Adidas AG	9,871	8,906
397	Adyen N V Un-sponsored AD	2,910	6,618
344	AIA Group LTD Spon ADR	12,080	13,430
227	Airbus SE Un-sponsored ADR	5,365	6,191
119	Alcon Inc	7,565	8,474
123	Amadeus IT Group SA ADR	6,879	7,681
27	ASML Holding NV NY Reg New	4,386	15,222
47	Atlas Copco ADR	13,053	11,208
32	Atlassian Corp PLC Cl A	5,898	7,195
478	BNP Paribas SP ADR Repstg	16,338	12,375
382	Burberry Group PLC Spons ADR	8,987	7,514
177	CDN Pacific RY LTD	12,347	12,960
193	Cellnex Telecom SA	5,665	4,493
540	Compass Group PLC SPD ADR	11,238	11,410
259	CRH PLC ADR	11,405	10,251
375	Deutsche Boerse AG Unspn ADR	6,268	6,489
70	Diageo PLC Spon ADR New	9,184	13,908
206	EDP Energias DE Portugal SA	8,969	9,583
97	Elastic N V	6,890	7,386
101	Essilorluxottica ADR	9,471	8,557
403	Fanuc Corporation Unsp ADR	5,711	6,158
81	Givaudan SA ADR	3,502	6,428
99	Hoya Corp Spons ADR	5,788	9,841
71	Icon PLC	7,960	16,061
630	Industria De Diseno Textile Ind	9,565	6,589
815	Intesa Sanpaolo SPA ADR	13,891	9,901
178	KBC Group NV Unspn ADR	5,171	6,004
199	Loreal Co ADR	8,780	14,441
568	LeGrand SA	7,884	9,974
46	Linde PLC	7,519	14,476
485	London Stk Exchange Group ADR	6,191	11,955
112	LVMH Moet Hennessy Louis Vuitt	6,828	14,541
198	Monotaro Co LTD ADR	1,926	3,386

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Clearbridge Intl Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
177	Nestle Spon ADR Rep Reg SHR	\$ 9,994	\$ 22,769
33	Nice LTD ADR	10,183	6,812
407	Nidec Corp	6,429	6,626
124	Novo Nordisk A/S ADR	5,704	14,136
134	Ocado Group PLC	8,548	3,119
364	Olympus Corporation Spons ADR	6,785	6,443
1,407	Recruit Holdings Co. LTD ADR	12,977	10,257
304	Rentokil Group PLC SP ADR	6,037	10,537
329	Roche Holdings ADR	10,016	15,193
341	Schlumberger LTD	10,853	13,302
151	Shiseido Ltd. Spon ADR	5,922	7,104
12	Solaredge Technologies Inc	3,741	3,005
213	Suncor Energy Inc	6,889	7,655
137	Taiwan SMCNDCTR MFG Co LTD ADR	5,559	12,731
118	TE Connectivity LTD	15,220	14,724
58	Teleperformance SA Unsp ADR	4,854	10,345
63	Temenos Group AG Spon ADR	6,375	6,348
87	Thomson Reuters Corp	5,986	8,696
	Total Common Stocks	\$ 414,186	\$ 505,115

MONEY MARKET

9,211	Morgan Stanley Private Bank NA	\$ 9,211	\$ 9,211
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Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Western Core

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE BONDS					
31,000	JP Morgan Chase & Co	4.203%	7/23/2029	\$ 31,315	\$ 30,479
25,000	Bank of America Corp	2.884%	10/22/2030	26,285	22,356
24,000	Goldman Sachs Group Inc.	3.800%	3/15/2030	27,481	22,694
25,000	Shell International Finance BV	2.875%	5/10/2026	24,921	24,355
24,000	Verizon Communications Inc	4.125%	3/16/2027	28,125	24,118
26,000	CVS Health Corporation	4.300%	3/25/2028	30,049	26,119
26,000	Wells Fargo & Company	3.584%	5/22/2028	26,418	24,944
25,000	Citigroup Inc.	3.668%	7/24/2028	25,251	24,068
22,000	Comcast Corp	4.150%	10/15/2028	23,380	22,172
26,000	Amazon.com Inc	2.100%	5/12/2031	26,145	22,661
16,000	Enterprise Products Operating LLC	4.800%	2/1/2049	15,409	15,311
Total Corporate Bonds				\$ 284,779	\$ 259,277

GOVERNMENT SECURITIES - TREASURY SECURITIES

27,000	United States Treasury Note	0.250%	3/15/2024	\$ 26,953	\$ 25,817
63,000	United States Treasury Note	0.375%	4/30/2025	63,078	58,506
54,000	United States Treasury Note	0.375%	11/30/2025	53,184	49,334
43,000	United States Treasury Note	1.625%	2/15/2026	45,207	40,989
22,000	United States Treasury Note	0.750%	5/31/2026	21,927	20,155
53,000	United States Treasury Note	1.250%	12/31/2026	52,050	49,135
55,000	United States Treasury Note	1.125%	2/15/2031	53,879	47,521
54,000	United States Treasury Bond	3.000%	2/15/2049	58,979	53,814
Total Government Securities - Treasury Securities				\$ 375,257	\$ 345,271

GOVERNMENT SECURITIES - FEDERAL AGENCIES

12,000	Federal National Mortgage Assn.	6.625%	11/15/2030	\$ 16,820	\$ 15,072
28,000	FNMA Pool MA4387	2.000%	7/1/2041	28,483	23,217
25,000	FNMA Pool MA4587	2.500%	4/1/2042	24,824	23,138
62,000	FNMA Pool MA4438	2.500%	10/1/2051	60,852	54,167
17,000	FHLMC 30 Yr Gold SD8195	3.000%	2/1/2052	17,201	15,851
25,000	FNMA Relocation Loan FS0957	3.000%	3/1/2052	24,359	23,538
32,000	FHLMC 30 Yr Gold SD8214	3.500%	4/1/2052	31,625	31,124
Total Government Securities - Federal Agencies				\$ 204,164	\$ 186,107

MUTUAL FUNDS

17,716	Western Asset Smash Series C			\$ 162,522	\$ 156,610
55,528	Western Asset Smash Series Completion			491,766	387,586
20,770	Western Asset Smash Series M			223,591	186,934
Total Mutual Funds				\$ 877,879	\$ 731,130

MONEY MARKET

9,987	Morgan Stanley Private Bank NA			\$ 9,987	\$ 9,987
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Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Watterson

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE BONDS					
32,000	General Motors Financial Co	1.700%	8/18/2023	\$ 31,510	\$ 31,381
30,000	Dupont De Nemours Inc	4.205%	11/15/2023	30,650	30,430
31,000	HCA Inc	5.375%	2/1/2025	34,196	31,847
30,000	Lazard Group LLC	3.750%	2/13/2025	29,882	29,976
30,000	Netflix Inc	5.875%	2/15/2025	33,597	31,162
30,000	Verisign Inc	5.250%	4/1/2025	32,764	31,021
30,000	JPMorgan Chase & Co	0.577%	6/1/2025	29,956	29,532
37,000	Truist Financial Corp	0.641%	6/9/2025	36,932	36,379
32,000	Penske Automotive Group Inc	3.500%	9/1/2025	32,590	30,880
32,000	Seagate HDD Cayman	4.875%	6/1/2027	34,448	31,199
28,000	Meritage Homes Corp	5.125%	6/6/2027	30,389	27,370
32,000	Dana Inc	5.375%	11/15/2027	33,245	30,240
32,000	T Mobile USA Inc	4.750%	2/1/2028	33,807	31,573
28,000	Kinder Morgan Inc	4.300%	3/1/2028	31,748	27,863
15,000	Wells Fargo & Co	2.393%	6/2/2028	15,731	13,659
32,000	Service Corp International	5.125%	6/1/2029	34,022	31,566
22,000	Cheniere Energy Partners LP	4.500%	10/1/2029	22,917	21,065
30,000	Qorvo Inc	4.375%	10/15/2029	31,428	27,871
32,000	Equinix Inc	3.200%	11/18/2029	33,757	29,041
30,000	Roper Technologies Inc	2.000%	6/30/2030	29,875	25,202
33,000	Central Garden & Pet Co	4.125%	10/15/2030	32,461	28,526
30,000	DTE Electric Co	2.625%	3/1/2031	31,147	27,006
33,000	Duke Energy Corp	2.550%	6/15/2031	32,634	28,189
35,000	Quanta Services Inc	2.350%	1/15/2032	33,137	28,552
23,000	Verizon Communications	5.250%	3/16/2037	28,510	24,624
30,000	Bank of America Corp	4.244%	4/24/2038	30,040	28,498
25,000	Goldman Sachs Group	2.908%	7/21/2042	23,324	19,185
30,000	Comcast Corp	4.700%	10/15/2048	35,287	30,146
35,000	Sysco Corp	3.300%	2/15/2050	34,431	26,988
Total Corporate Bonds				\$ 904,415	\$ 820,971

GOVERNMENT SECURITIES - TREASURY SECURITIES

125,000	United States Treasury Note	0.125%	6/30/2023	\$ 123,371	\$ 121,909
32,000	United States Treasury Note	0.250%	11/15/2023	31,717	30,906
88,000	United States Treasury Note	2.000%	2/15/2025	91,617	85,965
55,000	United States Treasury Note	1.625%	2/15/2026	56,210	52,428
63,000	United States Treasury Note	1.125%	2/15/2031	60,882	54,433
92,000	United States Treasury Bond	1.125%	8/15/2040	75,985	66,157
92,000	United States Treasury Bond	2.000%	2/15/2050	88,789	74,581
39,000	United States Treasury Bond	2.250%	2/15/2052	34,777	33,638
Total Government Securities - Treasury Securities				\$ 563,348	\$ 520,017

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Watterson

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
GOVERNMENT SECURITIES - FEDERAL AGENCIES					
95,000	FHLMC 30 YR Gold SD8122	2.500%	12/1/2050	\$ 99,080	\$ 63,577
45,000	FHLMC 30 YR Gold SD8128	2.000%	2/1/2051	46,313	34,487
55,000	Federal National Mortgage Assn. - Pool MA4564	3.000%	3/1/2052	55,101	51,465
140,000	Federal National Mortgage Assn. - Pool MA3744	3.000%	8/1/2049	57,413	23,696
85,000	Federal National Mortgage Assn. - Pool B04708	3.000%	11/1/2049	86,408	26,393
110,000	Federal National Mortgage Assn. - Pool BP5878	2.500%	6/1/2050	97,777	68,057
Total Government Securities - Federal Agencies				\$ 442,092	\$ 267,675
MONEY MARKET					
46,508	Morgan Stanley Private Bank NA			\$ 46,508	\$ 46,508

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Kayne Anderson SMID Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
354	Albany Intl A New	\$ 21,502	\$ 27,690
318	Armstrong World Inds Inc	24,547	26,922
513	Azenta Inc	14,077	38,454
126	Badger Meter Inc	6,019	10,167
411	Bank of Hawaii Corp	32,924	30,554
82	CDW Corporation	5,291	13,381
754	Cheesecake Factory Inc	19,933	27,830
780	Construction Partners Inc Cl A	15,285	20,132
662	Evertec Inc	24,073	26,083
595	First Financial Bankshares Inc	13,219	23,788
187	Globus Medical Inc A	14,915	12,383
434	Graco Inc	18,104	26,917
1,724	Hillman Solutions Corp	20,211	20,050
373	Houlihan Lokey Inc Cl A	15,930	31,067
90	Jack Henry & Association Inc	9,140	17,062
154	John Bean Technologies Corp	14,903	18,155
211	Lakeland Financial	15,399	15,365
192	Landstar System Inc	19,162	29,741
1,291	Latham Group Inc	23,233	15,492
75	LCI Inds	9,254	7,299
1,707	Leslies Inc	38,776	33,457
541	Natl Beverage Corp	13,444	23,847
167	Primerica Inc	13,238	21,636
173	RBC Bearings Inc	21,480	29,124
211	RLI Corp	12,153	24,219
189	Siteone Landscape Supply Inc	10,670	26,655
656	Terminix Global Holdings Inc	20,581	30,104
284	The Scotts Miracle-Gro Company	23,762	29,516
266	Thor Industries Inc	17,097	20,362
142	Unifirst CP	26,766	24,467
133	Watsco Inc	20,787	35,482
107	WD 40 Company	12,717	19,686
	Total Common Stocks	\$ 568,592	\$ 757,087

MONEY MARKET

77,302	Morgan Stanley Private Bank NA	\$ 77,302	\$ 77,302
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Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment (Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
118	Abbott Laboratories	\$ 12,921	\$ 13,393
182	Abbvie Inc Com	20,978	26,732
33	Accenture PLC Ireland CL A	5,628	9,912
58	Advance Auto Parts	12,021	11,579
103	Air Product & Chemical Inc.	22,289	24,109
43	Alexandria Real Estate EQ Inc.	6,401	7,833
150	American Express Co	14,862	26,207
116	Amerisourcebergen Corp	11,559	17,550
40	Amgen Inc	9,121	9,328
230	Analog Devices Inc.	24,996	35,508
56	Apple Inc.	2,939	8,829
48	Avalonbay Comm Inc.	8,344	10,919
1,104	Bank of America Corp.	25,808	39,391
78	Becton Dickson & Co.	16,157	19,281
136	Best Buy Co	13,151	12,231
50	Blackrock Inc.	24,805	31,234
47	Boston Properties Inc.	5,003	5,527
636	Bristol Myers Squibb Co.	36,795	47,872
141	Capitol One Financial Corp.	15,363	17,571
235	Charles Schwab	9,434	15,588
151	Chevron Corp.	13,359	23,657
117	Chubb LTD.	15,924	24,155
64	Cigna Corp	13,408	15,794
364	Citigroup Inc	23,637	17,548
141	CME Group Inc.	19,637	30,927
221	CMS Energy CP	10,768	15,180
342	Coca Cola Co.	17,079	22,097
886	Comcast Corp.	35,871	35,227
553	Conocophillips	25,666	52,823
299	Corning Inc	11,885	10,522
321	CVS Health Corporation	25,019	30,858
54	Deere & Co.	10,383	20,388
188	Dover Corp.	16,336	25,060
144	Eaton Corp PLC	12,548	20,883
75	Eli Lilly & Co	9,234	21,910
298	EOG Resources Inc	18,106	34,794
403	Exxon Mobil Corp	28,322	34,356
128	Fidelity Natl Information SE	13,918	12,691

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
111	Gallagher Arthur J & Co	\$ 9,316	\$ 18,702
157	General Dynamics Corp.	25,568	37,135
243	Hartford Fin Sers Group Inc.	11,584	16,993
83	Home Depot Inc.	17,131	24,933
106	Intl Business Machines Corp	13,504	14,014
215	Johnson & Johnson	27,347	38,799
49	Marsh & McLennan Cos Inc	5,493	7,923
113	McDonalds Corp.	21,386	28,155
278	Medtronic PLC	28,444	29,012
96	Merck & Co. Inc. New Com	5,375	8,514
263	Metlife Incorporated	11,329	17,274
91	Microsoft Corp.	9,738	25,254
399	Mondelez Intl Inc. Com.	20,228	25,728
383	Morgan Stanley	21,577	30,866
396	Nextera Inc.	20,442	28,124
114	Norfolk Southern Corp.	19,807	29,398
81	Northern Trust Corp.	6,436	8,347
60	Northrop Grumman CP	19,699	26,364
60	NXP Semiconductors NV	10,516	10,254
88	Parker Hannifin Corp	18,067	23,832
111	Pepsico Inc. NC	13,647	19,060
308	Pfizer Inc.	7,934	15,114
382	Philip Morris Intl Inc.	31,823	38,200
188	PNC Finl Svcs Group	17,909	31,227
190	PPG Industries Inc.	21,305	24,318
165	Proctor & Gamble	19,286	26,491
133	Progressive Corp.	8,776	14,279
105	Prologis Inc Com	11,721	16,830
155	Public Service Enterprise GP	8,235	10,797
467	Raytheon Technologies Corp	34,366	44,323
92	Republic Services Inc.	5,836	12,353

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
109	Seaget Technology PLC	\$ 8,727	\$ 8,942
121	Starbucks Corp Washington	10,242	9,031
408	Sysco Corp	28,763	34,876
101	T. Rowe Price Group Inc.	11,454	12,427
177	Texas Instruments	17,565	30,134
398	TJX Companies	23,767	24,389
343	Truist Financial Corp	14,152	16,584
315	US Bancorp Com New	13,453	15,296
161	United Parcel Service Inc	29,892	28,977
119	UnitedHealth Group Inc	39,345	60,517
161	Ventas Inc	8,298	8,944
328	Verizon Communications	16,783	15,186
170	Walmart Inc	20,533	26,008
324	Wells Fargo & Co	15,900	14,136
262	Xcel Energy Inc.	13,612	19,194
	Total Common Stocks	\$ 1,395,986	\$ 1,866,718

MONEY MARKET

38,274	Morgan Stanley Private Bank NA	\$ 38,274	\$ 38,274
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Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2022

Morgan Stanley - Kayne Anderson Small Cap Quality Value

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
257	Allegion Pub Ltd Co	\$ 25,467	\$ 29,360
66	Ansys Inc	20,758	18,196
242	Aspen Technology Inc	14,998	38,367
981	Bentley Sys Inc Com	40,974	41,585
706	Berkley W R Corp	29,369	46,942
212	Bright Horizons Family Solutions	25,915	24,219
162	Charles River Labs Intl Inc	33,567	39,125
55	Chemed Corporation	27,521	27,026
102	Cooper Co Inc New	29,871	36,826
277	Copart Inc	25,985	31,481
869	Elanco Animal Health Inc	21,411	21,994
162	Equifax Inc	26,674	32,970
329	Exponent Inc	28,874	31,521
42	Fair Isaac & Co Inc	18,760	15,687
281	Globus Medical Inc	18,636	18,608
464	Interactive Brokers Group Cl A	24,694	27,636
129	Jack Henry & Assoc Inc.	6,655	24,456
108	Lennox Intl Inc	29,123	23,025
225	LPL Finl Holdings Inc Com	32,009	42,271
173	Nordson CP	34,210	37,314
108	Pool Corp	11,661	43,764
574	Rollins Inc	20,460	19,252
246	Siteone Landscape Supply Inc.	32,257	34,693
49	Teledyne Tech Inc	21,456	21,146
361	Teradyne Inc	32,766	38,071
326	The Scott Miracle - Grow Company	51,954	33,881
354	Thor Industries Inc.	42,649	27,099
89	Watsco Inc.	27,123	23,743
119	Zebra Tech	33,392	43,989
	Total Common Stocks	\$ 789,189	\$ 894,247

MONEY MARKET

22,361	Morgan Stanley Private Bank NA	\$ 22,361	\$ 22,361
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Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

**Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

April 30, 2022

Morgan Stanley - Bank Deposit

Face Value/ Number of Shares	Description	Cost	Market Value
MONEY MARKET			
19	Morgan Stanley Bank NA	\$ 19	\$ 19

AFL-CIO Housing

REAL ESTATE INVESTMENTS

9	AFL-CIO Housing Investment Trust	\$ 7,010	\$ 9,019
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SUMMARY BY INVESTMENT TYPE

Common Stocks	\$ 4,246,729	\$ 4,931,915
Corporate Bonds	1,189,194	1,080,248
Exchange-Traded & Closed End	1,284,148	1,527,546
Government Securities - Federal	646,256	453,782
Government Securities - Treasury	938,605	865,288
Money Market Funds	224,246	224,246
Mutual Funds	2,964,425	2,898,152
Hedge Fund	533,547	710,227
Real Estate Investment Trust	7,010	9,019
Total Investments	<u>\$ 12,034,160</u>	<u>\$ 12,700,423</u>

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

Schedule of Reportable Transactions
(Schedule H, Line j)

April 30, 2022

Identity of Party Involved	Description of Asset Including Interest Rate and Maturity Date	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Purchases:</u>							
	Morgan Stanley Bank NA	\$ 2,816,484	\$ -	\$ -	\$ 2,816,484	\$ 2,816,484	\$ -
<u>Sales:</u>							
	Morgan Stanley Bank NA	\$ -	2,551,396	-	2,551,396	2,551,396	-
		<u>\$ 2,816,484</u>	<u>\$ 2,551,396</u>	<u>\$ -</u>	<u>\$ 5,367,880</u>	<u>\$ 5,367,880</u>	<u>\$ -</u>

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Glaziers Local No. 1162 Pension Plan was established effective May 1, 1970 as a result of a Collective Bargaining Agreement between the (Inside Glass Workers) Glaziers Local No. 1162 affiliated with the Brotherhood of Painters, Decorators and Paperhangers of America, AFL-CIO, and The Glazing Contractors Association of Akron and Canton, Ohio.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on May 1, 1971.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates:

<i>Effective Date</i>	<i>Inside Glass</i>	<i>Glaziers</i>
06-01-95	0.61	1.33
06-01-96	0.75	1.51
06-01-97	0.90	1.70
06-01-98	1.07	1.91
06-01-99	1.16	2.11
06-01-00	1.16	2.15
06-01-01	1.26	2.15
06-01-02	1.31	2.27
06-01-03	1.48	2.50
06-01-04	1.81	2.75
06-01-05	2.00	3.00
05-01-06	2.10	3.10
05-01-07	2.28	3.25
05-01-08	2.43	3.45
05-01-09	2.68	3.70
07-01-10	2.78	3.80
05-01-13	2.78	3.90
05-01-15	2.95	4.20
05-01-16	2.95	4.45
05-01-17	3.39	4.57
05-01-18	3.54	4.82
05-01-19	3.62	4.96
05-01-20	3.71	5.21
05-01-21	3.81	5.36

PLAN HISTORY (CONT.)

In 1970, the Trustees entered into a Deposit Administration Contract with the Bankers Life Insurance Company, now called the Principal Financial Group, under which all Retirement Benefits, except Total and Permanent Disability Benefits, were fully purchased from the Insurance Company and, therefore, were no longer a liability of the Pension Fund. The purchasing of benefits was discontinued for those retiring after May 1, 1982. On July of 1992, the original DA Contract was terminated and the remaining funds were transferred to a new Flexible Pension Investment Contract. As part of the change in contract form, the balance in the experience account was transferred to the new FPI contract and the payment of formerly purchased benefits became a liability of the Pension Fund.

SUMMARY OF PLAN PROVISIONS

Participation	May 1 following completion of 435 hours during a twelve consecutive month period, or prior to November 1, if earlier.
Year of service	Plan Year with at least 435 hours.
Break in service	Plan Year with less than 435 hours.
Forfeited service	A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service.
Normal retirement benefit	
<i>Eligibility</i>	Age 64 and 5 years of service or, if earlier, age 65 and 5 years of participation.
<i>Monthly amount</i>	\$6.00 per year of past service, plus 3.15% of total employer contributions made on and after May 1, 1970 and prior to May 1, 2003, plus 2.50% of total employer contributions made on and after May 1, 2003 and prior to May 1, 2006, plus 1.20% of total employer contributions made on and after May 1, 2006 and prior to May 1, 2009, plus 1.00% of total employer contributions made on and after May 1, 2009. Payable for life with 60 monthly payments guaranteed.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 10 years of service.
<i>Monthly amount</i>	
<i>Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: Normal reduced by 1/4% for each month under age 64. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by: • 1/3% for each month from age 64 to age 61; plus • 5/12% for each month from age 61 to 58; plus • 1/2% per month from age 58 to 55 Payable for life with 60 months guaranteed.

SUMMARY OF PLAN PROVISIONS (CONT.)

Total and permanent disability benefit	
<i>Eligibility</i>	Under age 59, 10 years of service, disabled while in covered employment.
<i>Monthly amount</i>	70% of accrued normal. Payable until the earlier of age 59, recovery or death. Eligible for early retirement benefit at age 59.
Vested benefit	
<i>Eligibility</i>	5 years of service, termination of employment.
<i>Monthly amount Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: 100% of normal, payable at normal or payable at early with reduction. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by an actuarially equivalent factor from age 64. Payable for life with 60 months guaranteed.
Optional forms of payment	• Qualified joint and 50% survivor with pop-up (paid for by adjusted joint and survivor factors)* • Qualified joint and 75% survivor with pop-up (paid for by adjusted joint and survivor factors)* • Qualified joint and 100% survivor with pop-up (paid for by adjusted joint and survivor factors)* * If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity.

SUMMARY OF PLAN PROVISIONS (CONT.)

**Pre-retirement surviving
spouse benefit**

Eligibility

Death of vested participant with surviving spouse.

Monthly amount

50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date.

**Five years certain death
benefit**

Eligibility

Death of vested participant, no spouse.

Monthly amount

Normal, payable to 60 months only. Also may be elected by a surviving spouse in lieu of the pre-retirement surviving spouse benefit.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	May 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	6.75% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.75% per year net of investment expenses
<i>Current liability</i>	2.01% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$85,000 per year excluding investment expenses.
<i>ASC 960</i>	A 11.50% load was applied to the accrued liabilities for 2021 (13.25% for 2020).
Loading for pop-up feature	Liabilities for retired participants receiving a joint and survivor form of benefit increased 2.5%.
Mortality	
<i>Assumed plan mortality</i>	105% (95% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Disability

150% of 1964 OASDI Disability Table (male) - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0013
30	.0017
35	.0022
40	.0033
45	.0054
50	.0091
55	.0151
60	.0244
64	.0348

Withdrawal

T-7 Turnover Table from The Actuary's Pension Handbook (less GAM 71 mortality) – specimen rates shown below. Assumed rate during second year of employment is 40%* and 35% for the third year.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0969
30	.0932
35	.0873
40	.0779
45	.0642
50	.0434
52	.0327

* All newly reported participants are considered to have already worked their first year of employment.

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement
Active lives

According to the following schedule:

<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>
55	.15	.08
56-59	.02	.02
60	.10	.05
61	.15	.20
62-63	.20	.20
64+	1.00	1.00

Resulting in an average expected retirement age of 62.4.

Inactive vested lives

Age 60 if 10 years of service else age 64, or valuation date, if later.

Disabled lives

Disability benefit assumed payable until the earlier of age 59, recovery, or death. Then early retirement benefit commences.

Future hours worked

Based on individual's average hours worked over the preceding 3 plan years with a minimum of 1,500 hours for new entrants. For participants hired within the last three years, partial years were omitted.

Future hourly contribution rate

\$3.81– Inside Glass
 \$5.36 – Glaziers

Members were assumed to be glazier if actual contribution rate for the last year was \$4.33 or higher.

Age of participants with unrecorded birth dates

Based on average entry age of participants with recorded birth dates and same vesting status.

Marriage assumptions

100% assumed married with the male spouse 3 years older than his wife.

Optional form assumption

All non-retired participants are assumed to elect the life with 60 months guaranteed form of benefit.

ACTUARIAL ASSUMPTIONS (CONT.)

Inactive vested lives over age 74	Continuing inactive vested participant's age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to May 1, 2020 are still assumed to be deceased.
Section 415 limit assumptions	
<i>Dollar limit</i>	\$230,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity.
Benefits not valued	• Pre-retirement death benefits following withdrawal for active participants. • Pre-retirement death benefits following disability.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

ERISA rate of return used to value liabilities

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 6.75%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 95% for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.

Retirement

Actual rates of retirement by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of retirement were confirmed based on the results of this study. No adjustments were deemed necessary at this time.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of withdrawal were confirmed based on the results of this study. No adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method <i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2021 (Pending Trustee approval).
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service.
Population valued <i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method <i>Actuarial value</i>	Smoothed market value without phase-in effective May 1, 2001. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used.
Pension Relief Act of 2010	• 30-year amortization of net investment loss was elected with respect to losses incurred during the plan year ended in 2009, using the prospective method of Notice 2010-83. However, under Notice 2010-83 no new amortization bases were created after May 2009. • The 130% cap on actuarial value of assets was not elected based on a revised election by the board of trustees in May, 2011. • 10-year smoothing was elected with respect to losses incurred during the plan year ended in 2009.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Glaziers Local No. 1162 Pension Plan EIN: 34-6668355/PN: 001
May 1, 2021

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	2	0	0	0	0	0	0	0	0
25 to 29	0	5	2	0	0	0	0	0	0	0
30 to 34	0	2	0	0	0	0	0	0	0	0
35 to 39	0	0	1	4	2	0	0	0	0	0
40 to 44	0	4	1	1	2	1	1	0	0	0
45 to 49	0	1	0	1	2	2	0	0	0	0
50 to 54	0	2	2	1	0	1	2	0	0	0
55 to 59	0	2	2	0	1	2	1	3	0	0
60 to 64	0	3	2	0	2	2	1	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
Charges							
5/1/1992	Assumptions		30	1	0	28,316	28,316
5/1/1992	Plan Amendment		30	1	0	23,446	23,446
5/1/1995	Assumptions	128,574	30	4	0	36,884	10,143
5/1/1997	Assumptions	190,645	30	6	0	76,555	14,929
5/1/1997	Plan Amendment	259,669	30	6	0	104,271	20,334
5/1/1998	Assumptions	106,183	30	7	0	48,061	8,281
5/1/1998	Plan Amendment	418,007	30	7	0	189,177	32,597
5/1/2000	Assumptions	256,641	30	9	0	139,549	19,852
5/1/2001	Amendment	132,112	30	10	0	77,209	10,179
5/1/2001	Assumptions	1,286	30	10	0	753	99
5/1/2002	Assumptions	76,681	30	11	0	47,713	5,887
5/1/2003	Assumptions	166,540	30	12	0	109,454	12,738
5/1/2004	Assumptions	73,911	30	13	0	50,977	5,633
5/1/2005	Assumptions	80,694	30	14	0	58,087	6,129
5/1/2006	Assumptions	35,072	30	15	0	26,223	2,655
5/1/2007	Assumptions	367,412	30	16	0	284,319	27,729
5/1/2007	Experience Loss	94,454	15	1	0	9,955	9,955
5/1/2007	Plan Amendment	409,194	30	16	0	316,645	30,882
5/1/2008	Assumptions	73,787	15	2	0	14,999	7,744
5/1/2009	Assumptions	104,513	15	3	0	30,750	10,926
5/1/2009	Relief Asset 09 Loss	1,143,967	29	17	0	921,669	86,908
5/1/2010	Assumptions	9,988	15	4	0	3,784	1,041
5/1/2011	Assumptions	4,793	15	5	0	2,188	497
5/1/2011	Experience Loss	60,363	15	5	0	27,596	6,263
5/1/2012	Assumptions	110,126	15	6	0	58,362	11,382
5/1/2012	Experience Loss	219,117	15	6	0	116,117	22,645
5/1/2013	Assumptions	19,255	15	7	0	11,508	1,983
5/1/2013	Experience Loss	90,561	15	7	0	54,121	9,325
5/1/2015	Assumptions	204,911	15	9	0	147,294	20,953
5/1/2015	Experience Loss	145,840	15	9	0	104,830	14,913
5/1/2016	Assumption	255,666	15	10	0	197,788	26,076
5/1/2016	Experience Loss	515,663	15	10	0	398,924	52,593
5/1/2017	Assumption	61,767	15	11	0	50,936	6,284
5/1/2018	Assumptions	906,104	15	12	0	790,181	91,957
5/1/2018	Experience Loss	441,238	15	12	0	384,791	44,780

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
5/1/2020	Assumption	193,445	15	14	0	185,746	19,599
5/1/2020	Experience Loss	265,714	15	14	0	255,140	26,921
5/1/2021	Assumptions	319,238	15	15	0	319,238	32,318
Total Charges:						5,703,556	764,892

Credits

5/1/2014	Experience Gain	69,275	15	8	0	45,755	7,109
5/1/2017	Experience Gain	197,048	15	11	0	162,487	20,047
5/1/2019	Assumptions	491,455	15	13	0	450,972	49,833
5/1/2019	Experience Gain	212,055	15	13	0	194,588	21,502
5/1/2019	Plan Amendment	246,258	15	13	0	225,972	24,970
5/1/2020	Plan Amendment	188,212	15	14	0	180,722	19,069
5/1/2021	Experience Gain	558,580	15	15	0	558,580	56,547
5/1/2021	Method	1,161,070	10	10	0	1,161,070	153,073
Total Credits:						2,980,146	352,150

Net Charges: 2,723,410 412,742

Less Credit Balance: 1,962,340

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 761,070

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2020 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The ERISA rate of return assumption used to value liabilities was changed from 7.00% to 6.75% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.
- The assumed mortality rates were changed from 100% of the PRI-2012 Blue Collar Mortality Table to 105% of the PRI-2012 Blue Collar Mortality Table for males and 95% for females. The mortality projection scale was updated from MP-2019 to MP-2020. These changes were made because we wanted to reflect the latest mortality improvement data available
- The assumed hourly contribution rates were increased from \$3.71 to \$3.81 for Inside Glass and from \$5.21 to \$5.36 for Glaziers to reflect the negotiated increase effective May 1, 2021.
- The expense load on ASC 960 liabilities was changed from 13.25% to 11.50% based on recent plan experience.
- The current liability interest rate was changed from 2.78% to 2.01%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

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
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For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **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 Glaziers Local No. 1162 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 Trustees of Glaziers Local No. 1162	D Employer Identification Number (EIN) 34-6668355

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

1a Enter the valuation date: Month 5 Day 1 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	14,388,818
(2) Actuarial value of assets for funding standard account	1b(2)	12,681,837
c (1) Accrued liability for plan using immediate gain methods	1c(1)	13,442,907
(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)	13,442,907
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)	26,016,550
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	614,557
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	838,540
(3) Expected plan disbursements for the plan year.....	1d(3)	846,967

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		2/3/2023
Signature of actuary		Date
Kathryn A. Garrity, FSA, EA, MAAA		20-05379
Type or print name of actuary		Most recent enrollment number
United Actuarial Services, Inc.		(317) 580-8688
Firm name		Telephone number (including area code)
11590 N. Meridian Street, Suite 610		
Carmel IN 46032-4529		
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. 200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	14,388,818
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	74	9,765,104
(2) For terminated vested participants	57	6,815,007
(3) For active participants:		
(a) Non-vested benefits.....		2,114,043
(b) Vested benefits.....		7,322,396
(c) Total active	63	9,436,439
(4) Total	194	26,016,550
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.31 %

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
4/30/2022	566,983				
Totals ▶			3(b)	566,983	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	94.3 %
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	2.01 %
	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)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Expense loading	6e	26.0 % ☐ 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	11.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	30.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-558,580	56,547
4	319,238	32,318
5	-1,161,070	-153,073

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	316,543
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	764,892
(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	72,999
e Total charges. Add lines 9a through 9d.....	9e	1,154,434

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1,962,340
g Employer contributions. Total from column (b) of line 3.....	9g	566,983
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	2,980,146
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	175,363

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,245,243
(2) "RPA '94" override (90% current liability FFL)	9j(2)	11,105,383

(3) FFL credit	9j(3)	0
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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	3,056,836
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1,902,402
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
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(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
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(3) Total as of valuation date	9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 3
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 3 Employer Contributions

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 6
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 6 - Summary of Plan Provisions

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

PLAN HISTORY

Origins/Purpose

The Glaziers Local No. 1162 Pension Plan was established effective May 1, 1970 as a result of a Collective Bargaining Agreement between the (Inside Glass Workers) Glaziers Local No. 1162 affiliated with the Brotherhood of Painters, Decorators and Paperhangers of America, AFL-CIO, and The Glazing Contractors Association of Akron and Canton, Ohio.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on May 1, 1971.

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates:

<i>Effective Date</i>	<i>Inside Glass</i>	<i>Glaziers</i>
06-01-95	0.61	1.33
06-01-96	0.75	1.51
06-01-97	0.90	1.70
06-01-98	1.07	1.91
06-01-99	1.16	2.11
06-01-00	1.16	2.15
06-01-01	1.26	2.15
06-01-02	1.31	2.27
06-01-03	1.48	2.50
06-01-04	1.81	2.75
06-01-05	2.00	3.00
05-01-06	2.10	3.10
05-01-07	2.28	3.25
05-01-08	2.43	3.45
05-01-09	2.68	3.70
07-01-10	2.78	3.80
05-01-13	2.78	3.90
05-01-15	2.95	4.20
05-01-16	2.95	4.45
05-01-17	3.39	4.57
05-01-18	3.54	4.82
05-01-19	3.62	4.96
05-01-20	3.71	5.21
05-01-21	3.81	5.36

PLAN HISTORY (CONT.)

In 1970, the Trustees entered into a Deposit Administration Contract with the Bankers Life Insurance Company, now called the Principal Financial Group, under which all Retirement Benefits, except Total and Permanent Disability Benefits, were fully purchased from the Insurance Company and, therefore, were no longer a liability of the Pension Fund. The purchasing of benefits was discontinued for those retiring after May 1, 1982. On July of 1992, the original DA Contract was terminated and the remaining funds were transferred to a new Flexible Pension Investment Contract. As part of the change in contract form, the balance in the experience account was transferred to the new FPI contract and the payment of formerly purchased benefits became a liability of the Pension Fund.

SUMMARY OF PLAN PROVISIONS

Participation	May 1 following completion of 435 hours during a twelve consecutive month period, or prior to November 1, if earlier.
Year of service	Plan Year with at least 435 hours.
Break in service	Plan Year with less than 435 hours.
Forfeited service	A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service.
Normal retirement benefit	
<i>Eligibility</i>	Age 64 and 5 years of service or, if earlier, age 65 and 5 years of participation.
<i>Monthly amount</i>	\$6.00 per year of past service, plus 3.15% of total employer contributions made on and after May 1, 1970 and prior to May 1, 2003, plus 2.50% of total employer contributions made on and after May 1, 2003 and prior to May 1, 2006, plus 1.20% of total employer contributions made on and after May 1, 2006 and prior to May 1, 2009, plus 1.00% of total employer contributions made on and after May 1, 2009. Payable for life with 60 monthly payments guaranteed.
Early retirement benefit	
<i>Eligibility</i>	Age 55 and 10 years of service.
<i>Monthly amount</i>	
<i>Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: Normal reduced by 1/4% for each month under age 64. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by: • 1/3% for each month from age 64 to age 61; plus • 5/12% for each month from age 61 to 58; plus • 1/2% per month from age 58 to 55 Payable for life with 60 months guaranteed.

SUMMARY OF PLAN PROVISIONS (CONT.)

Total and permanent disability benefit <i>Eligibility</i>	Under age 59, 10 years of service, disabled while in covered employment.
<i>Monthly amount</i>	70% of accrued normal. Payable until the earlier of age 59, recovery or death. Eligible for early retirement benefit at age 59.
Vested benefit <i>Eligibility</i>	5 years of service, termination of employment.
<i>Monthly amount</i> <i>Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: 100% of normal, payable at normal or payable at early with reduction. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by an actuarially equivalent factor from age 64. Payable for life with 60 months guaranteed.
Optional forms of payment	• Qualified joint and 50% survivor with pop-up (paid for by adjusted joint and survivor factors)* • Qualified joint and 75% survivor with pop-up (paid for by adjusted joint and survivor factors)* • Qualified joint and 100% survivor with pop-up (paid for by adjusted joint and survivor factors)* * If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity.

SUMMARY OF PLAN PROVISIONS (CONT.)

**Pre-retirement surviving
spouse benefit**

Eligibility

Death of vested participant with surviving spouse.

Monthly amount

50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date.

**Five years certain death
benefit**

Eligibility

Death of vested participant, no spouse.

Monthly amount

Normal, payable to 60 months only. Also may be elected by a surviving spouse in lieu of the pre-retirement surviving spouse benefit.

ACTUARIAL ASSUMPTIONS

The following assumptions are used throughout this report except as specifically noted herein.

Valuation date	May 1, 2021
Interest rates	
<i>ERISA rate of return used to value liabilities</i>	6.75% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.75% per year net of investment expenses
<i>Current liability</i>	2.01% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$85,000 per year excluding investment expenses.
<i>ASC 960</i>	A 11.50% load was applied to the accrued liabilities for 2021 (13.25% for 2020).
Loading for pop-up feature	Liabilities for retired participants receiving a joint and survivor form of benefit increased 2.5%.
Mortality	
<i>Assumed plan mortality</i>	105% (95% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

ACTUARIAL ASSUMPTIONS (CONT.)

Disability

150% of 1964 OASDI Disability Table (male) - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0013
30	.0017
35	.0022
40	.0033
45	.0054
50	.0091
55	.0151
60	.0244
64	.0348

Withdrawal

T-7 Turnover Table from The Actuary's Pension Handbook (less GAM 71 mortality) – specimen rates shown below. Assumed rate during second year of employment is 40%* and 35% for the third year.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0969
30	.0932
35	.0873
40	.0779
45	.0642
50	.0434
52	.0327

* All newly reported participants are considered to have already worked their first year of employment.

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement																						
<i>Active lives</i>	According to the following schedule:																					
	<table><tr><td><u>Age</u></td><td><u>Grandfathered Retirement Rates</u></td><td><u>Non-Grandfathered Retirement Rates</u></td></tr><tr><td>55</td><td>.15</td><td>.08</td></tr><tr><td>56-59</td><td>.02</td><td>.02</td></tr><tr><td>60</td><td>.10</td><td>.05</td></tr><tr><td>61</td><td>.15</td><td>.20</td></tr><tr><td>62-63</td><td>.20</td><td>.20</td></tr><tr><td>64+</td><td>1.00</td><td>1.00</td></tr></table>	<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>	55	.15	.08	56-59	.02	.02	60	.10	.05	61	.15	.20	62-63	.20	.20	64+	1.00	1.00
<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>																				
55	.15	.08																				
56-59	.02	.02																				
60	.10	.05																				
61	.15	.20																				
62-63	.20	.20																				
64+	1.00	1.00																				
	Resulting in an average expected retirement age of 62.4.																					
<i>Inactive vested lives</i>	Age 60 if 10 years of service else age 64, or valuation date, if later.																					
<i>Disabled lives</i>	Disability benefit assumed payable until the earlier of age 59, recovery, or death. Then early retirement benefit commences.																					
Future hours worked	Based on individual's average hours worked over the preceding 3 plan years with a minimum of 1,500 hours for new entrants. For participants hired within the last three years, partial years were omitted.																					
Future hourly contribution rate	\$3.81– Inside Glass \$5.36 – Glaziers Members were assumed to be glazier if actual contribution rate for the last year was \$4.33 or higher.																					
Age of participants with unrecorded birth dates	Based on average entry age of participants with recorded birth dates and same vesting status.																					
Marriage assumptions	100% assumed married with the male spouse 3 years older than his wife.																					
Optional form assumption	All non-retired participants are assumed to elect the life with 60 months guaranteed form of benefit.																					

ACTUARIAL ASSUMPTIONS (CONT.)

Inactive vested lives over age 74	Continuing inactive vested participant's age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to May 1, 2020 are still assumed to be deceased.
Section 415 limit assumptions <i>Dollar limit</i>	\$230,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity.
Benefits not valued	• Pre-retirement death benefits following withdrawal for active participants. • Pre-retirement death benefits following disability.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

**ERISA rate of return used
to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2020 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 6.75%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

Mortality

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2020 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 95% for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths, this study was adjusted to exclude an increase in deaths due to COVID-19.

Retirement

Actual rates of retirement by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of retirement were confirmed based on the results of this study. No adjustments were deemed necessary at this time.

RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)

Withdrawal	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of withdrawal were confirmed based on the results of this study. No adjustments were deemed necessary at this time.
Future hours worked	Based on review of recent plan experience.

ACTUARIAL METHODS

Funding method <i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2021 (Pending Trustee approval).
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service.
Population valued <i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
Asset valuation method <i>Actuarial value</i>	Smoothed market value without phase-in effective May 1, 2001. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used.
Pension Relief Act of 2010	• 30-year amortization of net investment loss was elected with respect to losses incurred during the plan year ended in 2009, using the prospective method of Notice 2010-83. However, under Notice 2010-83 no new amortization bases were created after May 2009. • The 130% cap on actuarial value of assets was not elected based on a revised election by the board of trustees in May, 2011. • 10-year smoothing was elected with respect to losses incurred during the plan year ended in 2009.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 8
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 8b(2) - Schedule of Active Participant Data

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data
Glaziers Local No. 1162 Pension Plan EIN: 34-6668355/PN: 001
May 1, 2021

Attained age	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	2	0	0	0	0	0	0	0	0
25 to 29	0	5	2	0	0	0	0	0	0	0
30 to 34	0	2	0	0	0	0	0	0	0	0
35 to 39	0	0	1	4	2	0	0	0	0	0
40 to 44	0	4	1	1	2	1	1	0	0	0
45 to 49	0	1	0	1	2	2	0	0	0	0
50 to 54	0	2	2	1	0	1	2	0	0	0
55 to 59	0	2	2	0	1	2	1	3	0	0
60 to 64	0	3	2	0	2	2	1	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

May contain values based on estimated data

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2021 SCHEDULE MB: LINE 9
STATEMENT BY ENROLLED ACTUARY

Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
Charges							
5/1/1992	Assumptions		30	1	0	28,316	28,316
5/1/1992	Plan Amendment		30	1	0	23,446	23,446
5/1/1995	Assumptions	128,574	30	4	0	36,884	10,143
5/1/1997	Assumptions	190,645	30	6	0	76,555	14,929
5/1/1997	Plan Amendment	259,669	30	6	0	104,271	20,334
5/1/1998	Assumptions	106,183	30	7	0	48,061	8,281
5/1/1998	Plan Amendment	418,007	30	7	0	189,177	32,597
5/1/2000	Assumptions	256,641	30	9	0	139,549	19,852
5/1/2001	Amendment	132,112	30	10	0	77,209	10,179
5/1/2001	Assumptions	1,286	30	10	0	753	99
5/1/2002	Assumptions	76,681	30	11	0	47,713	5,887
5/1/2003	Assumptions	166,540	30	12	0	109,454	12,738
5/1/2004	Assumptions	73,911	30	13	0	50,977	5,633
5/1/2005	Assumptions	80,694	30	14	0	58,087	6,129
5/1/2006	Assumptions	35,072	30	15	0	26,223	2,655
5/1/2007	Assumptions	367,412	30	16	0	284,319	27,729
5/1/2007	Experience Loss	94,454	15	1	0	9,955	9,955
5/1/2007	Plan Amendment	409,194	30	16	0	316,645	30,882
5/1/2008	Assumptions	73,787	15	2	0	14,999	7,744
5/1/2009	Assumptions	104,513	15	3	0	30,750	10,926
5/1/2009	Relief Asset 09 Loss	1,143,967	29	17	0	921,669	86,908
5/1/2010	Assumptions	9,988	15	4	0	3,784	1,041
5/1/2011	Assumptions	4,793	15	5	0	2,188	497
5/1/2011	Experience Loss	60,363	15	5	0	27,596	6,263
5/1/2012	Assumptions	110,126	15	6	0	58,362	11,382
5/1/2012	Experience Loss	219,117	15	6	0	116,117	22,645
5/1/2013	Assumptions	19,255	15	7	0	11,508	1,983
5/1/2013	Experience Loss	90,561	15	7	0	54,121	9,325
5/1/2015	Assumptions	204,911	15	9	0	147,294	20,953
5/1/2015	Experience Loss	145,840	15	9	0	104,830	14,913
5/1/2016	Assumption	255,666	15	10	0	197,788	26,076
5/1/2016	Experience Loss	515,663	15	10	0	398,924	52,593
5/1/2017	Assumption	61,767	15	11	0	50,936	6,284
5/1/2018	Assumptions	906,104	15	12	0	790,181	91,957
5/1/2018	Experience Loss	441,238	15	12	0	384,791	44,780

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2021 Schedule MB: Lines 9c and 9h
Schedule of Funding Standard Account Bases

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2021 Outstanding Balance	5/1/2021 Amortization Payment
				Years	Months		
5/1/2020	Assumption	193,445	15	14	0	185,746	19,599
5/1/2020	Experience Loss	265,714	15	14	0	255,140	26,921
5/1/2021	Assumptions	319,238	15	15	0	319,238	32,318

Total Charges: 5,703,556 764,892

Credits

5/1/2014	Experience Gain	69,275	15	8	0	45,755	7,109
5/1/2017	Experience Gain	197,048	15	11	0	162,487	20,047
5/1/2019	Assumptions	491,455	15	13	0	450,972	49,833
5/1/2019	Experience Gain	212,055	15	13	0	194,588	21,502
5/1/2019	Plan Amendment	246,258	15	13	0	225,972	24,970
5/1/2020	Plan Amendment	188,212	15	14	0	180,722	19,069
5/1/2021	Experience Gain	558,580	15	15	0	558,580	56,547
5/1/2021	Method	1,161,070	10	10	0	1,161,070	153,073

Total Credits: 2,980,146 352,150

Net Charges: 2,723,410 412,742

Less Credit Balance: 1,962,340

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 761,070

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2020 SCHEDULE MB: LINE 11
STATEMENT BY ENROLLED ACTUARY

Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The assumptions and methods differ from those used the preceding year in the following respects:

- The ERISA rate of return assumption used to value liabilities was changed from 7.00% to 6.75% to provide our best estimate of the future rate of net investment return based on the Plan's current investment policy and asset allocation.
- The assumed mortality rates were changed from 100% of the PRI-2012 Blue Collar Mortality Table to 105% of the PRI-2012 Blue Collar Mortality Table for males and 95% for females. The mortality projection scale was updated from MP-2019 to MP-2020. These changes were made because we wanted to reflect the latest mortality improvement data available
- The assumed hourly contribution rates were increased from \$3.71 to \$3.81 for Inside Glass and from \$5.21 to \$5.36 for Glaziers to reflect the negotiated increase effective May 1, 2021.
- The expense load on ASC 960 liabilities was changed from 13.25% to 11.50% based on recent plan experience.
- The current liability interest rate was changed from 2.78% to 2.01%. The new rate is within established statutory guidelines.

Actuary's Statement of Reliance

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

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 4085 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
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Part I Annual Report Identification Information
 For calendar plan year 2021 or fiscal plan year beginning **05/01/2021** and ending **04/30/2022**

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 _____ ☒ the DFVC program

D Check box if filing under: ☒ Form 5558 ☐ automatic extension
☐ special extension (enter description) _____

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

1a Name of plan GLAZIERS LOCAL NO. 1162 PENSION FUND		1b Three-digit plan number (PN) ► 001
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) GLAZIERS LOCAL NO. 1162 PENSION FUND CW BREITSMAN ASSOCIATES, LLC THREE GATEWAY CENTER, STE. 1625 401 LIBERTY AVENUE PITTSBURGH PA 15222		1c Effective date of plan 05/01/1970 2b Employer Identification Number (EIN) 34-6668355 2c Plan Sponsor's telephone number 412-325-2200 2d Business code (see instructions) 238100

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.

<i>x Scott Harter</i> Signature of plan administrator	2-9-2023 Date	<i>x Scott Harter</i> Enter name of individual signing as plan administrator
<i>x James D. Hughes</i> Signature of employer/plan sponsor	2-9-2023 Date	<i>x James D. Hughes</i> Enter name of individual signing as employer or plan sponsor
Signature of DFE	Date	Enter name of individual signing as DFE

34-6668355

Federal Statements

FYE: 4/30/2022

GLAZIERS LOCAL NO. 1162 PENSION FUND**Plan: 001****Plan transactions in excess of 5% of plan assets**

<u>Name</u>								
<u>Description</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
MORGAN STANLEY BANK NA		\$ 2816484	\$	\$	\$	\$ 2816484	\$ 2816484	\$
MORGAN STANLEY BANK NA			2551396			2551396	2551396	

34-6668355

Federal Statements

FYE: 4/30/2022

GLAZIERS LOCAL NO. 1162 PENSION FUND**Plan: 001****Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		COMMON STOCK	\$ 4,246,729	\$ 4,931,915
		EXCHANGE TRADED FUND	1,284,148	1,527,546
		MUTUAL FUNDS	2,964,425	2,898,152
		CORPORATE BONDS	1,189,194	1,080,248
		U.S. GOV'T - FEDERAL	646,256	453,782
		HEDGE FUND	533,547	710,227
		U.S. GOV'T - TREASUR	938,605	865,288
		MONEY MARKET FUNDS	224,246	224,246
		REAL ESTATE INVESTME	7,010	9,019