

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 2022 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023	
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 GLAZIERS LOCAL NO. 1162 PENSION FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 05/01/1970
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	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.

SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2024	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

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		5 191
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) 54
a(2) Total number of active participants at the end of the plan year		6a(2) 47
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 163
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 24
f Total. Add lines 6d and 6e		6f 187
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

► **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 2022

b Assets

(1) Current value of assets	1b(1)	12993605
(2) Actuarial value of assets for funding standard account	1b(2)	13403180
c (1) Accrued liability for plan using immediate gain methods	1c(1)	13843225
(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)	13843225
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)	27040052
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	646777
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	848648
(3) Expected plan disbursements for the plan year	1d(3)	856710

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	10/26/2023
Signature of actuary	Date
KATHRYN A. GARRITY, FSA, EA, MAAA	23-05379
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) 2022
v. 220413

a Current value of assets (see instructions)		2a	12993605
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....		71	9660962
(2) For terminated vested participants		56	6844704
(3) For active participants:			
(a) Non-vested benefits			1288064
(b) Vested benefits			9246322
(c) Total active		78	10534386
(4) Total		205	27040052
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	48.05 %

(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
04/30/2023	603828				
			Totals ►	3(b)	603828
					3(c)

0

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	96.8 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c	Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d	If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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	1.90 %
	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)	AF
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-7.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	87062
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-229720	-23255
4	105531	10683

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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	324337

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	5377554	713858
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 70080**e** Total charges. Add lines 9a through 9d.....**9e** 1108275**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 1902402**g** Employer contributions. Total from column (b) of line 3.....**9g** 603828**h** Amortization credits as of valuation date.....

Outstanding balance

9h 3035107 375405**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 174130**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	3284112	
9j(2)	11283994	
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** 3055765**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 1947490**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (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.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
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)
--------	---

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
--

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

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

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

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

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

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

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

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

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

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

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

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

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

PNC BANK

300 FIFTH AVENUE
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?
21	BANKING SERVICES	5782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED ACTUARIAL SERVICES

11590 N MERIDIAN ST
CARMEL, IN 46032-4529

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	15850	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	9900	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

36 EAST STREETSBO RO ST
HUDSON, OH 44236

(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	83534	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PBGC PREMIUM

445 12TH STREET SW
WASHINGTON, DC 20024

(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	6442	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	32400	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	6244	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	7533	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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
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			
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	234601	255727
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	68795	58068
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	18198	33658
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	224246	401715
(2) U.S. Government securities	1c(2)	1319070	1325626
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1080248	2112100
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	4931915	4893768
(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)	4425698	2812779
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	719246	1010292

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13022017	12903733

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	28412	30772
k Total liabilities (add all amounts in lines 1g through 1j)	1k	28412	30772

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12993605	12872961
---	-----------	----------	----------

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)	603828	
(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)		603828
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)	196556	
(C) Corporate debt instruments	2b(1)(C)	63486	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	28940	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		289053
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37260	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	26191	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		63451
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6497977	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7093698	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-595721
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	236044	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		236044

		(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)		211260
c Other income	2c		81
d Total income. Add all income amounts in column (b) and enter total	2d		807996
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	751597	
(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)		751597
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)	31994	
(2) Contract administrator fees	2i(2)	32400	
(3) Investment advisory and management fees	2i(3)	83534	
(4) Other	2i(4)	29115	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		177043
j Total expenses. Add all expense amounts in column (b) and enter total	2j		928640
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-120644
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 495975.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **UNITED GLASS & PANEL SYSTEMS INC**

b EIN **34-1819758** **c** Dollar amount contributed by employer **194403**

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 **2023**

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

(1) Contribution rate (in dollars and cents) **4.59**

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

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

b EIN **34-1290144** **c** Dollar amount contributed by employer **97457**

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 **2023**

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

(1) Contribution rate (in dollars and cents) **4.59**

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

a Name of contributing employer **NATIONAL ENCLOSURE COMPANY LLC**

b EIN **27-0859201** **c** Dollar amount contributed by employer **94458**

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 **2023**

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

(1) Contribution rate (in dollars and cents) **4.59**

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

a Name of contributing employer **LOU RITENOUR DECORATORS**

b EIN **34-1092625** **c** Dollar amount contributed by employer **55788**

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 **2023**

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

(1) Contribution rate (in dollars and cents) **4.59**

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

a Name of contributing employer **HUGHES GLASS COMPANY INC**

b EIN **34-1449015** **c** Dollar amount contributed by employer **53317**

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 **2023**

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

(1) Contribution rate (in dollars and cents) **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):

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 _____

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2022 This Form is Open to Public Inspection
--	--	--

Name of Plan	GLAZIERS LOCAL NO. 1162 PENSION FUND						
Plan Year Begin Date	05/01/2022	Plan Year End Date	04/30/2023	EIN	34-6668355	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29				2		
30 to 34				1		
35 to 39						
40 to 44	13			12		
45 to 49				2		
50 to 54				1		
55 to 59						
60 to 64				1		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	1					
25 to 29	3					
30 to 34						
35 to 39				2		
40 to 44	4					
45 to 49				1		
50 to 54	1			1		
55 to 59	1			1		
60 to 64	1			1		
65 to 69						
70 & Up						

Name of Plan	GLAZIERS LOCAL NO. 1162 PENSION FUND						
Plan Year Begin Date	05/01/2022	Plan Year End Date	04/30/2023	EIN	34-6668355	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39	3			1		
40 to 44	2			1		
45 to 49	2			2		
50 to 54	1			1		
55 to 59	1			2		
60 to 64	1			2		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1					
50 to 54	2					
55 to 59	1			1		
60 to 64	3					
65 to 69						
70 & Up						

Name of Plan	GLAZIERS LOCAL NO. 1162 PENSION FUND						
Plan Year Begin Date	05/01/2022	Plan Year End Date	04/30/2023	EIN	34-6668355	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2					
60 to 64						
65 to 69						
70 & Up						

Glaziers Local No. 1162 Pension Fund

**Report on Audit of Financial Statements
And Supplementary Information**

For the Years Ended April 30, 2023 and 2022

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, 2023 and 2022

TABLE OF CONTENTS

Independent Auditor's Report.....	2 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements.....	6 - 13
Supplementary Information:	
Schedule of Assets Held for Investment.....	15 - 28
Schedule of Reportable Transactions.....	29

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, 2023 and 2022, 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, 2023 and 2022, 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.

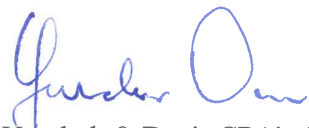
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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, 2023 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
September 13, 2023

Glaziers Local No. 1162 Pension Fund

Statements of Net Assets Available for Benefits

April 30, 2023 and 2022

	2023	2022
ASSETS		
Investments, at Fair Value:		
Money Market Funds	\$ 401,715	\$ 224,246
Government Securities	760,269	865,288
Mortgage Backed Securities	565,357	453,782
Mutual Funds	1,684,181	2,898,152
Exchange Traded Funds	1,128,598	1,527,546
Real Estate Investment Trust	8,587	9,019
Common Stocks	4,893,768	4,931,915
Corporate Bonds	2,112,100	1,080,248
Hedge Funds	1,001,705	710,227
Total Investments, at Fair Value	<u>12,556,280</u>	<u>12,700,423</u>
Receivables:		
Employer Contributions	58,068	68,795
Due From Other Fund	4,041	4,041
Interest	29,302	13,842
Total Receivables	<u>91,411</u>	<u>86,678</u>
Prepaid Expenses	315	315
Cash and Cash Equivalents	<u>255,727</u>	<u>234,601</u>
 Total Assets	 12,903,733	 13,022,017
LIABILITIES		
Accounts Payable - Administrative Expenses	5,865	5,865
Accounts Payable - Drug Fund	<u>24,907</u>	<u>22,547</u>
 Total Liabilities	 <u>30,772</u>	 <u>28,412</u>
 Net Assets Available for Benefits	 \$ <u><u>12,872,961</u></u>	 \$ <u><u>12,993,605</u></u>

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, 2023 and 2022

	2023	2022
Additions (Losses) in Net Assets Attributable to:		
Investment Income (Loss):		
Net (Depreciation)		
in Fair Value of Investments	\$ (148,417)	\$ (1,492,190)
Interest and Dividends	352,504	470,884
Total Investment Income (Loss)	204,087	(1,021,306)
Less: Investment Expenses	(83,534)	(108,226)
Net Investment Income (Loss)	120,553	(1,129,532)
Contributions:		
Employer	603,828	566,983
Total Contributions	603,828	566,983
Miscellaneous Income	81	315
Total Additions (Losses)	724,462	(562,234)
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	751,597	739,830
Administrative Expenses:		
Contract Administration Fees	32,400	28,400
Trustee Meeting Expense	-	899
Actuary Fees	15,850	15,450
Auditing Fees	9,900	13,848
Attorney Fees	6,244	8,278
IT Programming Fees	7,533	9,320
PBGC Premium	6,442	5,490
Insurance	8,213	7,211
Bank Charges	5,782	2,946
Printing & Postage	-	207
Miscellaneous	1,145	1,100
Total Administrative Expenses	93,509	93,149
Total Deductions	845,106	832,979
Net (Decrease)	(120,644)	(1,395,213)
Net Assets Available for Benefits:		
Beginning of Year	12,993,605	14,388,818
End of Year	\$ 12,872,961	\$ 12,993,605

The Accompanying Notes are an Integral Part of These Financial Statements

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2023 and 2022

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, the third-party administrator, at April 30, 2023 and 2022. 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, 2023 and 2022

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>
5/1/22 - 4/30/23	\$ 5.36
5/1/21 - 4/30/22	\$ 5.36
	<u>Glassworkers</u>
5/1/22 - 4/30/23	\$ 3.81
5/1/21 - 4/30/22	\$ 3.81

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, 2023 and 2022, contributions were made in the amount of \$603,828 and \$566,983, respectively. The contributions for years ended April 30, 2023 and 2022 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, 2023 and 2022

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 September 13, 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, 2022 and 2021 were (a) life expectancy of participants (From 105% (100% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale, and 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 as of April 30, 2022 and 2021, 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 6.75% as of April 30, 2022 and 2021, 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, 2022 and 2021. 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, 2023 and 2022

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, 2023 and 2022.

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, 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, 2023 and 2022

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, 2023 and 2022.

Assets at Fair Value as of April 30, 2023				
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 4,893,768	\$ -	\$ -	\$ 4,893,768
Corporate Bonds	-	2,112,100	-	2,112,100
Government Securities	-	760,269	-	760,269
Mortgage Backed Securities	-	565,357	-	565,357
Mutual Funds	1,684,181	-	-	1,684,181
Exchange Traded Funds	1,128,598	-	-	1,128,598
Money Market Funds	401,715	-	-	401,715
Real Estate Investment Trust	8,587	-	-	8,587
Total assets in the fair Value Hierarchy	8,116,849	3,437,726	-	11,554,575
Investments Measured at NAV	-	-	-	1,001,705
Total Investments, at Fair Value	\$ 8,116,849	\$ 3,437,726	\$ -	\$ 12,556,280

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

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2023 and 2022

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, 2023 and 2022.

<u>April 30, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Hedge Funds	\$ 1,001,705	\$ -	Monthly	30 Days

<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

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, 2022 and 2021 were as follows:

	<u>2022</u>	<u>2021</u>
Vested accumulated benefits:		
Participants currently receiving payments	\$ 6,152,071	\$ 6,289,900
Expenses on parts. currently rec. benefits	722,868	723,339
Other participants	6,989,652	6,207,181
Expenses on other participants	<u>821,284</u>	<u>713,826</u>
	14,685,875	13,934,246
Nonvested Accumulated Benefits:		
Non-vested benefits	701,502	945,826
Expenses on nonvested benefits	<u>82,426</u>	<u>108,770</u>
	783,928	1,054,596
Actuarial present value of accumulated plan benefits	<u>\$ 15,469,803</u>	<u>\$ 14,988,842</u>

Glaziers Local No. 1162 Pension Fund

Notes to Financial Statements

April 30, 2023 and 2022

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, 2021	\$ 14,988,842
Increase (decrease) during the year attributable to:	
Plan Amendment	-
Change in actuarial assumptions	145,630
Benefits accumulated and experience gain	156,563
Interest due to decrease in discount period	1,011,747
Benefits paid	(739,830)
Operational Expenses Paid	<u>(93,149)</u>
Net Increase (Decrease)	480,961
Actuarial present value of accumulated plan benefits as of April 30, 2022	<u>\$ 15,469,803</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 2020.

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, 2023 and 2022

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, 2023

Morgan Stanley - Starwood

Face Amount/ Number of Shares	Description	Cost	Market Value
MONEY MARKET			
266	Morgan Stanley Private Bank NA	\$ 266	\$ 266
HEDGE FUNDS			
27,474	Starwood Real Estate Income	\$ 566,830	\$ 701,705
4,037	Blackstone Private Credit Fund	100,000	100,000
200,000	Hamilton Lane Private Assets Fund	200,000	200,000
Total Hedge Funds		\$ 866,830	\$ 1,001,705

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Clearbridge Intl Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
24	Accenture PLC Ireland	\$ 7,856	\$ 6,727
412	Adyen N V Un-sponsored AD	3,126	6,604
292	AIA Group LTD Spon ADR	10,238	12,640
237	Airbus SE Un-sponsored ADR	5,693	8,317
103	Alcon Inc	6,530	7,465
136	Amadeus IT Group SA ADR	7,639	9,570
15	ASML Holding NV NY Reg New	2,436	9,553
408	Atlas Copco ADR	5,337	5,891
254	Barrick Gold Corp	5,008	4,836
147	BNP Paribas SP ADR Repstg	4,961	4,754
303	Brambles LTD ADR	5,050	5,707
148	Canadian Pacific Kansas City	10,251	11,668
199	Cellnex Telecom SA	5,795	4,193
280	Compass Group PLC SPD ADR	5,734	7,380
222	Computershare LTD ADR	3,680	3,286
99	CRH PLC ADR	4,199	4,802
299	Daiichi Sankyo Co LTD ADR	8,910	10,204
334	Deutsche Boerse AG Un-spon ADR	5,542	6,375
533	Deutsche Telekom AG	10,183	12,875
60	Diageo PLC Spon ADR New	7,983	11,130
230	EDP Energias DE Portugal SA	10,106	12,696
64	Essilorluxottica ADR	5,820	6,338
81	Givaudan SA ADR	3,502	5,682
888	Haleon PLC ADR	6,408	7,877
155	Hong Kong Exchanges & Clearing	5,885	6,397
12	Hoya Corp Spons ADR	632	1,252
146	Iberdrola SA ADR	6,879	7,595
25	Icon PLC	2,803	4,817
627	Industria De Diseno Textile Ind	9,240	10,784
378	Intesa Sanpaolo SPA ADR	6,111	5,971
93	Kering SA ADR	5,879	5,952
99	Loreal Co ADR	4,358	9,460
460	LeGrand SA	6,258	8,705
27	Linde PLC	4,413	9,975
557	London Stk Exchange Group ADR	7,908	14,607
89	LVMH Moet Hennessy Louis Vuit	5,834	17,116

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Clearbridge Intl Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
129	Monotaro Co LTD ADR	\$ 1,289	\$ 1,940
158	Nestle Spon ADR Rep Reg SHR	9,214	20,329
20	Nice LTD ADR	6,010	4,080
117	Novo Nordisk A/S ADR	6,751	19,550
556	Olympus Corporation Spons ADR	10,411	9,667
857	Recruit Holdings Co. LTD ADR	7,659	4,814
218	Relx ADR	6,051	7,218
278	Rentokil Group PLC SP ADR	5,516	11,020
175	Roche Holdings ADR	5,307	6,864
188	Safran SA	6,666	7,313
82	SAP AG	9,738	11,092
145	Shiseido Ltd. Spon ADR	5,883	7,242
23	Shopify Inc	1,223	1,114
14	Solaredge Technologies Inc	4,308	3,999
139	Sony Group Corporation ADR	11,705	12,464
323	Straumann Holding AG ADR	4,186	4,850
221	Suncor Energy Inc	7,002	6,922
38	TE Connectivity LTD	4,871	4,650
58	Teleperformance SA Unsp ADR	4,855	5,789
149	Tencent Holdings LTD ADR	7,111	6,610
59	Thomson Reuters Corp	4,040	7,759
53	Tokyo Electron LTD ADR	3,029	3,016
	Total Common Stocks	\$ 351,012	\$ 457,503

MONEY MARKET

14,030	Morgan Stanley Private Bank NA	\$ 14,030	\$ 14,030
--------	--------------------------------	-----------	-----------

Glaziers Local No. 1162 Pension Fund**EIN: 34-6668355 PN: 001**Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2023

Morgan Stanley - Kayne Anderson SMID Growth

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
270	Allegion Pub LTD Co	\$ 26,145	\$ 29,830
133	Ansys Inc	35,564	41,751
179	Aspen Technology	26,671	31,683
1,140	Bentley Sys Inc Com	45,917	48,518
581	Berkley WR Corp	24,190	34,233
298	Bright Horizons Family Solutions	28,329	22,684
181	Charles River Labs Intl Inc	36,752	34,412
55	Chemed Corporation	26,938	30,319
137	Cooper Co Inc	39,059	52,259
430	Dolby Class A Com Stock	31,073	35,987
182	Equifax Inc	30,004	37,925
362	Exponent Inc	31,553	33,322
45	Fair Isaac & Co Inc	20,039	32,758
496	Interactive Brokers Group	26,434	38,614
231	Jack Henry & Association Inc	21,195	37,731
89	LCI Inds	10,972	10,053
114	Lennox Intl Inc	29,685	32,138
188	LPL Finl Holdings Inc	26,895	39,262
193	Nordson CP	38,721	41,748
144	Pool Corp	24,289	50,590
623	Rollins Inc	22,170	26,321
79	SAIA Inc	21,237	23,524
287	Siteone Landscape Supply Inc	23,520	42,401
75	Teledyne Tech Inc	30,362	31,080
385	Teradyne Inc	33,841	35,181
375	The Scotts Miracle-Gro Company	50,028	25,053
298	Thor Industries Inc	20,952	23,548
105	Watsco Inc	29,466	36,370
132	Zebra Tech Cl A	36,596	38,020
	Total Common Stocks	\$ 848,597	\$ 997,315

MONEY MARKET

51,733	Morgan Stanley Private Bank NA	\$ 51,733	\$ 51,733
--------	--------------------------------	-----------	-----------

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS			
155	Abbott Laboratories	\$ 17,149	\$ 17,123
224	Abbvie Inc Com	27,175	33,851
33	Accenture PLC Ireland CL A	5,628	9,250
90	Advance Auto Parts	17,926	11,298
143	Air Product & Chemical Inc.	32,232	42,093
43	Alexandria Real Estate EQ Inc.	6,401	5,340
160	American Express Co	16,491	25,814
82	Amerisourcebergen Corp	7,639	13,682
40	Amgen Inc	9,121	9,590
221	Analog Devices Inc.	23,390	39,753
42	Apple Inc.	1,008	7,127
48	Avalonbay Comm Inc.	8,344	8,658
1,104	Bank of America Corp.	25,808	32,325
68	Becton Dickson & Co.	13,684	17,973
154	Best Buy Co	14,722	11,476
50	Blackrock Inc.	24,806	33,560
47	Boston Properties Inc.	5,003	2,508
672	Bristol Myers Squibb Co.	39,273	44,869
141	Capitol One Financial Corp.	14,471	13,719
262	Charles Schwab	10,842	13,687
154	Chevron Corp.	15,428	25,961
117	Chubb LTD.	15,924	23,583
274	Citigroup Inc	17,154	12,897
150	CME Group Inc.	21,324	27,866
221	CMS Energy CP	10,768	13,759
342	Coca Cola Co.	17,079	21,939
945	Comcast Corp.	38,045	39,095
493	Conocophillips	21,998	50,725
353	Corning Inc	13,628	11,727
340	CVS Health Corporation	26,815	24,925
58	Deere & Co.	11,927	21,925
250	Dominion Energy Inc	17,693	14,285
201	Dover Corp.	18,401	29,378
115	Eaton Corp PLC	9,497	19,219
42	Eli Lilly & Co	3,548	16,626
264	EOG Resources Inc	15,434	31,540
532	Exxon Mobil Corp	40,152	62,957

Glaziers Local No. 1162 Pension Fund**EIN: 34-6668355 PN: 001****Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

April 30, 2023

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
89	Gallagher Arthur J & Co	\$ 5,921	\$ 18,517
157	General Dynamics Corp.	25,568	34,279
243	Hartford Fin Sers Group Inc.	11,584	17,251
96	Home Depot Inc.	21,103	28,852
111	Intl Business Machines Corp	13,913	14,032
215	Johnson & Johnson	27,347	35,196
49	Marsh & McLennan Cos Inc	5,493	8,829
105	McDonalds Corp.	19,384	31,054
315	Medtronic PLC	31,654	28,649
96	Merck & Co. Inc. New Com	5,375	11,085
263	Metlife Incorporated	11,329	16,130
91	Microsoft Corp.	9,738	27,961
399	Mondelez Intl Inc. Com.	20,228	30,611
399	Morgan Stanley	22,920	35,898
396	Nextera Inc.	20,442	30,345
114	Norfolk Southern Corp.	19,807	23,145
58	Northern Trust Corp.	4,093	4,533
35	Northrop Grumman CP	11,523	16,144
129	NXP Semiconductors NV	22,145	21,122
45	Parker Hannifin Corp	7,405	14,620
111	Pepsico Inc. NC	13,647	21,189
352	Pfizer Inc.	9,993	13,689
382	Philip Morris Intl Inc.	31,823	38,189
142	PNC Finl Svcs Group	10,883	18,495
230	PPG Industries Inc.	26,015	32,260
172	Proctor & Gamble	20,351	26,897
95	Progressive Corp.	5,385	12,958
132	Prologis Inc Com	15,453	16,533
220	Public Service Enterprise GP	12,156	13,904
490	Raytheon Technologies Corp	36,647	48,951
126	Republic Services Inc.	10,254	18,222

Glaziers Local No. 1162 Pension Fund**EIN: 34-6668355 PN: 001****Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

April 30, 2023

Morgan Stanley - JPMorgan Equity

Face Amount/ Number of Shares	Description	Cost	Market Value
COMMON STOCKS - Continued			
163	Seaget Technology PLC	\$ 12,814	\$ 9,580
182	Starbucks Corp Washington	15,595	20,801
378	Sysco Corp	26,254	29,008
101	T. Rowe Price Group Inc.	11,454	11,345
106	Texas Instruments	6,830	17,723
76	The Cigna Group	16,583	19,250
398	TJX Companies	23,767	31,370
203	Truist Financial Corp	7,261	6,614
468	US Bancorp Com New	19,954	16,043
185	United Parcel Service Inc	33,959	33,265
98	UnitedHealth Group Inc	30,823	48,225
161	Ventas Inc	8,298	7,736
328	Verizon Communications	16,783	12,736
181	Walmart Inc	22,226	27,326
515	Wells Fargo & Co	23,442	20,471
292	Xcel Energy Inc.	15,617	20,415
Total Common Stocks		\$ 1,437,167	\$ 1,883,551

MONEY MARKET

52,908	Morgan Stanley Private Bank NA	\$ 52,908	\$ 52,908
--------	--------------------------------	-----------	-----------

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Western Core

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE BONDS					
31,000	Carlisle Companies Inc	3.500%	12/1/2024	\$ 29,723	\$ 30,198
32,000	Carrier Global Corp	2.242%	2/15/2025	29,627	30,525
33,000	Global Payments Inc	2.650%	2/15/2025	30,652	31,529
5,000	QVC Inc	4.450%	2/15/2025	4,075	3,670
7,000	Zimmer Biomet Holdings Inc	3.550%	4/1/2025	6,740	6,811
33,000	Fortune Brands Innovations Inc	4.000%	6/15/2025	32,082	32,385
32,000	Verisk Analytics Inc	4.000%	6/15/2025	30,959	31,330
30,000	Microchip Technology Inc	4.250%	9/1/2025	28,754	29,462
34,000	Berry Global Inc	1.570%	1/15/2026	29,556	30,911
28,000	Zimmer Biomet Holdings Inc	3.050%	1/15/2026	26,252	26,852
36,000	Western Digital Corp	4.750%	2/15/2026	33,294	34,211
37,000	Molson Coors Beverage Co	3.000%	7/15/2026	33,877	35,116
33,000	American Tower Corp	3.375%	10/15/2026	30,353	31,385
31,000	Steel Dynamics Inc	5.000%	12/15/2026	29,847	31,034
44,000	QVC Inc	4.750%	2/15/2027	34,430	22,403
32,000	Verizon Communications Inc	4.125%	3/16/2027	30,459	31,662
5,000	Kraft Heinz Foods Co	3.875%	5/15/2027	4,875	4,882
32,000	Willis North America Inc	4.650%	6/15/2027	30,475	31,503
7,000	Newell Brands Inc	6.375%	9/15/2027	7,052	6,901
34,000	Allegion US Holding Co Inc	3.550%	10/1/2027	30,179	32,471
37,000	Transdigm Inc	5.500%	11/15/2027	33,208	35,453
5,000	Flex LTD	6.000%	1/15/2028	5,073	5,095
36,000	United Rentals North America Inc	4.875%	1/15/2028	32,850	34,662
32,000	AT&T Inc	4.100%	2/15/2028	29,657	31,272
34,000	Expedia Inc	3.800%	2/15/2028	30,107	32,091
40,000	Tegna Inc	4.625%	3/15/2028	37,658	35,441
35,000	Discovery Communications LLC	3.950%	3/20/2028	30,979	32,783
21,000	Bat Capital Corp	2.259%	3/25/2028	17,720	18,201
35,000	Oracle Corp	2.300%	3/25/2028	29,006	31,296
35,000	CDW LLC / CDW Finance Corp	4.250%	4/1/2028	31,194	32,532
34,000	Dollar Tree Inc	4.200%	5/15/2028	32,377	33,301
32,000	Trimble Inc	4.900%	6/15/2028	30,540	32,040
31,000	HGA Inc	5.625%	9/1/2028	29,496	31,575
33,000	Broadcom Inc	4.110%	9/15/2028	29,222	31,743
33,000	Westinghouse Air Brake Technologies Corp	4.950%	9/15/2028	30,669	32,679
6,000	Tenet Health Care Corp	6.125%	10/1/2028	5,760	5,822
32,000	Conagra Brands Inc	4.850%	11/1/2028	30,216	31,951
41,000	SBA Communications Corp	3.125%	2/1/2029	32,493	35,234
32,000	Altria Group Inc	4.800%	2/14/2029	29,442	31,783
33,000	HP Inc	4.000%	4/15/2029	28,769	31,282
34,000	Motorola Solutions Inc	4.600%	5/23/2029	32,119	33,351
37,000	Service Corp International	5.125%	6/1/2029	34,104	35,908
34,000	Bath & Body Works Inc	7.500%	6/15/2029	31,960	34,681
16,000	Olin Corp	5.625%	8/1/2029	15,605	15,621
30,000	Newell Brands Inc	6.625%	9/15/2029	29,175	29,676

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Western Core

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE BONDS - Continued					
38,000	Qorvo Inc	4.375%	10/15/2029	\$ 32,596	\$ 34,663
40,000	Eoncompass Health Corp	4.750%	2/1/2030	36,000	36,936
8,000	Flex LTD	4.875%	5/12/2030	7,590	7,783
	Total Corporate Bonds			\$ 1,288,846	\$ 1,330,096
COMMON STOCKS					
153	1st Source Corp			\$ 7,404	\$ 6,377
74	Accenture PLC Ireland Cl A			19,975	20,741
1,103	ACI Worldwide Inc			24,576	27,939
593	Adapthealth Corp			9,717	7,045
46	Adobe Inc			14,160	17,368
169	Advanced Micro Devices			13,385	15,103
362	Aflac Incorporated			21,635	25,286
654	Air Lease Corp Cl A			22,163	26,304
233	Alcon Inc			14,402	16,888
1,280	Alexander & Baldwin Inc			22,345	24,614
104	American Water Works Co			14,120	15,418
150	Aptiv PLC			14,259	15,429
152	ASGN Inc			13,001	10,882
391	Assured Quaranty LTD			20,187	21,063
85	Becton Dickinson & Co			20,066	22,466
32	Bio Rad Lab A			14,262	14,425
191	Bruker Corporation			10,732	15,114
227	Carter's			16,525	15,838
378	Ciena Corp New			16,539	17,403
93	Danaher Corporation			25,068	22,032
67	Deere & Co			24,268	25,327
884	Element Solutions Inc			15,469	16,044
260	Encompass Health Corp			12,642	16,679
149	Euronet Worldwide Inc			14,414	16,500
277	First American Finl Corp			14,570	15,958
34	First Citizen Bancshares A			29,176	34,244
1,135	First Hawaiian Inc			28,568	21,690
1,074	Flextronics Intl LTD			19,351	22,092
308	Formfactor Inc			8,038	8,411
972	Frontdoor Inc			20,693	26,594
452	Centex Corp			11,374	12,471
299	GMS Inc Com			13,210	17,360
287	Grand Canyon Ed Inc Com			24,204	34,067
412	GXO Logistics Incorporated			18,253	21,890
1,557	Haleon PLC ADR			12,611	13,811
243	Hexcel Corp New			13,408	17,515
3,036	Hillman Solutions Corp			30,113	25,502
53	Home Depot Inc			15,285	15,929
88	Icon PLC			17,782	16,957
330	Insperty Inc Com			35,766	40,412

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Western Core

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
COMMON STOCKS - Continued					
178	Intercontinental Exchange Inc			\$ 16,716	\$ 19,390
332	Intl Bancshares Corp			14,678	14,166
45	Intuit Inc			18,430	19,978
122	Johnson & Johnson			20,396	19,971
151	Keysight Technologies Inc			25,070	21,841
60	Laboratory CP Amer Holdings			12,923	13,603
395	Lantheus Holdings Inc Com			26,352	33,753
40	LPL Financial Holdings Inc Com			9,455	8,354
167	Lumentum Holdings Inc Com			12,236	8,058
728	Marcus & Millichap Inc Com			24,769	22,910
292	Maximus Inc			17,557	24,426
105	Microsoft Corp			22,089	32,262
41	Monolithic Power Systems Inc			14,913	18,941
46	MSCI Inc Com			20,590	22,193
48	Nvidia Corporation			6,698	13,320
84	NXP Semiconductors NV			13,375	13,754
266	ON Semiconductor Corp			16,655	19,141
130	Owens Corning Inc			11,085	13,885
66	Palo Alto Networks Inc			12,806	12,042
496	Par Technology CP Dela			13,746	15,173
502	Premier Inc Cl A			17,451	16,732
161	Procter & Gamble			23,282	25,177
49	Rockwell Automation Inc			11,328	13,887
226	Ryman Hospitality Properties Inc			17,644	20,263
51	SBA Communications Corp			14,989	13,305
99	Steris PLC			17,394	18,666
229	Syneos Health Inc Cl A			11,813	8,991
168	TE Connectivity LTD			19,830	20,558
118	Tetra Tech Inc			15,909	16,328
162	Thor Industries Inc			11,837	12,801
68	TopBuild Corp Com			12,423	15,333
277	TriNet Group Inc			20,730	25,700
502	U Haul Holding Company			28,225	27,158
480	Unilever PLC			23,316	26,654
40	UnitedHealth Group Inc			14,196	19,684
124	Visa Inc Cl A			25,937	28,859
157	Waste Management Inc			26,297	26,070
56	West Pharmaceutical Services Inc			14,634	20,229
16	White Mountain Group Bermuda			21,736	22,914
323	WinTrust Fin Corp			27,965	22,084
93	Xylem Inc Com			8,644	9,657
Total Common Stocks				\$ 1,429,835	\$ 1,555,399

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Western Core

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
EXCHANGE-TRADED & CLOSED END					
22	Energy Sel Sect SPDR Fd			\$ 745	\$ 1,873
196	Granitheshares Gold Trust ETF			3,370	3,859
24	Health Care Sel Sect SPDR Fd			2,555	3,205
1,266	Invesco S&P 500 Equal Weight ETF			190,104	183,747
332	iShares 10-20 YR Treasury Bond ETF			37,550	38,057
2,829	iShares Core MSCI Emerging Markets ETF			128,865	137,433
129	iShares Global Con Stap ETF			7,543	8,318
74	iShares Global Health Care ETF			5,474	6,390
70	iShares Inc MSCI Emerging Markets ETF			4,204	3,493
99	iShares MBS ETF			9,591	9,393
138	iShares MSCI China ETF			6,012	6,585
199	iShares MSCI International Q			6,418	7,218
24	iShares US Aerospace & Def ETF			2,413	2,735
147	Janus Henderson AAA Clo ETF			7,409	7,315
91	JPMorgan BetaBuilders Japan			5,141	4,423
175	SPDR Portf Short Term Treasury ETF			5,059	5,112
54	SPDR S&P Dividend			6,599	6,748
62	SPDR S&P Global Natural Resources ETF			3,685	3,532
36	The Technology Sel Sec SPDR Fd			5,448	5,430
40	Utilities Sel Sect SPDR Fd			2,860	2,759
51	Vanguard FTSE Europe ETF			2,799	3,237
3,189	Vanguard Total Stock Market ETF			436,413	657,891
32	Vanguard Value ETF Index			4,507	4,498
305	WisdomTree Floating Rate Treasury ETF			15,314	15,347
Total Exchange-Traded & Closed End				\$ 900,078	\$ 1,128,598
MUTUAL FUNDS					
19,718	Artisan Intl Value Fund			\$ 674,695	\$ 851,405
45,307	GQG Partners Emerging Markets Equity			603,803	612,093
15,865	Victory Trivalent Intl Small Cap I			245,818	220,683
Total Mutual Funds				\$ 1,524,316	\$ 1,684,181
MONEY MARKET FUND					
87,470	Morgan Stanley Private Bank NA			\$ 87,470	\$ 87,470

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Watterson

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
CORPORATE BONDS					
40,000	General Motors Financial Co	1.700%	8/18/2023	\$ 39,277	\$ 39,602
40,000	DTE Energy Co	4.220%	11/1/2024	39,151	39,481
41,000	HCA Inc	5.375%	2/1/2025	44,105	41,040
40,000	Netflix Inc	5.875%	2/15/2025	43,711	40,619
40,000	Verisign Inc	5.250%	4/1/2025	42,759	40,128
42,000	Penske Automotive Group Inc	3.500%	9/1/2025	41,972	40,222
40,000	Dana Inc	5.375%	11/15/2027	40,358	37,663
42,000	T Mobile USA Inc	4.750%	2/1/2028	43,343	41,806
38,000	Kinder Morgan Inc	4.300%	3/1/2028	41,237	37,400
42,000	Service Corp International	5.125%	6/1/2029	43,366	40,761
40,000	Cheniere Energy Partners LP	4.500%	10/1/2029	39,023	37,679
40,000	Qorvo Inc	4.375%	10/15/2029	40,070	36,488
42,000	Equinix Inc	3.200%	11/18/2029	42,257	37,687
43,000	Central Garden & Pet Co	4.125%	10/15/2030	40,519	36,885
43,000	Duke Energy Corp	2.550%	6/15/2031	40,567	36,242
45,000	Quanta Services Inc	2.350%	1/15/2032	40,589	36,414
40,000	Bank of America Corp	4.244%	4/24/2038	38,443	35,986
30,000	Goldman Sachs Group	2.908%	7/21/2042	26,627	21,630
40,000	Comcast Corp	4.700%	10/15/2048	44,034	37,923
45,000	Sysco Corp	3.300%	2/15/2050	41,180	32,683
45,000	JPMorgan Chase & Co	3.328%	4/22/2052	32,583	33,665
Total Corporate Bonds				\$ 845,171	\$ 782,004

GOVERNMENT SECURITIES - TREASURY SECURITIES

145,000	United States Treasury Note	0.250%	11/15/2023	\$ 139,550	\$ 141,409
100,000	United States Treasury Note	2.750%	2/15/2024	97,579	98,307
115,000	United States Treasury Note	2.000%	2/15/2025	117,286	110,649
48,000	United States Treasury Note	3.500%	1/31/2028	47,336	47,882
37,000	United States Treasury Note	2.875%	8/15/2028	35,274	35,812
48,000	United States Treasury Note	3.500%	1/31/2030	47,331	47,962
46,000	United States Treasury Note	2.875%	5/15/2032	42,437	43,980
29,000	United States Treasury Bond	4.000%	11/15/2042	30,211	29,879
130,000	United States Treasury Bond	2.250%	2/15/2052	105,408	97,084
101,000	United States Treasury Bond	4.000%	11/15/2052	106,860	107,305
Total Government Securities - Treasury Securities				\$ 769,272	\$ 760,269

Glaziers Local No. 1162 Pension Fund

EIN: 34-6668355 PN: 001

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

April 30, 2023

Morgan Stanley - Watterson

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
GOVERNMENT SECURITIES - FEDERAL AGENCIES					
135,000	FHLMC 30 YR Gold SD8122	2.500%	12/1/2050	\$ 121,852	\$ 77,325
70,000	FHLMC 30 YR Gold SD8128	2.000%	2/1/2051	62,928	46,722
90,000	Federal National Mortgage Assn. - Pool MA4564	3.000%	3/1/2052	83,945	74,729
109,000	Federal National Mortgage Assn. - Pool MA4600	3.500%	5/1/2052	102,700	95,880
93,000	Federal National Mortgage Assn. - Pool MA4655	4.000%	7/1/2052	89,613	85,051
140,000	Federal National Mortgage Assn. - Pool MA3744	3.000%	8/1/2049	57,064	19,751
90,000	Federal National Mortgage Assn. - Pool MA4805	4.500%	11/1/2052	86,280	85,425
85,000	Federal National Mortgage Assn. - Pool B04708	3.000%	11/1/2049	86,408	22,468
110,000	Federal National Mortgage Assn. - Pool BP5878	2.500%	6/1/2050	97,534	58,006
Total Government Securities - Federal Agencies				\$ 788,324	\$ 565,357

MONEY MARKET

52,245	Morgan Stanley Private Bank NA			\$ 52,245	\$ 52,245
--------	--------------------------------	--	--	-----------	-----------

Glaziers Local No. 1162 Pension Fund**EIN: 34-6668355 PN: 001****Schedule of Assets Held for Investment
(Schedule H; Line 4i)**

April 30, 2023

Morgan Stanley - Cash Account

Face Value/ Number of Shares	Description	Cost	Market Value
MONEY MARKET			
1,155	Morgan Stanley Bank NA	\$ 1,155	\$ 1,155
141,908	Federated Hermes Prime Cash Oblig. Fd	141,908	141,908
	Total Money Market Funds	\$ 143,063	\$ 143,063

AFL-CIO Housing**REAL ESTATE INVESTMENTS**

9	AFL-CIO Housing Investment Trust	\$ 7,010	\$ 8,587
---	----------------------------------	----------	----------

SUMMARY BY INVESTMENT TYPE

Common Stocks	\$ 4,066,611	\$ 4,893,768
Corporate Bonds	2,134,017	2,112,100
Exchange-Traded & Closed End	900,078	1,128,598
Government Securities - Federal	788,324	565,357
Government Securities - Treasury	769,272	760,269
Money Market Funds	401,715	401,715
Mutual Funds	1,524,316	1,684,181
Hedge Funds	866,830	1,001,705
Real Estate Investment Trust	7,010	8,587
Total Investments	<u>\$ 11,458,173</u>	<u>\$ 12,556,280</u>

EIN: 34-6668355 PN: 001
Schedule of Reportable Transactions
(Schedule H, Line j)
April 30, 2023

29

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 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

► **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 2022

b Assets

(1) Current value of assets.....	1b(1)	12,993,605
(2) Actuarial value of assets for funding standard account	1b(2)	13,403,180
c (1) Accrued liability for plan using immediate gain methods	1c(1)	13,843,225
(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)	13,843,225
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)	27,040,052
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	646,777
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	848,648
(3) Expected plan disbursements for the plan year.....	1d(3)	856,710

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		10/26/2023
Signature of actuary		Date
Kathryn A. Garrity, FSA, EA, MAAA		23-05379
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) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	12,993,605
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	71	9,660,962
(2) For terminated vested participants	56	6,844,704
(3) For active participants:		
(a) Non-vested benefits		1,288,064
(b) Vested benefits		9,246,322
(c) Total active	78	10,534,386
(4) Total	205	27,040,052
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.05 %

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
04/30/2023	603,828				
Totals ▶			3(b)	603,828	3(c)
(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	96.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	1.90 %
	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 Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-7.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	87,062
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-229,720	-23,255
4	105,531	10,683

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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	324,337

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	5,377,554	713,858
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 70,080**e** Total charges. Add lines 9a through 9d..... **9e** 1,108,275**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 1,902,402**g** Employer contributions. Total from column (b) of line 3..... **9g** 603,828**h** Amortization credits as of valuation date..... **9h** 3,035,107 375,405**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 174,130**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9j(1)	3,284,112	
9j(2)	11,283,994	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 3,055,765**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

(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

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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 year.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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	
<i>Eligibility</i>	Death of vested participant with surviving spouse.
<i>Monthly amount</i>	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	
<i>Eligibility</i>	Death of vested participant, no spouse.
<i>Monthly amount</i>	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, 2022
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>	1.90% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$90,000 for the 2022 plan year, excluding investment expenses. Expenses are assumed to increase 2.5% each year.
<i>ASC 960</i>	A 11.75% load was applied to the accrued liabilities for 2022 (11.50% for 2021).
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% (100% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 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

No withdrawal assumed after participant reaches early retirement age.

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

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement	According to the following schedule:																					
<i>Active lives</i>	<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 62.5.																					
<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.																					
Timing of decrements	Beginning of year																					
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>	\$245,000 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.
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.

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 2022 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-2021 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 100% 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 2022 SCHEDULE MB: LINE 8B
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, 2022

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	0	1	0	0	0	0	0	0	0
25 to 29	0	2	3	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0
35 to 39	0	0	0	2	3	1	0	0	0	0
40 to 44	13	12	4	0	2	1	0	0	0	0
45 to 49	0	2	0	1	2	2	1	0	0	0
50 to 54	0	1	1	1	1	1	2	0	0	0
55 to 59	0	0	1	1	1	2	1	1	2	0
60 to 64	0	1	1	1	1	2	3	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 2022 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 2022 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		5/1/2022 Outstanding Balance	5/1/2022 Amortization Payment
				Years	Months		
Charges							
5/1/1995	Assumptions	128,574	30	3	0	28,546	10,143
5/1/1997	Assumptions	190,645	30	5	0	65,785	14,929
5/1/1997	Plan Amendment	259,669	30	5	0	89,602	20,334
5/1/1998	Assumptions	106,183	30	6	0	42,465	8,281
5/1/1998	Plan Amendment	418,007	30	6	0	167,149	32,597
5/1/2000	Assumptions	256,641	30	8	0	127,777	19,852
5/1/2001	Amendment	132,112	30	9	0	71,555	10,179
5/1/2001	Assumptions	1,286	30	9	0	698	99
5/1/2002	Assumptions	76,681	30	10	0	44,650	5,887
5/1/2003	Assumptions	166,540	30	11	0	103,244	12,738
5/1/2004	Assumptions	73,911	30	12	0	48,405	5,633
5/1/2005	Assumptions	80,694	30	13	0	55,465	6,129
5/1/2006	Assumptions	35,072	30	14	0	25,159	2,655
5/1/2007	Assumptions	367,412	30	15	0	273,910	27,729
5/1/2007	Plan Amendment	409,194	30	15	0	305,052	30,882
5/1/2008	Assumptions	73,787	15	1	0	7,744	7,744
5/1/2009	Assumptions	104,513	15	2	0	21,162	10,926
5/1/2009	Relief Asset 09 Loss	1,143,967	29	16	0	891,108	86,908
5/1/2010	Assumptions	9,988	15	3	0	2,928	1,041
5/1/2011	Assumptions	4,793	15	4	0	1,805	497
5/1/2011	Experience Loss	60,363	15	4	0	22,773	6,263
5/1/2012	Assumptions	110,126	15	5	0	50,151	11,382
5/1/2012	Experience Loss	219,117	15	5	0	99,781	22,645
5/1/2013	Assumptions	19,255	15	6	0	10,168	1,983
5/1/2013	Experience Loss	90,561	15	6	0	47,820	9,325
5/1/2015	Assumptions	204,911	15	8	0	134,869	20,953
5/1/2015	Experience Loss	145,840	15	8	0	95,986	14,913
5/1/2016	Assumption	255,666	15	9	0	183,303	26,076
5/1/2016	Experience Loss	515,663	15	9	0	369,708	52,593
5/1/2017	Assumption	61,767	15	10	0	47,666	6,284
5/1/2018	Assumptions	906,104	15	11	0	745,354	91,957
5/1/2018	Experience Loss	441,238	15	11	0	362,961	44,780
5/1/2020	Assumption	193,445	15	13	0	177,362	19,599
5/1/2020	Experience Loss	265,714	15	13	0	243,624	26,921
5/1/2021	Assumptions	319,238	15	14	0	306,288	32,318

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2022 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		5/1/2022 Outstanding Balance	5/1/2022 Amortization Payment
				Years	Months		
5/1/2022	Assumption	105,531	15	15	0	105,531	10,683
Total Charges:						5,377,554	713,858

Credits

5/1/2014	Experience Gain	69,275	15	7	0	41,254	7,109
5/1/2017	Experience Gain	197,048	15	10	0	152,055	20,047
5/1/2019	Assumptiions	491,455	15	12	0	428,216	49,833
5/1/2019	Experience Gain	212,055	15	12	0	184,770	21,502
5/1/2019	Plan Amendment	246,258	15	12	0	214,570	24,970
5/1/2020	Plan Amendment	188,212	15	13	0	172,565	19,069
5/1/2021	Experience Gain	558,580	15	14	0	535,920	56,547
5/1/2021	Method	1,161,070	10	9	0	1,076,037	153,073
5/1/2022	Experience Gain	229,720	15	15	0	229,720	23,255
Total Credits:						3,035,107	375,405

Net Charges: 2,342,447 338,453

Less Credit Balance: 1,902,402

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 440,045

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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 assumed mortality rates were adjusted from 105% of the PRI-2012 Blue Collar Mortality Table for males and 95% of the PRI-2012 Blue Collar Mortality Table for females to 105% of the PRI-2012 Blue Collar Mortality Table for males and 100% of the PRI-2012 Blue Collar Mortality Table for females. The mortality projection scale was updated from MP-2020 to MP-2021. These changes because we wanted to reflect the latest mortality improvement data available.
- The assumed operational expenses were increased from \$85,000 to \$90,000 with a 2.5% annual increase to reflect our best estimate of future expenses based on recent plan experience.
- We changed our valuation software, which includes a change in the timing of when active participants are expected to leave active status from the middle of the year to the beginning of the year.
- The expense load on ASC 960 liabilities was changed from 11.50% to 11.75% based on recent plan experience.
- The current liability interest rate was changed from 2.01% to 1.90%. 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.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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 year.

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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	
<i>Eligibility</i>	Death of vested participant with surviving spouse.
<i>Monthly amount</i>	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	
<i>Eligibility</i>	Death of vested participant, no spouse.
<i>Monthly amount</i>	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, 2022
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>	1.90% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
Operational expenses	
<i>Funding</i>	\$90,000 for the 2022 plan year, excluding investment expenses. Expenses are assumed to increase 2.5% each year.
<i>ASC 960</i>	A 11.75% load was applied to the accrued liabilities for 2022 (11.50% for 2021).
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% (100% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 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

No withdrawal assumed after participant reaches early retirement age.

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

ACTUARIAL ASSUMPTIONS (CONT.)

Retirement	According to the following schedule:																					
<i>Active lives</i>	<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> Resulting in an average expected retirement age of 62.5.	<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																				
<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.																					
Timing of decrements	Beginning of year																					
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>	\$245,000 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.
Benefits Vested	No death benefits are vested. Disability benefits are considered vested only in relation to corresponding retirement benefit. Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.

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 2022 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-2021 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 100% 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 2022 SCHEDULE MB: LINE 8B
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, 2022

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	0	1	0	0	0	0	0	0	0
25 to 29	0	2	3	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0
35 to 39	0	0	0	2	3	1	0	0	0	0
40 to 44	13	12	4	0	2	1	0	0	0	0
45 to 49	0	2	0	1	2	2	1	0	0	0
50 to 54	0	1	1	1	1	1	2	0	0	0
55 to 59	0	0	1	1	1	2	1	1	2	0
60 to 64	0	1	1	1	1	2	3	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 2022 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 2022 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		5/1/2022 Outstanding Balance	5/1/2022 Amortization Payment
				Years	Months		
Charges							
5/1/1995	Assumptions	128,574	30	3	0	28,546	10,143
5/1/1997	Assumptions	190,645	30	5	0	65,785	14,929
5/1/1997	Plan Amendment	259,669	30	5	0	89,602	20,334
5/1/1998	Assumptions	106,183	30	6	0	42,465	8,281
5/1/1998	Plan Amendment	418,007	30	6	0	167,149	32,597
5/1/2000	Assumptions	256,641	30	8	0	127,777	19,852
5/1/2001	Amendment	132,112	30	9	0	71,555	10,179
5/1/2001	Assumptions	1,286	30	9	0	698	99
5/1/2002	Assumptions	76,681	30	10	0	44,650	5,887
5/1/2003	Assumptions	166,540	30	11	0	103,244	12,738
5/1/2004	Assumptions	73,911	30	12	0	48,405	5,633
5/1/2005	Assumptions	80,694	30	13	0	55,465	6,129
5/1/2006	Assumptions	35,072	30	14	0	25,159	2,655
5/1/2007	Assumptions	367,412	30	15	0	273,910	27,729
5/1/2007	Plan Amendment	409,194	30	15	0	305,052	30,882
5/1/2008	Assumptions	73,787	15	1	0	7,744	7,744
5/1/2009	Assumptions	104,513	15	2	0	21,162	10,926
5/1/2009	Relief Asset 09 Loss	1,143,967	29	16	0	891,108	86,908
5/1/2010	Assumptions	9,988	15	3	0	2,928	1,041
5/1/2011	Assumptions	4,793	15	4	0	1,805	497
5/1/2011	Experience Loss	60,363	15	4	0	22,773	6,263
5/1/2012	Assumptions	110,126	15	5	0	50,151	11,382
5/1/2012	Experience Loss	219,117	15	5	0	99,781	22,645
5/1/2013	Assumptions	19,255	15	6	0	10,168	1,983
5/1/2013	Experience Loss	90,561	15	6	0	47,820	9,325
5/1/2015	Assumptions	204,911	15	8	0	134,869	20,953
5/1/2015	Experience Loss	145,840	15	8	0	95,986	14,913
5/1/2016	Assumption	255,666	15	9	0	183,303	26,076
5/1/2016	Experience Loss	515,663	15	9	0	369,708	52,593
5/1/2017	Assumption	61,767	15	10	0	47,666	6,284
5/1/2018	Assumptions	906,104	15	11	0	745,354	91,957
5/1/2018	Experience Loss	441,238	15	11	0	362,961	44,780
5/1/2020	Assumption	193,445	15	13	0	177,362	19,599
5/1/2020	Experience Loss	265,714	15	13	0	243,624	26,921
5/1/2021	Assumptions	319,238	15	14	0	306,288	32,318

Glaziers Local No. 1162 Pension Plan
EIN: 34-6668355/PN: 001
Attachment to 2022 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		5/1/2022 Outstanding Balance	5/1/2022 Amortization Payment
				Years	Months		
5/1/2022	Assumption	105,531	15	15	0	105,531	10,683
Total Charges:						5,377,554	713,858

Credits

5/1/2014	Experience Gain	69,275	15	7	0	41,254	7,109
5/1/2017	Experience Gain	197,048	15	10	0	152,055	20,047
5/1/2019	Assumptiions	491,455	15	12	0	428,216	49,833
5/1/2019	Experience Gain	212,055	15	12	0	184,770	21,502
5/1/2019	Plan Amendment	246,258	15	12	0	214,570	24,970
5/1/2020	Plan Amendment	188,212	15	13	0	172,565	19,069
5/1/2021	Experience Gain	558,580	15	14	0	535,920	56,547
5/1/2021	Method	1,161,070	10	9	0	1,076,037	153,073
5/1/2022	Experience Gain	229,720	15	15	0	229,720	23,255
Total Credits:						3,035,107	375,405

Net Charges: 2,342,447 338,453

Less Credit Balance: 1,902,402

Less Reconciliation Balance: 0

Unfunded Actuarial Liability: 440,045

GLAZIERS LOCAL NO. 1162 PENSION PLAN
EIN: 34-6668355/PN: 001
ATTACHMENT TO 2022 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 assumed mortality rates were adjusted from 105% of the PRI-2012 Blue Collar Mortality Table for males and 95% of the PRI-2012 Blue Collar Mortality Table for females to 105% of the PRI-2012 Blue Collar Mortality Table for males and 100% of the PRI-2012 Blue Collar Mortality Table for females. The mortality projection scale was updated from MP-2020 to MP-2021. These changes because we wanted to reflect the latest mortality improvement data available.
- The assumed operational expenses were increased from \$85,000 to \$90,000 with a 2.5% annual increase to reflect our best estimate of future expenses based on recent plan experience.
- We changed our valuation software, which includes a change in the timing of when active participants are expected to leave active status from the middle of the year to the beginning of the year.
- The expense load on ASC 960 liabilities was changed from 11.50% to 11.75% based on recent plan experience.
- The current liability interest rate was changed from 2.01% to 1.90%. 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 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2022**This Form is Open to Public
Inspection**Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **05/01/2022** and ending **04/30/2023**

- 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 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.

Signature of plan administrator <i>X Scott Harter</i>	Date <i>11-8-23</i>	Signature of individual signing as plan administrator <i>X Scott Harter</i>
Signature of employer/plan sponsor <i>X James D. Hughes</i>	Date <i>11-8-23</i>	Signature of individual signing as employer or plan sponsor <i>X James D. Hughes</i>
Signature of DFE	Date	Signature of individual signing as DFE

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

Form 5500 (2022)

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

5 191

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) 54

a(2) Total number of active participants at the end of the plan year

6a(2) 47

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 163

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e 24

f Total. Add lines 6d and 6e

6f 187

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)

34-6668355

Federal Statements

FYE: 4/30/2023

GLAZIERS LOCAL NO. 1162 PENSION FUND
Plan: 001

Plan transactions in excess of 5% of plan assets

Name								
Description		Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
MORGAN STANLEY BANK NA		\$ 5593852	\$	\$	\$	\$ 5593852	\$ 5593852	\$
MORGAN STANLEY BANK NA			5797062			5797062	5797062	

34-6668355

Federal Statements

FYE: 4/30/2023

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

<u>Party in</u> <u>Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
		COMMON STOCK	\$ 4,066,611	\$ 4,893,768
		EXCHANGE TRADED FUND	900,078	1,128,598
		MUTUAL FUNDS	1,524,316	1,684,181
		CORPORATE BONDS	2,134,017	2,112,100
		U.S. GOV'T - FEDERAL	788,324	565,357
		HEDGE FUNDS	866,830	1,001,705
		U.S. GOV'T - TREASUR	769,272	760,269
		MONEY MARKET FUNDS	401,715	401,715
		REAL ESTATE INVESTME	7,010	8,587