

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [ ] a single-employer plan [X] a DFE (specify) M
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: [X] 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: AGC FLAT GLASS NORTH AMERICA, INC. MASTER TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AGC FLAT GLASS NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 68-6251834
2c Plan Sponsor's telephone number: 404-446-4256
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>AGC FLAT GLASS NORTH AMERICA,INC. MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AGC FLAT GLASS NORTH AMERICA,INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>68-6251834</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)
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<b>a</b>	Plan name	AGC FLAT GLASS NORTH AMERICA, INC. AND SUBSIDIARIE RETIREMENT PLAN FOR ELIGIBLE SALARIED EMPLOYEES	
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<b>b</b>	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA INC.	<b>c</b> EIN-PN 25-1059306-002
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<b>a</b>	Plan name	AGC FLAT GLASS NORTH AMERICA, INC. RETIREMENT PLAN FOR ELIGIBLE HOURLY PAID EMPLOYEES	
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<b>b</b>	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA INC.	<b>c</b> EIN-PN 25-1059306-005
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<b>a</b>	Plan name	AGC AUTOMOTIVE AMERICAS CO. PENSION PLAN	
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<b>b</b>	Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA INC. DBA AGC AUTOMOTIVE AMERICAS CO	<b>c</b> EIN-PN 25-1059306-013
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>a</b>	Plan name		
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<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>	
<b>A</b> Name of plan <b>AGC FLAT GLASS NORTH AMERICA, INC. MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AGC FLAT GLASS NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>68-6251834</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	96399825	28577365
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	38507084	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	91205084	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	169417	0

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	226281410	28577365
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	226281410	28577365

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)		
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)	5600780	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		5600780
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		0
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-630840
<b>c</b> Other income .....	<b>2c</b>		-169417
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4800523

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4800523
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		202504568

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

**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.)

**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.)

**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.)

**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.)

**e** Was this plan covered by a fidelity bond?

**f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

**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?

**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?

**i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

**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.)

**k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

**l** Has the plan failed to provide any benefit when due under the plan?

**m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

**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.

	Yes	No	Amount
<b>4a</b>			
<b>4b</b>		X	
<b>4c</b>		X	
<b>4d</b>		X	
<b>4e</b>			
<b>4f</b>			
<b>4g</b>			
<b>4h</b>			
<b>4i</b>	X		
<b>4j</b>	X		
<b>4k</b>			
<b>4l</b>			
<b>4m</b>			
<b>4n</b>			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/23 THROUGH 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 251

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS	
	BEGINNING MARKET VALUE		226,281,410.22					
	COMPARATIVE VALUE (5%)		11,314,070.51					
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE								
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	14,494,537 *	14,494,537	0	
15804-AUTO 06/01/23 S	14,494,537							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	18,703,601 *	18,703,601	0	
15804-AUTO 08/02/23 B	18,703,601							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	18,703,601 *	18,703,601	0	
15804-AUTO 08/02/23 S	18,703,601							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	67,780,534 *	67,780,534	0	
15804-HOUR 08/02/23 B	67,780,534							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	67,780,534 *	67,780,534	0	
15804-HOUR 08/02/23 S	67,780,534							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	13,218,023 *	13,218,023	0	
15804-SALA 01/30/23 S	13,218,023							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	13,518,200 *	13,518,200	0	
15804-SALA 06/01/23 S	13,518,200							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	64,231,345 *	64,231,345	0	
15804-SALA 08/02/23 B	64,231,345							
ISSUE: 783965593 - GOVERNMENT FUND (SE0XX)			1.000	0	64,235,077 *	64,235,077	0	
15804-SALA 08/02/23 S	64,235,077							
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)			8.950	0	21,274,098 *	21,274,098	0	
15804-HR-LDI 02/01/23 B	2,376,994							
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)			8.690	0	18,186,868 *	18,724,173	-537,306	
15804-HR-LDI 08/02/23 S	2,092,850							
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)			7.950	0	13,993,594 *	17,044,826	-3,051,232	
15804-AU-LDI 08/02/23 S	1,760,201							
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)			7.950	0	32,571,603 *	35,580,697	-3,009,094	
15804-HR-LDI 08/02/23 S	4,097,057							
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)			8.450	0	16,515,510 *	16,515,510	0	
15804-SA-LDI 02/01/23 B	1,954,498							
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)			7.950	0	42,847,885 *	48,943,506	-6,095,621	
15804-SA-LDI 08/02/23 S	5,389,671							
GRAND TOTAL							500,748,262	-12,693,253

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/23 THROUGH 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 252

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN/LOSS
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION \*\*\*

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/23 THROUGH 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 253

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
ISSUE: 783980584 - SEI INTERMEDIATE DUR CREDIT-A (SIDCX)							
15804-HR-LDI 03/01/23 R		7,128	8,670	0	61,802-		61,802
15804-HR-LDI 04/03/23 R		7,921	8,870	0	70,263-		70,263
15804-HR-LDI 05/01/23 R		7,692	8,910	0	68,535-		68,535
15804-HR-LDI 06/01/23 R		8,131	8,760	0	71,230-		71,230
15804-HR-LDI 07/03/23 R		8,092	8,750	0	70,808-		70,808
15804-HR-LDI 08/01/23 R		8,445	8,740	0	73,811-		73,811
SUB-TOTAL OF REINVS # 6				0	416,449		416,449
15804-HR-LDI 02/01/23 B		2,376,994	8,950	0	21,274,098-*	21,274,098	21,274,098
15804-HR-LDI 02/08/23 B		659	8,880	0	5,856-		5,856
SUB-TOTAL OF BUYS # 2				0	21,279,954	21,279,954	21,279,954
15804-HR-LDI 08/02/23 S		2,092,850	8,690	0	18,186,868 *	18,724,173	-537,306
15804-HR-LDI 08/03/23 S		332,214	8,650	0	2,873,650	2,972,229	-98,579
SUB-TOTAL OF SALES # 2				0	21,060,518	21,696,402	-635,885
SUB-TOTAL				0	42,756,921	43,392,805	-635,885
ISSUE: 783980634 - SEI LONG DUR CREDIT FUND A (SLDAX)							
15804-AU-LDI 01/03/23 R		5,801	7,900	0	45,828-		45,828
15804-AU-LDI 02/01/23 R		5,571	8,450	0	47,073-		47,073
15804-AU-LDI 03/01/23 R		9,098	7,980	0	72,600-		72,600
15804-AU-LDI 04/03/23 R		9,755	8,280	0	80,771-		80,771
15804-AU-LDI 05/01/23 R		9,469	8,330	0	78,879-		78,879
15804-AU-LDI 06/01/23 R		10,074	8,060	0	81,195-		81,195
15804-AU-LDI 07/03/23 R		9,846	8,110	0	79,850-		79,850
15804-AU-LDI 08/01/23 R		10,269	8,050	0	82,667-		82,667
15804-HR-LDI 01/03/23 R		20,986	7,900	0	165,790		165,790
15804-HR-LDI 02/01/23 R		20,153	8,450	0	170,296-		170,296
15804-HR-LDI 03/01/23 R		16,210	7,980	0	129,357-		129,357
15804-HR-LDI 04/03/23 R		17,379	8,280	0	143,902-		143,902
15804-HR-LDI 05/01/23 R		16,871	8,330	0	140,532-		140,532
15804-HR-LDI 06/01/23 R		17,948	8,060	0	144,659-		144,659

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/23 THROUGH 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 254

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
15804-HR-LDI 07/03/23 R	17,542		8.110	0	142,263-		142,263
15804-HR-LDI 08/01/23 R	18,296		8.050	0	147,282-		147,282
15804-SA-LDI 01/03/23 R	18,060		7.900	0	142,671-		142,671
15804-SA-LDI 02/01/23 R	17,343		8.450	0	146,549-		146,549
15804-SA-LDI 03/01/23 R	23,595		7.980	0	188,285-		188,285
15804-SA-LDI 04/03/23 R	25,297		8.280	0	209,456-		209,456
15804-SA-LDI 05/01/23 R	24,556		8.330	0	204,551-		204,551
15804-SA-LDI 06/01/23 R	26,124		8.060	0	210,558-		210,558
15804-SA-LDI 07/03/23 R	25,533		8.110	0	207,070-		207,070
15804-SA-LDI 08/01/23 R	26,630		8.050	0	214,375-		214,375
SUB-TOTAL OF REINVS # 24				0	3,276,459		3,276,459
15804-AU-LDI 02/01/23 B	1,054,440		8.450	0	8,910,017-		8,910,017
15804-AU-LDI 02/02/23 B	2		8.550	0	13-		13
15804-AU-LDI 02/08/23 B	981		8.340	0	8,186-		8,186
15804-HR-LDI 02/02/23 B	1		8.550	0	10-		10
15804-SA-LDI 02/01/23 B	1,954,498		8.450	0	16,515,510*		16,515,510
15804-SA-LDI 02/02/23 B	12		8.550	0	99-		99
SUB-TOTAL OF BUYS # 6				0	25,433,835		25,433,835
15804-AU-LDI 08/02/23 S	1,760,201		7.950	0	13,993,594 *		17,044,826
15804-AU-LDI 08/03/23 S	858,456		7.870	0	6,756,049		8,312,822
15804-HR-LDI 02/01/23 S	882,417		8.450	0	7,456,425		7,675,366
15804-HR-LDI 08/02/23 S	4,097,057		7.950	0	32,571,603 *		35,580,697
15804-HR-LDI 08/03/23 S	568,387		7.870	0	4,473,208		4,936,132
15804-SA-LDI 08/02/23 S	5,389,671		7.950	0	42,847,885 *		48,943,506
15804-SA-LDI 08/03/23 S	1,401,097		7.870	0	11,026,632		12,723,335
SUB-TOTAL OF SALES # 7				0	119,125,396		135,216,684
SUB-TOTAL				0	147,835,690		163,926,978
ISSUE: 912803GH0 - U.S. TREASURY STRIPS Z-CPN 5/15/52							
15804-AU-LDI 02/01/23 B	9,027,000		0.353	0	3,188,815-		3,188,815
SUB-TOTAL OF BUYS # 1				0	3,188,815		3,188,815
15804-AU-LDI 08/02/23 S	10,904,000		0.321	0	3,499,966		3,615,774
15804-AU-LDI 08/03/23 S	4,345,000		0.314	0	1,364,634		1,440,805
15804-HR-LDI 02/01/23 S	2,317,000		0.352	0	816,145		695,533
15804-HR-LDI 08/02/23 S	3,716,000		0.321	0	1,193,765		1,115,495
SUB-TOTAL				0	163,926,978		-16,091,290
SUB-TOTAL							-3,051,232
							-1,556,773
							-218,942
							-3,009,094
							-462,925
							-6,095,621
							-1,696,703
							-16,091,290
							-115,808
							-76,171
							120,611
							78,270

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

REPORTABLE TRANSACTIONS WORKSHEET  
1/1/23 THROUGH 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 255

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL EX	CASH	TRANSACTION COST	REALIZED GAIN/LOSS
15804-HR-LDI 08/03/23 S	468,000		0.314	0	146,985		6,497
15804-SA-LDI 02/01/23 S	7,259,000		0.352	0	2,556,925	2,179,057	377,867
15804-SA-LDI 08/02/23 S	13,103,000		0.321	0	4,209,339	3,933,350	275,988
15804-SA-LDI 08/03/23 S	2,596,000		0.314	0	815,326	779,285	36,040
SUB-TOTAL OF SALES # 8				0	14,603,085	13,899,787	703,297
SUB-TOTAL				0	17,791,900	17,088,602	703,297
ISSUE: 912834T5 - U.S. TREASURY STRIPS Z-CPN 8/15/38							
15804-AU-LDI 02/01/23 B	5,000		0.555	0	2,775-		2,775
15804-HR-LDI 02/01/23 B	6,473,000		0.555	0	3,591,868-	3,591,868	
15804-SA-LDI 02/01/23 B	5,958,000		0.555	0	3,306,094-	3,306,094	
SUB-TOTAL OF BUYS # 3				0	6,900,737	6,900,737	
15804-AU-LDI 02/07/23 S	5,000		0.551	0	2,756		-18
15804-HR-LDI 08/02/23 S	5,748,000		0.525	0	3,014,654	3,189,565	-174,912
15804-HR-LDI 08/03/23 S	725,000		0.519	0	376,116	402,303	-26,187
15804-SA-LDI 08/02/23 S	13,000		0.524	0	6,815	7,214	-399
15804-SA-LDI 08/02/23 S	4,930,000		0.524	0	2,581,299	2,735,657	-154,358
15804-SA-LDI 08/03/23 S	1,015,000		0.519	0	526,562	563,224	-36,662
SUB-TOTAL OF SALES # 6				0	6,508,202	6,900,738	-392,536
SUB-TOTAL				0	13,408,939	13,801,475	-392,536
GRAND TOTAL				0	221,793,450	238,209,860	-16,416,414

# SEI Private Trust Company

1 Freedom Valley Drive P.O. Box 1100 Oaks, PA 19456

ACCOUNT NUMBER  
15804-C

ASSET STATEMENT  
AS OF 12/31/23  
AGC FLAT GLASS NA-CONSOLIDATED

PAGE 2

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	PERCENT OF MARKET	YIELD ON MARKET
MONEY MARKET FUNDS						
7,936,084.2500	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 15804-AUTO	7,936,084.25	7,936,084.25	1.000	27.77	5.09
8,165,244.2900	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 15804-HOUR	8,165,244.29	8,165,244.29	1.000	28.57	5.09
12,476,036.2700	GOVERNMENT FUND (SEOXX) CUSIP: 783965593 TICKER: 36 15804-SALA	12,476,036.27	12,476,036.27	1.000	43.66	5.09
TOTAL MONEY MARKET FUNDS		28,577,364.81	28,577,364.81		100.00	5.09
TOTAL ASSETS		28,577,364.81	28,577,364.81		100.00	5.09
ENDING ACCRUAL FOR PERIOD			123,402.30			
ENDING MARKET VALUE			28,700,767.11			

\*UNLESS OTHERWISE NOTED, SEI PRIVATE TRUST COMPANY ("SPTC") IS CUSTODIAN IN CONNECTION WITH THE ASSETS IN YOUR ACCOUNT. FOR INSTANCES IN WHICH SPTC DOES NOT CUSTODY SOME OR ALL OF THE UNITS OF AN ASSET, THAT ASSET WILL BE MARKED BY AN ASTERISK IN THIS REPORT ("HELD-AWAY ASSETS"). ALL INFORMATION ON THIS REPORT REGARDING HELD AWAY ASSETS WAS PROVIDED BY AN INDEPENDENT THIRD-PARTY SUCH AS AN INVESTMENT MANAGER. SPTC HAS NOT VERIFIED SUCH INFORMATION AND HAS NO OBLIGATION TO DO SO NOR WILL SPTC BE HELD RESPONSIBLE OR LIABLE TO YOU FOR THE VALUE THAT HAS BEEN ATTRIBUTED TO SUCH ASSETS. YOU SHOULD RAISE ANY QUESTIONS CONCERNING INFORMATION ON THIS REPORT WITH YOUR INSTITUTIONAL RELATIONSHIP MANAGER.