

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024	
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 ☐ a DFE (specify) _____ ☐ 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 UNION LOCAL NO. 27 PENSION & RETIREMENT P
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/26/1950
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 UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES 4225 LAWNSDALE LYONS, IL 605344225 LAWNSDALE LYONS, IL 60534
2b	Employer Identification Number (EIN) 36-6034076
2c	Plan Sponsor's telephone number 708-443-9000
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.	03/04/2025	MICHAEL MABUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2025	MATTHEW SHAPRIO
	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	5 980
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 416 6a(2) 406 6b 332 6c 130 6d 868 6e 130 6f 998 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 68

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
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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)

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
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	823322	998	06/01/2023	05/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4592359

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

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 UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076

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

1a Enter the valuation date: Month 06 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 159221667
(2) Actuarial value of assets for funding standard account	1b(2) 169270556
c (1) Accrued liability for plan using immediate gain methods	1c(1) 178948225
(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) 166791997
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) 324395839
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 7223101
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 10428451
(3) Expected plan disbursements for the plan year	1d(3) 10896736

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	02/18/2025
Signature of actuary JOSEPH MARA JR.	Date 23-06992
Type or print name of actuary CHEIRON, INC.	Most recent enrollment number 703-893-1456
Firm name 230 WEST MONROE STREET, SUITE 650, CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	159221667
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	448	146880782
(2) For terminated vested participants	126	25532398
(3) For active participants:		
(a) Non-vested benefits		18837774
(b) Vested benefits		133144885
(c) Total active	416	151982659
(4) Total	990	324395839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.08 %

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
06/15/2023	90799		11/15/2023	708636	
07/15/2023	509896		12/15/2023	751934	
08/15/2023	896521		01/15/2024	746242	
09/15/2023	737094		02/15/2024	487951	
10/15/2023	737078		03/15/2024	590016	
Totals ▶			3(b)	8076273	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.5 %
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, does line 1(c) reflect any benefit reductions for the first time (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	

2 Operational information as of beginning of this plan year:

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

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
04/15/2024	591332				
05/15/2024	467797				
06/15/2024	688768				
07/15/2024	72209				
			Totals ▶	3(b)	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	%
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	
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, does line 1(c) reflect any benefit reductions for the first time (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		2.80 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
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)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.5 %	
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)	348025	
(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	3725152	382245
3	2673674	274351

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	1871510

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)	59618833	8074370
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 696212**e** Total charges. Add lines 9a through 9d**9e** 10642092**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 41665639**g** Employer contributions. Total from column (b) of line 3**9g** 8076273**h** Amortization credits as of valuation date

Outstanding balance

9h 8275525 1553928**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3276856**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) 67692166

9j(2) 127352571

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** 54572696**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 43930604**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 current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PARAMETRIC PORTFOLIO ASSOCIATES
20-0292745

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GREAT GRAY TRUST COMPANY, LLC
92-1941236

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JP MORGAN INVESTMENT MANAGEMENT CO.
13-3200244

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GOLUB CAPITAL
98-1579638

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

PRINCIPAL REAL ESTATE

42-0127290

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

PRINCIPAL LIFE INSURANCE COMPANY

65-0863927

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

TA REALTY

82-3085243

(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)

HIG CAPITAL

65-0863927

(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?
51 52	NONE	102417	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ARNOLD & KADJAN

36-2498571

(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	NONE	102218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(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?
19 28 52	NONE	76520	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

CHEIRON

13-4215617

(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	NONE	62728	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFITS MANAGEMENT GROUP INC.

20-0188125

(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	NONE	62027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	44000	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD J. WOLF & CO., INC.

36-3182363

(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	NONE	20955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HINSHAW & CULBERTSON

36-2128133

(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	NONE	10000	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC			
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6546391	
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSE EQUITY FUND LLC			
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC			
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19407037	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEP ACCOUNT			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4592359	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO BROAD MARKET INDEX			
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON			
c EIN-PN 25-6078093-268	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93641852	
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):			
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):**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):**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):**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):**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):**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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024		
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES	D Employer Identification Number (EIN) 36-6034076	

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	1348971	82437
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	894803	760976
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	246272	505992
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1453954	3465529
(2) U.S. Government securities	1c(2)	10331150	11965387
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8493535	11253592
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21373360	21591548
(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)	86005028	100188243
(10) Value of interest in pooled separate accounts	1c(10)	5103644	4592359
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	16764779	19407037
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7407082	8722174
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	44957	

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	159467535	182535274
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	57826	38433
i Acquisition indebtedness	1i		
j Other liabilities	1j	188042	281700
k Total liabilities (add all amounts in lines 1g through 1j)	1k	245868	320133
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	159221667	182215141

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)	8076272	
(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)		8076272
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	125068	
(B) U.S. Government securities	2b(1)(B)	244869	
(C) Corporate debt instruments	2b(1)(C)	347316	
(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)		717253
(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)	661816	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		661816
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8009034	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7981692	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		27342
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3484347	
(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.....	2b(6)		18250012
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-458463
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		2700303
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1039456
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		34498338

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10308319	
(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)		10308319
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	62027	
(3) Recordkeeping fees.....	2i(3)	20955	
(4) IQPA audit fees.....	2i(4)	31000	
(5) Investment advisory and investment management fees	2i(5)	827832	
(6) Bank or trust company trustee/custodial fees	2i(6)	3213	
(7) Actuarial fees	2i(7)	62727	
(8) Legal fees	2i(8)	115335	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3953	
(11) Other expenses	2i(11)	69503	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1196545
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11504864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22993474
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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?	☒		2000000
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?	☒		21591548
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.			

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 532558.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024					
A Name of plan GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT P				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS UNION LOCAL NO. 27 PENSION & RETIREMENT PLAN TRUSTEES				D Employer Identification Number (EIN) 36-6034076	
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	
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) 2023 v. 230707	

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 **NORTHERN GLASS INC**

b EIN **06-1644360**

c Dollar amount contributed by employer **530083**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **GLASS SOLUTIONS**

b EIN **36-4299339**

c Dollar amount contributed by employer **543410**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **CHRISTOPHER GLASS/ALUM INC**

b EIN **36-3123757**

c Dollar amount contributed by employer **344740**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **ARLINGTON GLASS & MIRROR**

b EIN **27-1603261**

c Dollar amount contributed by employer **516466**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **ACTIVE GLASS CO INC**

b EIN **36-2531891**

c Dollar amount contributed by employer **322536**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **MTH INDUSTRIES**

b EIN **01-0661925**

c Dollar amount contributed by employer **344810**

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 **05** Day **31** Year **2024**

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) **13.14**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 **MARK INDUSTRIES**

b EIN **36-3586094**

c Dollar amount contributed by employer **469529**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **GLASS CONCEPTS**

b EIN **45-2568767**

c Dollar amount contributed by employer **205480**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **OAKTON ARCHITECTURAL GLASS**

b EIN **47-3719822**

c Dollar amount contributed by employer **230894**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer **ALLIANCE GLASS & METAL INC**

b EIN **46-1653388**

c Dollar amount contributed by employer **373752**

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 **05** Day **31** Year **2024**

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) **13.14**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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)

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)

14a**14b****14c**

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

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

b The corresponding number for the second preceding plan year

15a

1.05

15b

1.02

- 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

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

16a

0

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 57.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %
 High-Yield Debt: 4.0 % Real Assets: 14.0 % Cash or Cash Equivalents: 1.0 % Other: 11.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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: _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Glaziers' Union Local No. 27
Pension and Retirement Plan**

Financial Statements

May 31, 2024

**Glaziers' Union Local No. 27
Pension and Retirement Plan**

Financial Statements with Supplementary Information

May 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Glaziers' Union Local No. 27
Pension and Retirement Plan

Opinion

We have audited the financial statements of Glaziers' Union Local No. 27 Pension and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Glaziers' Union Local No. 27 Pension and Retirement Plan as of May 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2023, and the changes in its accumulated plan benefits for the year 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence that 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 the Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of financial statements; and
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Legacy Professionals LLP

Westchester, Illinois

February 13, 2025

Glaziers' Union Local No. 27
Pension and Retirement Plan

Statements of Net Assets Available for Benefits

May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual fund	\$ 8,722,174	\$ 7,407,082
U.S. Government obligations	11,965,387	9,455,490
Corporate bonds and notes	8,948,671	6,928,386
Commerical paper	-	44,957
Mortgage-backed securities	2,304,921	2,440,809
Common collective trusts	100,188,243	86,005,028
Pooled funds	23,999,396	21,868,423
Limited partnerships	21,591,548	21,373,360
Short-term investments	3,465,529	1,453,954
Total investments	<u>181,185,869</u>	<u>156,977,489</u>
Receivables		
Employer contributions	760,976	894,803
Accrued interest and dividends	319,057	109,897
Due from related organization	51,257	49,832
Due from broker	109,236	73,716
Other	875	569
Total receivables	<u>1,241,401</u>	<u>1,128,817</u>
Prepaid expenses	<u>25,567</u>	<u>12,258</u>
Cash	<u>82,437</u>	<u>1,348,971</u>
Total assets	<u>182,535,274</u>	<u>159,467,535</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	38,433	57,826
Due to broker	278,254	186,340
Due to related organization	3,446	1,702
Total liabilities	<u>320,133</u>	<u>245,868</u>
Net assets available for benefits	<u>\$ 182,215,141</u>	<u>\$ 159,221,667</u>

See accompanying notes to financial statements.

Glaziers' Union Local No. 27
Pension and Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended May 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation (depreciation) in		
fair value of investments	\$ 25,042,997	\$ (1,056,282)
Interest and dividends	1,379,069	1,092,481
Miscellaneous	-	113
	<u>26,422,066</u>	<u>36,312</u>
Less investment expenses	<u>783,832</u>	<u>761,478</u>
Net investment income (loss)	25,638,234	(725,166)
Employer contributions	<u>8,076,272</u>	<u>8,467,114</u>
Total additions	<u>33,714,506</u>	<u>7,741,948</u>
Deductions		
Benefits paid to participants	10,308,319	9,033,399
Administrative expenses	<u>412,713</u>	<u>412,114</u>
Total deductions	<u>10,721,032</u>	<u>9,445,513</u>
Net increase (decrease)	22,993,474	(1,703,565)
Net assets available for benefits		
Beginning of year	<u>159,221,667</u>	<u>160,925,232</u>
End of year	<u>\$ 182,215,141</u>	<u>\$ 159,221,667</u>

See accompanying notes to financial statements.

Glaziers' Union Local No. 27 Pension and Retirement Plan

Notes to Financial Statements

May 31, 2024 and 2023

Note 1. Description of the Plan

Glaziers' Union Local No. 27 Pension and Retirement Plan (the Plan) was established as a result of a collective bargaining agreement between the local union and various employers to provide retirement benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, an individual becomes eligible to participate in the Plan after completing at least 1,000 hours of work in covered employment during a 12-month period. The participant is considered fully vested in the value of their pension benefit upon attaining five years of vesting service. A year of vesting service is earned upon completing at least 1,000 hours of covered work in a 12-month period.

The Plan provides several types of pensions as follows:

- A regular pension will be provided for a participant who retires and is age 65 or older and has at least five benefit service credits. A benefit service credit is earned in increments of 1,500 hours of covered work.
- An early retirement pension will be provided to a participant who has attained age 60 with at least 10 or more years of credited benefit service or attainment of age 55 with 30 years of benefit service credits. If benefit service credits are less than 30, or age is less than 60, a reduced benefit will be provided.
- A disability pension will be provided for a participant who has not incurred a cessation of active service and has become totally and permanently disabled and has at least 10 years of either vesting service credit or benefit service credit at the time of the onset of such disability.
- A surviving spouse pension will be provided for an eligible surviving spouse of a participant who was eligible for a vested benefit. The eligible spouse would receive 50% of the monthly pension benefit accrued to the participant at the date of death. The monthly benefit is payable for the lifetime of the eligible spouse.
- Under current Plan provisions, a pre-retirement death benefit will be provided to the beneficiary or beneficiaries of an unmarried participant who was eligible for a vested benefit and who died prior to their pension commencement date. The benefit is the amount of the monthly pension accrued by the participant to the date of the participant's death and is payable for the shorter of the life or lives of the beneficiary or beneficiaries or 60 monthly payments.

Note 1. Description of the Plan (continued)

Effective June 1, 2023, the amount of the accrued benefit earned for each year of benefit service increased from \$140 to \$145. The increase applies to participants who retire on or after June 1, 2023, and worked at least 500 hours in covered employment in 2022 or 2023.

Effective June 1, 2024, the amount of the accrued benefit earned for each year of benefit service increased from \$145 to \$150. The increase applies to participants who retire on or after June 1, 2024, and worked at least 500 hours in covered employment in 2023 or 2024.

Participants should refer to the plan document for a more complete description.

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

New Accounting Pronouncement - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the Plan for the year ended May 31, 2024. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit losses estimates. The standard had no material impact on the Plan's financial statements.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Note 2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service which 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.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located in the Chicagoland area.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through February 13, 2025, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided while other benefits may not be provided at all.

Note 4. Tax Status

The Plan's latest determination letter is dated December 3, 2015, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken uncertain tax positions that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 5/31/24 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
	Total			
Mutual fund	\$ 8,722,174	\$ 8,722,174	\$ -	\$ -
U.S. Government obligations	11,965,387	11,965,387	-	-
Corporate bonds and notes	8,948,671	-	8,948,671	-
Mortgage-backed securities	2,304,921	-	2,304,921	-
Short-term investments	3,465,529	3,465,529	-	-
	35,406,682	<u>\$ 24,153,090</u>	<u>\$ 11,253,592</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	100,188,243			
Pooled funds	23,999,396			
Limited partnerships	21,591,548			
Total	<u>\$ 181,185,869</u>			

Note 5. Fair Value Measurements (continued)

		Fair Value Measurements at 5/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
Mutual fund	\$ 7,407,082	\$ 7,407,082	\$ -	\$ -
U.S. Government obligations	9,455,490	9,455,490	-	-
Corporate bonds and notes	6,928,386	-	6,928,386	-
Commercial paper	44,957	-	44,957	-
Mortgage-backed securities	2,440,809	-	2,440,809	-
Short-term investments	1,453,954	1,453,954	-	-
	27,730,678	\$ 18,316,526	\$ 9,414,152	\$ -
Investments measured at net asset value:				
Common collective trusts	86,005,028			
Pooled funds	21,868,423			
Limited partnerships	21,373,360			
Total	\$ 156,977,489			

Level 1 Measurements

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The short-term investments represent shares held in mutual funds.

Level 2 Measurements

Corporate bonds and notes, commercial paper and mortgage-backed securities are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Note 5. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. Net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. The 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 net asset value.

The common collective trusts and the pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. Except as described below, no significant redemption restrictions exist for these investments.

In May 2023, all redemptions from one common collective trust with a fair value of \$6,546,391 and \$7,758,608 at May 31, 2024 and 2023, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The trust manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the trust's net asset value was not considered necessary as of either May 31, 2024 or 2023.

The following table summarizes information regarding the limited partnership investments as of May 31, 2024 and 2023:

Fair Value		Underlying Asset Type	Redemptions	
2024	2023		Frequency	Notice Period
\$ 9,687,500	\$ 9,333,063	Infrastructure-related assets (e.g. toll roads, bridges, transmission, railroads, gas and pipelines, etc.) via holding companies	Semi-annually after initial four year lock-up period	90 days
\$ 4,607,736	\$ 4,115,964	Debt investments	Not available	N/A
\$ 4,660,709	\$ 5,311,703	Real estate assets	Quarterly	45 days
\$ 2,635,603	\$ 2,612,630	Limited partnership - debt	Annually, after initial three year lock-up period	180 days

Note 6. Capital Commitments

The Plan has outstanding capital commitments of approximately \$800,000 related to two investment funds as of May 31, 2024.

Note 7. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron as of May 31, 2023. Information shown in the report included the following:

Vested benefits	
Participants currently receiving payments	\$ 92,927,053
Other participants	<u>69,055,021</u>
Total vested benefits	161,982,074
Non-vested benefits	<u>10,352,634</u>
Total actuarial present value of accumulated benefits	<u>\$ 172,334,708</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended May 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 164,074,935
Increase (decrease) during the year attributable to:		
Benefits accumulated	\$ 2,580,008	
Interest	11,049,156	
Benefits paid	(9,033,399)	
Plan amendments	2,254,494	
Experience loss	1,821,628	
Administrative expenses paid	<u>(412,114)</u>	
Net increase		<u>8,259,773</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 172,334,708</u>

Note 7. Actuarial Information (continued)

The actuarial valuation was made using the individual entry age normal actuarial cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality:

Healthy lives - 130% of RP-2014 Healthy Mortality Table with Blue Collar Adjustment

Disabled lives - 130% of RP-2014 Disability Mortality Table

- Retirement rates:

<u>Age</u>	<u>Less than 30</u>	<u>At Least 30</u>
	<u>Years of Service</u>	<u>Years of Service</u>
55-59	-	2.5%
60	5%	25%
61	5%	15%
62	50%	50%
63	35%	35%
64	45%	45%
65	100%	100%

- Investment rate of return - 7.00%

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

Plan amendments reflect changes in the accrued benefit rate effective June 1, 2023, as approved by the Trustees on April 19, 2023.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note 7. Actuarial Information (continued)

Because information on the accumulated plan benefits at May 31, 2024 and the changes therein for the year then ended and are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of May 31, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended May 31, 2024. The complete financial status is presented as of May 31, 2023.

As of June 1, 2024, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

Note 8. Risks and Uncertainties

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 the amounts reported in the statements of net assets available for benefits.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the underlying investments at estimated fair values using various subjective techniques.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. Funding Policy

The Plan is primarily funded by employer contributions. Participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended May 31, 2024 and 2023, the hourly contribution rate was \$13.14 and \$12.59 respectively.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of June 1, 2023.

Note 10. Major Employer

Contributions from one employer accounted for approximately 7% and 11% of total employer contributions for the years ended May 31, 2024 and 2023, respectively.

Note 11. Investment Concentration

The Plan held a significant portion of its assets in a common collective trust with a fair value of \$93,641,852 and \$78,246,420 as of May 31, 2024 and 2023, which represented approximately 51% and 49% respectively, of net assets available for benefits.

Note 12. Related Organizations

The Plan is related to Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund (the Welfare Fund), Glaziers' Local No. 27 Joint Apprenticeship Fund, and Glaziers' Architectural Metal and Glass Workers Local Union No. 27 (the Union).

The Plan may at times pay certain administrative expenses on behalf of the Welfare Fund. Amounts due to or from the Welfare Fund may also arise from corrections related to payments made or collections received by the Welfare Fund on behalf of the Plan. During the year ended May 31, 2024, the Plan paid \$1,425 for legal fees on behalf of the Welfare Fund. During the year ended May 31, 2023, the Plan paid \$5,490 for conference registration fees on behalf of the Welfare Fund. Also during the year ended May 31, 2023, the Welfare Fund paid \$446 in administrative expenses on behalf of the Plan. Amounts due from the Welfare Fund at May 31, 2024 and 2023 totaled \$51,257 and \$49,832 respectively.

The Union pays certain administrative expenses on behalf of the Plan. Expenses include meetings, conferences and other administrative expense, and totaled \$1,745 in 2024 and \$1,702 in 2023. Amounts due to the Union at May 31, 2024 and 2023 totaled \$3,446 and \$1,702 respectively.



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTARY SCHEDULES

To the Participants and Trustees of
Glaziers' Union Local No. 27
Pension and Retirement Plan

We have audited the financial statements of Glaziers' Union Local No. 27 Pension and Retirement (the Plan) as of May 31, 2024 and 2023, and our report thereon dated February 13, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 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.

Legacy Professionals LLP

Westchester, Illinois

February 13, 2025

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 4a — Illustration Supporting Actuarial Certification of Status

The Plan is not in Endangered, Seriously Endangered, or Critical status for the 2023 plan year.

Schedule MB, line 6 — Summary of Plan Provisions

A. Effective Date of Plan:

January 1, 1950.

B. Benefit Service Credit:

The sum of the following computed to the nearest one-tenth year:

1. Accumulated service prior to January 1, 1950.
2. Years of active service in the armed forces after May 1, 1940.
3. Employment since January 1, 1950 on the basis of one year's Benefit Service Credit for each 1,500 hours of such employment.

C. Accrued Benefit:

\$145.00 for each year of Benefit Service Credit effective June 1, 2023.

D. Normal Retirement

a. Eligibility	The later of age 65 and 5 th anniversary of Benefit Service Credits. Also must not engage in Prohibited Employment.
b. Benefit	Accrued Benefit.

E. Disability Retirement

a. Eligibility	Permanent disability with 10 years of Vesting Service Credits or Benefit Service Credits.
b. Benefit	Accrued Benefit.

F. Early Retirement

a. Eligibility	Attainment of age 60 and 10 years of Benefit Service Credits or attainment of age 55 and 30 years of Benefit Service Credits.
b. Benefit	Less than 30 years of service – Accrued Benefit reduced by $\frac{1}{2}$ of 1% for each month preceding the normal retirement. 30 or more years of service and less than age 60, Accrued Benefit reduced by $\frac{1}{2}$ of 1% for each month preceding age 60. 30 or more years of service and at least age 60, there is no reduction in the Accrued Benefit.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

G. Deferred Vested Retirement

a. Eligibility	Employee has ceased active service and has 10 or more years of either Vesting Service Credits or Benefit Service Credits. Effective June 1, 1998, members who work at least 1 hour after May 31, 1998 and have at least 5 years of vesting or credited service are vested.
b. Benefit	Accrued Benefit payable at normal retirement age.

H. Pre-Retirement Spouse Death Benefit

a. Eligibility	At least 5 years of either Vesting Service Credits or Benefit Service Credits at death.
b. Benefit	One-half of the Accrued Benefit.

I. Benefit Forms

The normal form is the 50% Joint and Survivor Annuity for married participants and the Single Life Annuity for single employees. There is no reduction for the 50% Joint and Survivor form. Other forms are the 75% and 100% Joint and Survivor Annuities and the 10 year certain and continuous annuity. Benefits paid under these forms are the actuarial equivalent of the Single Life Annuity.

J. Plan Coverage

Journeyman Glaziers who are employed in that capacity by any employer in the jurisdictional area of the Union.

K. Plan Year

The twelve month period ending May 31st.

L. Vesting Service

One-year for 1,000 hours in a plan year.

M. Plan Amendments since Last Valuation

- The amount of Accrued Benefit earned for each year of benefit Service Credit increased from \$140 to \$145, effective June 1, 2023.
- The hourly contribution rate increased from \$12.59 to \$13.14, effective June 1, 2023.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 6 — Summary of Plan Provisions (Continued)

N. Contribution Rate and Benefit Level

Effective Date	Benefit Level	Retiree Increase	Hourly Contribution
6/1/1994	\$28.50		\$2.56
6/1/1995	28.50		2.61
6/1/1996	29.50	3.0%	2.76
6/1/1997	30.50	3.0%	2.91
6/1/1998	32.50		3.16
6/1/1999	37.50		3.36
9/1/2000	49.50		3.81
6/1/2001	49.50		4.20
1/1/2002	70.00	5.0%	4.40
6/1/2003	70.00		4.40
6/1/2004	75.00		4.75
6/1/2005	80.00		5.05
6/1/2006	85.00		5.40
6/1/2007	85.00		5.65
6/1/2008	90.00		6.00
6/1/2009	90.00		6.50
6/1/2010	95.00		6.99
6/1/2011	95.00		7.49
6/1/2012	95.00		7.99
6/1/2013	100.00		8.49
6/1/2014	100.00		8.99
6/1/2015	105.00		9.54
6/1/2016	110.00		10.04
6/1/2017	115.00		10.54
6/1/2018	120.00		11.04
6/1/2019	125.00		11.54
1/1/2021	130.00		11.54
6/1/2021	135.00		12.04
12/1/2021	--	13 th check	--
6/1/2022	140.00		12.59
6/1/2023	145.00		13.14

GLAZIERS' UNION LOCAL NO. 27 PENSION AND RETIREMENT PLAN
36-6034076 Plan 001

SCHEDULE SUPPORTING FORM 5500 FOR 2024
Sch H, Part IV, Line 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(A)	(B) Identity of issue, borrower, lessor or similar party	(C) Description of investment including maturity date, rate of interest par or maturity				(D) Cost	(E) Current Value
		Description	Maturity	Rate of Interest	Par Value/ Number of Shares		
	Interest Bearing Cash						
	Goldman Financial Square Gov't-A					3,465,529	3,465,529
	US Government Securities					12,633,040	11,965,387
	Corporate Debt Securities						
	Collateralized Mortgage Obligations					2,412,307	2,304,921
	Corporate Bonds					9,270,664	8,948,671
	Total Corporate Debt Securities					11,682,971	11,253,592
	Partnership/Joint Venture Interests						
	Golub Capital Partners International LP					3,613,729	4,607,736
	HIG Whitehorse Principal Lending Offshore Feeder Fund LP					2,389,514	2,635,603
	JPM IIF ERISA Hedged LP					7,126,946	9,687,500
	TA Realty Core Property Fund LP					5,511,022	4,660,709
	Total Partnership/Joint Venture Interests					18,641,211	21,591,548
	Value of interest in common/collective trusts						
	AFL-CIO Building Investment Trust					5,343,641	6,546,391
	AFL-CIO Broad Market Index					73,080,326	93,641,852
	Total Value of Interest in Common/Collective Trusts					78,423,966	100,188,243
	Value of interest in 103-12 investment entities						
	Parametric Defense Equity Fund LLC					11,200,000	19,407,037
	Value of interest in pooled separate accounts						
	Principal Real Estate Inv					5,600,000	4,592,359
	Value of interest in registered investment companies						
	Vanguard Developed Market Index - Instl					7,037,556	8,722,174
	Investments per Form 5500					\$ 148,684,274	\$ 181,185,869



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U S GOVERNMENT OBLIGATIONS						
379,000	U.S. TREASURY NOTES 1.5% 08/15/2026 9128282A7	388,360.86	93.07	352,735.30	5,685	1.61
1,330,000	U.S. TREASURY NOTES 2.25% 08/15/2027 9128282R0	1,295,227.94	92.848	1,234,878.40	29,925	2.42
1,268,000	U.S. TREASURY NOTES 2.25% 11/15/2027 9128283F5	1,344,753.78	92.418	1,171,860.24	28,530	2.43
67,000	U.S. TREASURY NOTES 2.75% 02/15/2028 9128283W8	63,341.44	93.637	62,736.79	1,843	2.94
1,221,000	U.S. TREASURY NOTES 2.875% 08/15/2028 9128284V9	1,292,196.15	93.496	1,141,586.16	35,104	3.07
365,000	U.S. TREASURY NOTES 2% 08/15/2025 912828K74	371,515.90	96.391	351,827.15	7,300	2.07
247,000	U.S. TREASURY NOTES 2.25% 11/15/2025 912828M56	262,261.11	96.094	237,352.18	5,558	2.34
315,200	U.S. TREASURY NOTES 2.125% 05/15/2025 912828XB1	310,144.13	97.168	306,273.54	6,698	2.19
1,112,000	U.S. TREASURY NOTES 1.5% 02/15/2030 912828Z94	976,273.67	84.895	944,032.40	16,680	1.77
515,000	U.S. TREASURY NOTES .625% 05/15/2030 912828ZQ6	419,874.13	79.824	411,093.60	3,219	0.78
350,000	U.S. TREASURY NOTES .25% 05/31/2025 912828ZT0	348,962.11	95.249	333,371.50	875	0.26
137,600	U.S. TREASURY NOTES 1.125% 02/15/2031 91282CBL4	123,900.75	80.715	111,063.84	1,548	1.39
922,000	U.S. TREASURY NOTES .75% 04/30/2026 91282CBW0	886,259.03	92.488	852,739.36	6,915	0.81



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
167,000	U.S. TREASURY NOTES 1.25% 08/15/2031 91282CCS8	164,017.68	80.098	133,763.66	2,088	1.56
19,000	U.S. TREASURY NOTES 1.25% 11/30/2026 91282CDK4	19,069.77	91.777	17,437.63	238	1.36
192,000	U.S. TREASURY NOTES 1% 12/15/2024 91282CDN8	180,205.65	97.749	187,678.08	1,920	1.02
43,000	U.S. TREASURY NOTES 1.875% 02/15/2032 91282CDY4	39,393.88	82.914	35,653.02	806	2.26
54,000	U.S. TREASURY NOTES 2.875% 05/15/2032 91282CEP2	51,384.59	89.043	48,083.22	1,553	3.23
104,000	U.S. TREASURY BONDS 2.75% 05/15/2025 91282CEQ0	103,748.47	97.732	101,641.28	2,860	2.81
191,000	U.S. TREASURY NOTES 3% 07/15/2025 91282CEY3	186,225.64	97.688	186,584.08	5,730	3.07
847,000	U.S. TREASURY NOTES 2.625% 07/31/2029 91282CFC0	787,833.01	91.258	772,955.26	22,234	2.88
308,000	U.S. TREASURY NOTES 2.75% 08/15/2032 91282CFF3	283,143.65	87.926	270,812.08	8,470	3.13
34,400	U.S. TREASURY NOTES 4.125% 11/15/2032 91282CFV8	36,046.09	97.207	33,439.21	1,419	4.24
60,900	U.S. TREASURY NOTES 3.5% 02/15/2033 91282CGM7	59,456.75	92.676	56,439.68	2,132	3.78
734,000	U.S. TREASURY NOTE 3.75% 05/31/2030 91282CHF1	711,491.12	95.887	703,810.58	27,525	3.91
42,000	U.S. TREASURY NOTES 3.875% 08/15/2033 91282CHT1	39,906.56	95.102	39,942.84	1,628	4.07

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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,321,000	U.S. TREASURY NOTES 3.75% 12/31/2028 91282CJR3	1,291,539.93	96.656	1,276,825.76	49,538	3.88
221,000	U.S. TREASURY NOTES 4% 02/15/2034 91282CJZ5	217,048.77	95.938	212,022.98	8,840	4.17
26,000	U.S. TREASURY NOTES 4.625% 02/28/2026 91282CKB6	25,989.93	99.414	25,847.64	1,203	4.65
158,000	U.S. TREASURY NOTES 4.25% 02/28/2031 91282CKC4	156,631.73	98.402	155,475.16	6,715	4.32
141,000	U.S. TREASURY NOTES 4.25% 02/28/2029 91282CKD2	140,879.30	98.746	139,231.86	5,993	4.30
56,000	U.S. TREASURY NOTES 4.625% 04/30/2029 91282CKP5	55,956.25	100.344	56,192.64	2,590	4.61
	TOTAL U S GOVERNMENT OBLIGATIONS	12,633,039.77		11,965,387.12	303,362	2.54

COLLATERALIZED MTG OBLIG

100,000	AMERICAN EXPRESS CR ACCT MSTR TR 3.75% 08/16/2027 02582JJV3	96,648.44	98.0241	98,024.07	3,750	3.83
146,851.82	BRAVO RESIDENTIAL FUNDING TR 2 SERIES 24-NQM3 CLASS A1 6.191% 03/25/2064 10569LAA3	146,849.51	100.012	146,869.41	9,092	6.19
80,942.53	BXG RECEIVABLES NT TRUST 5.77% 11/15/2038 123919AA0	80,668.09	98.9804	80,117.21	4,670	5.83
92,806.81	CIM TRUST SERIES 21-R6 CLASS A1 1.425% 07/25/2061 12567RAA8	92,806.30	85.3822	79,240.52	1,323	1.67
275,000	CNH EQUIPMENT TRUST SERIES 21-A CLASS A4.7% 12/15/2027 12598AAD2	274,921.29	96.5169	265,421.48	1,925	0.73
80,528.95	CREDIT SUISSE MORTGAGE TRUST SERIES 21-RPL2 CLASS A1A 1.11456% 01/25/2060 12656TAB4	80,528.91	81.086	65,297.68	898	1.37



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128,687.21	CREDIT SUISSE MTG SERIES 21-RPL6 CLASS A1 2% 10/25/2060 12657GAA3	121,812.79	86.9465	111,889.00	2,574	2.30
103,000	FHLMC SERIES K067 CLASS A2 3.194% 07/25/2027 3137FAWS3	98,300.62	94.684	97,524.47	3,290	3.37
100,000	FIRST NATIONAL MASTER NOTE TRUST 2 SERIES 23-1 CLASS A 5.13% 04/15/2029 32113CBV1	100,230.47	99.1681	99,168.08	5,130	5.17
45,000	FIRST NATIONAL MASTER NOTE TRUST 5.77% 09/17/2029 32113CBY5	44,993.07	100.8274	45,372.32	2,597	5.72
333,000	GM FINANCIAL SERIES 21-3 CLASS A4.73% 08/16/2027 380140AD5	332,928.80	94.9024	316,024.89	2,431	0.77
43,673.55	GOODLEAP SUSTAINABLE HOME SERIES 21-4GS CLASS A 1.93% 07/20/2048 38237GAA7	43,666.18	76.3915	33,362.89	843	2.53
100,652.52	HIN TIMESHARE TRUST SERIES 24-A CL A 5.49% 03/15/2043 40472QAA5	100,626.32	99.5842	100,234.01	5,526	5.51
96,490.44	MVW OWNER TRUST 5.32% 02/20/2043 62847RAA5	96,485.15	99.2315	95,748.91	5,133	5.36
72,894.49	MVW OWNER TRUST SERIES 23-1A CLASS A 4.93% 10/20/2040 62848PAA8	72,891.84	98.504	71,803.96	3,594	5.00
97,107.2	ONSLow BAY FINANCIAL LLC 2 SERIES 24-NQM4 CLASS A1 6.067% 01/25/2064 67118TAA2	97,105.47	99.631	96,748.91	5,891	6.09
106,797.82	SIERRA RECEIVABLES FUNDING 2 SERIES 19-2A CLASS A 2.59% 05/20/2036 82652MAA8	105,617.19	99.5931	106,363.30	2,766	2.60
36,603.79	TOWD POINT MRTG TR SERIES 18-4 CLASS A1 3% 06/25/2058 89175TAA6	38,777.16	91.22	33,389.98	1,098	3.29



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81,349.35	TOWD POINT MORTGAGE TRUST SERIES 19-4 CLASS A1 2.9% 07/25/2059 89178BAA2	82,138.02	93.0433	75,690.10	2,359	3.12
174,474.75	TOWD POINT MORTGAGE TRUST SERIES 20-4 CLASS A1 1.75% 10/25/2060 89179JAA4	162,306.24	87.8096	153,205.58	3,053	1.99
60,842.66	TOWD POINT MORTGAGE TRUST 2.25% 11/25/2061 89179YAR4	61,847.87	90.4221	55,015.23	1,369	2.49
84,080.2	TOWD POINT MTG TR 2 SERIES 23-1 CL A1 3.75% 01/25/2063 89181JAA0	80,156.93	93.2544	78,408.45	3,153	4.02
	TOTAL COLLATERALIZED MTG OBLIG	2,412,306.66		2,304,920.45	72,465	3.14

CORPORATE BONDS

31,000	APTIV PLC APTIV PLC 3.25% 03/01/2032 00217GAB9	30,088.32	86.165	26,711.15	1,008	3.77
23,000	ABBOTT LABORATORIES 1.4% 06/30/2030 002824BQ2	22,037.85	82.132	18,890.36	322	1.70
46,000	ABBVIE INC 4.95% 03/15/2031 00287YDT3	45,952.16	99.012	45,545.52	2,277	5.00
102,000	ADVANCED MICRO DEVICES INC ADVANCED MICRO DEVICES 3.924% 06/01/2032 007903BF3	100,718.00	92.349	94,195.98	4,002	4.25
88,000	ALLIED WORLD ASSURANCE 4.35% 10/29/2025 01959EAC2	92,517.18	97.721	85,994.48	3,828	4.45
49,000	AMERICAN HOMES 4 RENT 5.5% 02/01/2034 02666TAG2	48,825.35	97.717	47,881.33	2,695	5.63
17,000	AMGEN INC 2% 01/15/2032 031162CZ1	15,996.95	79.693	13,547.81	340	2.51
21,000	AMGEN INC 5.15% 03/02/2028 031162DP2	20,993.94	99.65	20,926.50	1,082	5.17
27,000	AMPHENOL CORP 2.8% 02/15/2030 032095AJ0	26,454.45	88.431	23,876.37	756	3.17



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47,000	AMPHENOL CORP 5.25% 04/05/2034 032095AQ4	46,953.00	99.486	46,758.42	2,468	5.28
43,000	ELEVANCE HEALTH INC 2.25% 05/15/2030 036752AN3	41,684.67	84.664	36,405.52	968	2.66
54,000	ARCELORMITTAL 6.55% 11/29/2027 03938LBE3	54,403.22	103.224	55,740.96	3,537	6.35
99,000	ARROW ELECTRONICS INC 3.25% 09/08/2024 042735BG4	97,695.30	99.303	98,309.97	3,218	3.27
80,000	ASTRAZENECA PLC 4% 01/17/2029 046353AT5	80,066.51	95.901	76,720.80	3,200	4.17
28,000	AVIATION CAPITAL GROUP 1.95% 01/30/2026 05369AAK7	27,428.67	93.76	26,252.80	546	2.08
71,000	AVOLON HOLDINGS FNDG LTD 5.75% 11/15/2029 05401AAV3	70,427.03	99.108	70,366.68	4,083	5.80
58,000	BAT CAPITAL CORP 6% 02/20/2034 05526DBZ7	58,535.34	100.909	58,527.22	3,480	5.95
139,000	BANK OF AMERICA CORP 3.366% 01/23/2026 06051GGZ6	137,052.49	98.458	136,856.62	4,679	3.42
179,000	BANK OF AMERICA CORP VARIABLE RATE BOND 2.496% 02/13/2031 06051GHZ5	167,566.61	85.638	153,292.02	4,468	2.91
112,000	BANK OF AMERICA CORP BANK OF AMERICA CORP 5.819% 09/15/2029 06051GLS6	115,144.96	101.569	113,757.28	6,517	5.73
30,000	BOARDWALK PIPELINES LP 3.4% 02/15/2031 096630AH1	29,309.40	86.792	26,037.60	1,020	3.92
73,000	BOEING CO 5.15% 05/01/2030 097023CY9	72,805.10	95.249	69,531.77	3,760	5.41
42,000	BRISTOL MYERS SQUIBB CO 5.2% 02/22/2034 110122EH7	42,045.22	99.162	41,648.04	2,184	5.24



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
69,000	BROADSTONE NET LEASE LLC 2.6% 09/15/2031 11135EAA2	62,328.40	79.229	54,668.01	1,794	3.28
19,000	BROADCOM INC 1.95% 02/15/2028 11135FBE0	18,518.97	88.881	16,887.39	371	2.19
56,000	BUNGE LTD FINANCE CORP 2.75% 05/14/2031 120568BC3	54,802.03	84.933	47,562.48	1,540	3.24
56,000	THE CIGNA GROUP 5.25% 02/15/2034 125523CV0	55,873.14	97.818	54,778.08	2,940	5.37
38,000	CNH INDUSTRIAL CAPITAL LLC 4.55% 04/10/2028 12592BAQ7	37,525.69	97.298	36,973.24	1,729	4.68
45,000	CSL FINANCE PLC 1 CSL FINANCE PLC 4.05% 04/27/2029 12661PAB5	44,531.19	94.859	42,686.55	1,823	4.27
17,000	CVS HEALTH CORPORATION 5.25% 01/30/2031 126650DX5	16,954.13	98.328	16,715.76	893	5.34
42,000	CVS HEALTH CORPORATION 5.7% 06/01/2034 126650ED8	41,968.92	99.277	41,696.34	2,394	5.74
31,000	CARDINAL HEALTH INC 5.45% 02/15/2034 14149YBP2	30,987.44	99.211	30,755.41	1,690	5.49
31,000	CARGILL INC .75% 02/02/2026 141781BN3	30,445.99	92.887	28,794.97	233	0.81
27,000	CARGILL INC 5.125% 10/11/2032 141781BZ6	26,970.17	99.474	26,857.98	1,384	5.15
33,000	CELANESE US HLDGS LLC 6.7% 11/15/2033 15089QAY0	33,327.48	105.02	34,656.60	2,211	6.38
109,000	CENTENE CORP 3.375% 02/15/2030 15135BAV3	95,379.54	88.043	95,966.87	3,679	3.83
23,000	CHARTER COMM OPT LLC/CAP 4.908% 07/23/2025 161175AY0	24,142.02	98.967	22,762.41	1,129	4.96



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
31,000	CHEVRON USA INC. 3.25% 10/15/2029 166756AS5	30,605.50	92.293	28,610.83	1,008	3.52
71,000	CITIGROUP INC 1.6174% 05/25/2034 17327CAR4	71,622.87	101.383	71,981.93	4,384	6.09
57,000	COMCAST CORP 4.8% 05/15/2033 20030NEE7	56,656.25	96.479	54,993.03	2,736	4.98
25,000	CONSTELLATION BRANDS INC 3.7% 12/06/2026 21036PAQ1	24,255.25	96.138	24,034.50	925	3.85
15,000	CONSTELLATION SOFTWARE 5.158% 02/16/2029 21037XAC4	15,001.35	99.019	14,852.85	774	5.21
70,000	COREBRIDGE FINANCIAL INC 3.5% 04/04/2025 21871XAB5	69,606.01	98.156	68,709.20	2,450	3.57
22,000	CORPORATE OFFICE PROP LP 2.25% 03/15/2026 22003BAL0	21,644.20	94.087	20,699.14	495	2.39
158,000	DEUTSCHE BANK NY 3.961% 11/26/2025 251526CB3	150,611.92	99.022	156,454.76	6,258	4.00
90,000	DIAMONDBACK ENERGY INC 3.125% 03/24/2031 25278XAR0	87,549.12	87.453	78,707.70	2,813	3.57
64,000	DIAMONDBACK ENERGY INC 5.4% 04/18/2034 25278XAZ2	63,860.71	98.417	62,986.88	3,456	5.49
36,000	DOMINION ENERGY INC 3.071% 08/15/2024 25746UDB2	35,918.14	99.426	35,793.36	1,106	3.09
19,000	DUKE ENERGY CORPORATION 5% 12/08/2027 26441CBW4	18,986.47	99.347	18,875.93	950	5.03
71,000	ELEMENT FLEET MANAGEMENT 6.271% 06/26/2026 286181AH5	71,145.60	100.854	71,606.34	4,452	6.22



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72,000	ENBRIDGE INC 5.3% 04/05/2029 29250NCB9	71,984.16	99.705	71,787.60	3,816	5.32
83,000	ENERGY TRANSFER EQUITY LP 5.55% 02/15/2028 29273VAP5	83,452.89	100.329	83,273.07	4,607	5.53
43,000	ENERGY TRANSFER EQUITY LP 6.55% 12/01/2033 29273VAU4	43,486.82	105.262	45,262.66	2,817	6.22
36,000	EQUIFAX INC 2.6% 12/01/2024 294429AQ8	35,778.69	98.486	35,454.96	936	2.64
47,000	EQUIFAX INC 5.1% 12/15/2027 294429AV7	46,969.97	99.086	46,570.42	2,397	5.15
96,000	EQUITABLE HOLDINGS 5.594% 01/11/2033 29452EAC5	96,645.63	100.12	96,115.20	5,370	5.59
88,000	EVERGY INC 2.45% 09/15/2024 30034WAA4	88,447.94	99.051	87,164.88	2,156	2.47
200,000	EXPORT-IMPORT BANK KOREA 3.25% 11/10/2025 302154BY4	201,166.00	97.088	194,176.00	6,500	3.35
63,000	EXTRA SPACE STORAGE LP 5.9% 01/15/2031 30225VAR8	63,188.41	101.636	64,030.68	3,717	5.81
45,000	META PLATFORMS INC 4.95% 05/15/2033 30303M8N5	45,031.14	99.708	44,868.60	2,228	4.96
41,000	FISERV INC 5.45% 03/02/2028 337738BD9	41,076.96	100.332	41,136.12	2,235	5.43
86,000	FORTIS INC 3.055% 10/04/2026 349553AM9	87,117.41	94.542	81,306.12	2,627	3.23
43,000	GLP CAPITAL LP / FIN II 3.35% 09/01/2024 361841AN9	42,858.25	99.248	42,676.64	1,441	3.38
123,000	GXO LOGISTICS INC 2.65% 07/15/2031 36262GAD3	118,562.10	80.045	98,455.35	3,260	3.31



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
27,000	GXO LOGISTICS INC 6.5% 05/06/2034 36262GAG6	26,692.20	101.563	27,422.01	1,755	6.40
92,000	GENERAL MOTORS FINL CO 2.35% 02/26/2027 37045XDR4	89,423.38	92.06	84,695.20	2,162	2.55
51,000	GLENCORE FUNDING LLC 2.625% 09/23/2031 378272BG2	49,213.33	82.022	41,831.22	1,339	3.20
73,000	GLOBAL ATLANTIC FIN 7.95% 06/15/2033 37959GAD9	74,124.36	110.234	80,470.82	5,804	7.21
60,000	GOLDMAN SACHS GROUP INC 4.25% 10/21/2025 38141GVR2	61,854.12	98.181	58,908.60	2,550	4.33
163,000	GOLDMAN SACHS GROUP INC 3.85% 01/26/2027 38141GWB6	165,417.82	96.481	157,264.03	6,276	3.99
84,000	GRAPHIC PACKAGING INTL 1.512% 04/15/2026 38869PAP9	82,589.00	92.354	77,577.36	1,270	1.64
20,000	HCA INC 5.6% 04/01/2034 404119CU1	19,969.00	98.927	19,785.40	1,120	5.66
63,000	HEICO CORP HEICO CORP GLB 5.35% 08/01/2033 422806AB5	61,906.55	98.635	62,140.05	3,371	5.42
26,000	HIGHWOODS REALTY LP 4.125% 03/15/2028 431282AQ5	23,048.68	93.497	24,309.22	1,073	4.41
17,000	HIGHWOODS REALTY LP 7.65% 02/01/2034 431282AU6	17,039.53	107.037	18,196.29	1,301	7.15
18,000	HOST HOTELS & RESORTS 5.7% 07/01/2034 44107TBB1	17,697.24	97.804	17,604.72	1,026	5.83
70,000	HUNTINGTON INGALLS INDUSTRIES 2.043% 08/16/2028 446413AZ9	68,212.34	87.232	61,062.40	1,430	2.34



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47,000	INFOR INC 1.75% 07/15/2025 45674CAA1	46,461.87	95.318	44,799.46	823	1.84
37,000	INGERSOLL RAND INC 5.45% 06/15/2034 45687VAF3	36,977.06	100.03	37,011.10	2,017	5.45
30,000	INTEL CORP 4.875% 02/10/2026 458140CD0	30,003.30	99.301	29,790.30	1,463	4.91
152,000	JPM CHASE & CO 3.782% 02/01/2028 46625HRY8	147,978.30	95.972	145,877.44	5,749	3.94
137,000	JPMORGAN CHASE CO 5.012% 01/23/2030 46647PEB8	137,197.28	98.548	135,010.76	6,866	5.09
31,000	JPMORGAN CHASE CO 5.336% 01/23/2035 46647PEC6	30,984.46	98.678	30,590.18	1,654	5.41
21,000	JPMORGAN CHASE CO 5.766% 04/22/2035 46647PEH5	21,000.00	101.883	21,395.43	1,211	5.66
36,000	KLA CORPORATION 4.65% 07/15/2032 482480AL4	35,137.08	96.734	34,824.24	1,674	4.81
28,000	KENVUE INC 5.5% 03/22/2025 49177JAB8	28,014.89	99.988	27,996.64	1,540	5.50
31,000	KEURIG DR PEPPER INC 3.2% 05/01/2030 49271VAJ9	30,367.55	89.606	27,777.86	992	3.57
33,000	KEYSIGHT TECHNOLOGIES INC 4.6% 04/06/2027 49338LAE3	33,970.84	97.981	32,333.73	1,518	4.69
27,000	LKQ CORP 6.25% 06/15/2033 501889AF6	26,970.91	102.55	27,688.50	1,688	6.09
47,000	LABORATORY CORP OF AMER HLDGS 2.3% 12/01/2024 50540RAV4	46,692.44	98.312	46,206.64	1,081	2.34



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
88,000	LAM RESEARCH CORP 1.9% 06/15/2030 512807AV0	84,904.12	83.666	73,626.08	1,672	2.27
200,000	LLOYDS BANKING GROUP PLC 5.985% 08/07/2027 539439AY5	201,700.00	100.439	200,878.00	11,970	5.96
60,000	LOWE'S COS INC 3.65% 04/05/2029 548661DR5	59,291.04	93.616	56,169.60	2,190	3.90
24,000	M&T BANK CORPORATION 6.082% 03/13/2032 55261FAT1	23,801.28	99.036	23,768.64	1,460	6.14
100,000	MAGALLANES INC 4.279% 03/15/2032 55903VBC6	97,946.20	87.37	87,370.00	4,279	4.90
70,000	MEDTRONIC GLOBAL HLDINGS 4.25% 03/30/2028 58507LBB4	69,554.94	97.268	68,087.60	2,975	4.37
35,000	MICROCHIP TECHNOLOGY INC .983% 09/01/2024 595017BC7	34,833.75	98.777	34,571.95	344	1.00
45,000	MICROCHIP TECHNOLOGY INC 5.05% 03/15/2029 595017BE3	44,920.35	98.987	44,544.15	2,273	5.10
51,000	MICRON TECHNOLOGY INC 5.3% 01/15/2031 595112CD3	50,916.20	99.215	50,599.65	2,703	5.34
26,000	MOHAWK INDUSTRIES INC 5.85% 09/18/2028 608190AM6	26,132.07	101.748	26,454.48	1,521	5.75
91,000	MORGAN STANLEY .985% 12/10/2026 6174468V4	85,554.39	93.165	84,780.15	896	1.06
14,000	MORGAN STANLEY MORGAN STANLEY INDUSTRY BK 4.21% 04/20/2028 61747YER2	13,872.60	96.841	13,557.74	589	4.35
114,000	MORGAN STANLEY 5.173% 01/16/2030 61747YFK6	114,342.00	99.16	113,042.40	5,897	5.22



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41,000	MORGAN STANLEY 5.466% 01/18/2035 61747YFL4	40,083.24	99.125	40,641.25	2,241	5.51
22,000	NXP BV/NXP FDG/NXP USA 3.4% 05/01/2030 62954HAY4	21,944.56	90.02	19,804.40	748	3.78
53,000	NISSAN MOTOR ACCEPTANCE 7.05% 09/15/2028 65480CAF2	53,370.02	103.615	54,915.95	3,737	6.80
43,000	NVIDIA CORP 2.85% 04/01/2030 67066GAF1	42,109.27	90.047	38,720.21	1,226	3.17
53,000	NUTRIEN LTD 4.2% 04/01/2029 67077MAT5	52,508.71	95.622	50,679.66	2,226	4.39
28,000	OCCIDENTAL PETROLEUM CORP 5.55% 03/15/2026 674599DC6	28,162.89	99.877	27,965.56	1,554	5.56
137,000	OHIO POWER CO 1.625% 01/15/2031 677415CT6	126,105.41	79.485	108,894.45	2,226	2.04
54,000	ONEOK INC 6.1% 11/15/2032 682680BG7	54,468.40	102.867	55,548.18	3,294	5.93
69,000	ORACLE CORP 6.15% 11/09/2029 68389XCH6	70,330.01	104.9563	72,419.81	4,244	5.86
38,000	OVINTIV INC 6.25% 07/15/2033 69047QAC6	38,121.43	102.413	38,916.94	2,375	6.10
88,000	PNC FINANCIAL SERVICES 5.3% 01/21/2028 693475BV6	87,759.76	99.636	87,679.68	4,664	5.32
16,000	PNC FINANCIAL SERVICES 5.676% 01/22/2035 693475BW4	16,025.32	99.777	15,964.32	908	5.69
45,000	PACIFIC GAS & ELECTRIC 2.5% 02/01/2031 694308JG3	43,309.53	82.243	37,009.35	1,125	3.04
111,000	PFIZER INVT ENTERPRISES PTE 4.45% 05/19/2028 716973AC6	110,484.07	97.768	108,522.48	4,940	4.55



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
43,000	PHILIP MORRIS INTL INC 5.625% 11/17/2029 718172CW7	43,185.02	101.694	43,728.42	2,419	5.53
37,000	PHILIP MORRIS INTL INC 5.25% 02/13/2034 718172DJ5	36,218.91	97.781	36,178.97	1,943	5.37
45,000	PHYSICIANS REALTY LP 2.625% 11/01/2031 71951QAC6	44,905.05	82.07	36,931.50	1,181	3.20
80,000	PLAINS ALL AMER PIPELINE 3.55% 12/15/2029 72650RBM3	75,126.88	90.739	72,591.20	2,840	3.91
63,000	PRAXAIR INC 1.1% 08/10/2030 74005PBT0	60,358.45	79.949	50,367.87	693	1.38
84,000	QUALCOMM INC 1.3% 05/01/2028 747525BN2	77,234.11	87.131	73,190.04	1,092	1.49
36,000	QUANTA SERVICES INC 2.9% 10/01/2030 74762EAF9	34,970.85	87.054	31,339.44	1,044	3.33
83,000	REINSURANCE GROUP OF AMERICA INC 3.9% 05/15/2029 759351AN9	86,703.55	93.228	77,379.24	3,237	4.18
37,000	REPUBLIC SERVICES INC 5% 04/01/2034 760759BC3	36,764.66	97.396	36,036.52	1,850	5.13
37,000	ROGERS COMMUNICATIONS 3.2% 03/15/2027 775109CG4	35,769.78	94.75	35,057.50	1,184	3.38
145,000	SBA TOWER TRUST 1.631% 05/15/2051 78403DAT7	145,000.00	90.2517	130,864.94	2,365	1.81
75,000	SABINE PASS LIQUEFACTION 4.2% 03/15/2028 785592AU0	72,959.25	96.276	72,207.00	3,150	4.36
69,000	SCHLUMBERGER FIN CA 1.4% 09/17/2025 80685XAC5	68,181.08	95.199	65,687.31	966	1.47



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
80,000	CHARLES SCHWAB CORP 5.853% 05/19/2034 808513CE3	80,437.32	101.428	81,142.40	4,682	5.77
128,000	SHELL INTL FIN 2.5% 09/12/2026 822582BX9	125,133.89	94.51	120,972.80	3,200	2.65
63,000	JM SMUCKER CO 6.2% 11/15/2033 832696AX6	63,759.72	104.261	65,684.43	3,906	5.95
37,000	SONOCO PRODUCTS 2.25% 02/01/2027 835495AN2	36,408.83	92.352	34,170.24	833	2.44
36,000	SYS CO CORP 3.3% 07/15/2026 871829BC0	34,681.61	95.924	34,532.64	1,188	3.44
62,000	T-MOBILE USA INC 5.2% 01/15/2033 87264ACV5	61,890.76	98.26	60,921.20	3,224	5.29
64,000	T-MOBILE USA INC 5.15% 04/15/2034 87264ADF9	63,702.82	97.718	62,539.52	3,296	5.27
67,000	TAKE-TWO INTERACTIVE SOFTWARE 3.55% 04/14/2025 874054AF6	66,694.66	98.281	65,848.27	2,379	3.61
40,000	TRIMBLE NAVIGATION 6.1% 03/15/2033 896239AE0	40,313.28	102.687	41,074.80	2,440	5.94
89,000	TRITON CONTAINER 3.25% 03/15/2032 89681LAA0	69,334.91	80.717	71,838.13	2,893	4.03
46,000	TRUST FINANCIAL CORP 5.122% 01/26/2034 89788MAM4	45,596.80	95.067	43,730.82	2,356	5.39
26,000	TRUST FINANCIAL CORP 5.867% 06/08/2034 89788MAP7	25,432.42	100.169	26,043.94	1,525	5.86
26,000	TRUST FINANCIAL CORP 7.161% 10/30/2029 89788MAQ5	26,335.25	105.781	27,503.06	1,862	6.77



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SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
58,000	TRUST FINANCIAL CORP 5.711% 01/24/2035 89788MAS1	57,469.88	99.172	57,519.76	3,312	5.76
200,000	UBS GROUP 5.617% 09/13/2030 902613BL1	199,916.00	100.028	200,056.00	11,234	5.62
68,675.2	UNITED AIRLINES 2019-2 AA PTT 2.7% 05/01/2032 90932JAA0	66,667.28	85.3574	58,619.34	1,854	3.16
40,000	VERALTO CORP 5.45% 09/18/2033 92338CAE3	39,962.72	98.888	39,555.20	2,180	5.51
210,000	VERIZON COMMUNICATIONS 1.68% 10/30/2030 92343VFX7	196,055.02	80.489	169,026.90	3,528	2.09
28,000	PARAMOUNT GLOBAL 4.2% 05/19/2032 92556HAD9	30,599.13	82.938	23,222.64	1,176	5.06
23,000	VIATRIS INC 2.3% 06/22/2027 92556VAC0	22,613.65	90.697	20,860.31	529	2.54
109,000	WELLS FARGO & COMPANY 5.557% 07/25/2034 95000U3F8	109,175.66	99.37	108,313.30	6,057	5.59
40,000	WESTERN MIDSTREAM OPERAT 6.15% 04/01/2033 958667AE7	40,080.08	101.48	40,592.00	2,460	6.06
49,000	WEYERHAEUSER CO 4% 04/15/2030 962166BY9	47,843.50	92.895	45,518.55	1,960	4.31
	TOTAL CORPORATE BONDS	9,270,664.46		8,948,670.52	385,230	4.30

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

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

Distribution of Active Members By Age and Service as of June 1, 2023 Count By Age/Service											
Age	Benefit Service										Total
	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	3	2	0	0	0	0	0	0	0	0	5
25 to 29	3	14	3	0	0	0	0	0	0	0	20
30 to 34	9	30	21	0	0	0	0	0	0	0	60
35 to 39	4	24	16	6	8	0	0	0	0	0	58
40 to 44	5	12	7	5	17	5	7	1	0	0	59
45 to 49	2	4	4	5	11	11	13	4	0	0	54
50 to 54	2	3	8	6	2	14	13	11	4	2	65
55 to 59	0	3	3	4	4	10	13	7	7	10	61
60 to 64	0	1	0	0	3	5	7	5	2	8	31
65 to 69	0	0	0	0	0	0	2	1	0	0	3
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	28	93	62	26	45	45	55	29	13	20	416

Average Age = 44.90

Average Benefit Service = 16.00

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Charge Bases

Schedule of Amortization Charges Required for Minimum Required Contribution As of June 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	5/31/1996	\$ 983,074	30.00	\$ 214,699	3.00	\$ 76,459
2. Plan amendment	6/1/1997	997,712	30.00	280,964	4.00	77,522
3. Plan amendment	6/1/1998	715,710	30.00	243,742	5.00	55,557
4. Plan amendment	6/1/1999	1,805,461	30.00	714,089	6.00	140,012
5. Assumption change	6/1/1999	1,984,439	30.00	784,877	6.00	153,891
6. Plan amendment	6/1/2000	4,786,345	30.00	2,138,384	7.00	370,826
7. Plan amendment	6/1/2002	8,935,660	30.00	4,808,916	9.00	689,816
8. Plan amendment	6/1/2004	1,986,178	30.00	1,226,095	11.00	152,811
9. Plan amendment	6/1/2005	2,092,833	30.00	1,366,209	12.00	160,756
10. Plan amendment	6/1/2006	2,428,802	30.00	1,665,763	13.00	186,271
11. Recognized Portion of the 2009 ENIL	6/1/2009	6,902,801	29.00	5,194,000	15.00	532,966
12. Plan amendment	6/1/2010	2,719,023	15.00	550,697	2.00	284,660
13. Experience Loss	6/1/2012	1,532,289	15.00	579,016	4.00	159,759
14. Plan amendment	6/1/2013	2,324,074	15.00	1,060,966	5.00	241,832
15. Experience loss	6/1/2013	17,809	15.00	8,128	5.00	1,853
16. Assumption change	6/1/2014	1,366,557	15.00	723,833	6.00	141,923
17. Plan amendment	6/1/2015	2,517,363	15.00	1,504,783	7.00	260,951
18. Experience loss	6/1/2015	178,796	15.00	106,877	7.00	18,534
19. Plan amendment	6/1/2016	2,539,687	15.00	1,679,013	8.00	262,786
20. Experience loss	6/1/2016	2,061,492	15.00	1,362,873	8.00	213,306
21. Plan amendment	6/1/2017	2,754,054	15.00	1,983,072	9.00	284,462
22. Experience loss	6/1/2017	1,860,087	15.00	743,852	9.00	106,702
23. Plan amendment	6/1/2018	2,735,051	15.00	2,119,404	10.00	282,014
24. Experience loss	6/1/2018	1,647,238	15.00	1,276,451	10.00	169,849
25. Plan amendment	6/1/2019	2,802,428	15.00	2,314,642	11.00	288,480
26. Experience loss	6/1/2019	1,368,259	15.00	1,130,102	11.00	140,848
27. Plan amendment	6/1/2020	3,039,450	15.00	2,654,756	12.00	312,373
28. Experience loss	6/1/2020	2,062,555	15.00	1,801,503	12.00	211,975
29. Plan amendment	6/1/2021	2,638,088	15.00	2,420,775	13.00	270,699
30. Assumption change	6/1/2021	8,621,635	15.00	7,911,429	13.00	884,681
31. Plan amendment	6/1/2022	2,759,927	15.00	2,650,097	14.00	283,201
32. Experience loss	6/1/2023	3,725,152	15.00	3,725,152	15.00	382,245
33. Plan amendment	6/1/2023	2,673,674	15.00	2,673,674	15.00	274,351
TOTAL CHARGES		\$ 87,563,703		\$ 59,618,833		\$ 8,074,370

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Credit Bases (Continued)

Schedule of Amortization Credits Required for Minimum Required Contribution As of June 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption change	6/1/2000	\$ 2,420,140	30.00	\$ 1,081,239	7.00	\$ 187,502
2. 2009 bifurcated base	6/1/2009	446,993	15.00	46,895	1.00	46,895
3. Experience gain	6/1/2010	3,242,257	15.00	656,671	2.00	339,439
4. Experience gain	6/1/2011	2,463,258	15.00	722,626	3.00	257,344
5. Assumption change	6/1/2012	1,370,281	15.00	517,797	4.00	142,868
6. Experience gain	6/1/2014	13,595	15.00	7,198	6.00	1,411
7. Experience gain	6/1/2021	3,992,788	15.00	3,663,883	13.00	409,707
8. Experience gain	6/1/2022	1,644,665	15.00	1,579,216	14.00	168,762
TOTAL CREDITS		\$ 15,593,977		\$ 8,275,525		\$ 1,553,928
NET CHARGE				\$ 51,343,308		\$ 6,520,442

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

- The RPA '94 current liability interest rate was changed from 2.23% to 2.80% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2022 Static Mortality Table to the IRS 2023 Static Mortality Table to comply with appropriate guidance.

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Credit Bases (Continued)

Schedule of Amortization Credits Required for Minimum Required Contribution As of June 1, 2023						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	6/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Assumption change	6/1/2000	\$ 2,420,140	30.00	\$ 1,081,239	7.00	\$ 187,502
2. 2009 bifurcated base	6/1/2009	446,993	15.00	46,895	1.00	46,895
3. Experience gain	6/1/2010	3,242,257	15.00	656,671	2.00	339,439
4. Experience gain	6/1/2011	2,463,258	15.00	722,626	3.00	257,344
5. Assumption change	6/1/2012	1,370,281	15.00	517,797	4.00	142,868
6. Experience gain	6/1/2014	13,595	15.00	7,198	6.00	1,411
7. Experience gain	6/1/2021	3,992,788	15.00	3,663,883	13.00	409,707
8. Experience gain	6/1/2022	1,644,665	15.00	1,579,216	14.00	168,762
TOTAL CREDITS		\$ 15,593,977		\$ 8,275,525		\$ 1,553,928
NET CHARGE				\$ 51,343,308		\$ 6,520,442

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

- The RPA '94 current liability interest rate was changed from 2.23% to 2.80% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2022 Static Mortality Table to the IRS 2023 Static Mortality Table to comply with appropriate guidance.

**Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001**

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

Actuarial Basis

Actuarial Cost Method:

Individual Entry Age Normal Actuarial Funding Method

Actuarial Value of Assets:

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized returns are equal to the asset gain or loss on a market value basis and are recognized 20% per year (with the exception of the 2008-2009 plan year loss which is recognized at a rate of 10% per year due to funding relief) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

A. Valuation Date: June 1, 2022

B. Interest Rate:

- a. Funding and FASB ASC 960: 7.00% per annum
- b. RPA '94 Current Liability: 2.80% per annum

C. Mortality:

a. Funding and FASB ASC 960:

- i. Non-Disabled Participants: 130% of the RP-2014 Healthy Mortality Table with Blue Collar Adjustment
- ii. Disabled Participants: 130% of the RP-2014 Disability Mortality Table

b. RPA '94 Current Liability: IRS 2023 Static Mortality Table

D. Rates of Turnover:

Termination of employees from participation in the Plan is decremented in accordance with the table below, which is based on actual plan experience. The following termination rates are illustrative of the table:

Age	Rate
20	0.0544
25	0.0529
30	0.0507
35	0.0470
40	0.0419
45	0.0354
50	0.0248
55	0.0094
60	0.0009

Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (Continued)

E. Rates of Disability:

The following Disability Rates are illustrative of the table:

Age	Rate
20	0.0006
25	0.0006
30	0.0006
35	0.0007
40	0.0011
45	0.0022
50	0.0046
55	0.0102
60	0.0161

F. Rates of Retirement:

For active members with less than 30 years of Benefit Service:

Age	Rate
60 - 61	0.050
62	0.500
63	0.350
64	0.450
65	1.000

For active members with 30 or more years of benefit service:

Age	Rate
55 – 59	0.025
60	0.250
61	0.150
62	0.500
63	0.350
64	0.450
65+	1.000

G. Expenses:

\$360,000 payable at the middle of the plan year.

For financial disclosure under FASB Topic ASC 960 the present value of future administrative expense is estimated to be 3.32% of the Accrued Liability. This is based on future cash flows of \$363.64 per participant that increase 3% per year for inflation.

**Schedule MB Attachment (Form 5500) — 2023 Plan Year
Glaziers' Union Local No. 27 Pension and Retirement Plan
EIN 36-6034076 Plan No. 001**

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods (Continued)

H. Service after Valuation Date:

The average Benefit Service earned by active participants is assumed to equal 1.0 Benefit Service credits per year. This is based on a historical average.

I. Percent Married:

85% married with 90% of married couples selecting the 50% Joint and Survivor payment form.

J. Age of Spouse: Husbands are assumed to be 2 years older than their wives.

K. Rationale for Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.00% discount rate is based on the Trustees risk preference, the Fund's current asset allocation, and the investment manager's capital market outlook.

L. Rationale for Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report are based upon an experience study completed prior to the valuation for the June 1, 2014 plan year.

M. Summary of Changes since the Last Valuation

- The RPA '94 current liability interest rate was changed from 2.23% to 2.80% to comply with appropriate guidance.
- The RPA '94 current liability mortality table was changed from the IRS 2022 Static Mortality Table to the IRS 2023 Static Mortality Table to comply with appropriate guidance.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	109,897.	319,057.
DUE FROM RELATED ORGANIZATION	49,832.	51,257.
DUE FROM BROKER	73,716.	109,236.
OTHER RECEIVABLES	569.	875.
PREPAID EXPENSES	12,258.	25,567.
TOTAL TO SCHEDULE H, LINE 1B(3)	246,272.	505,992.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
COMMERCIAL PAPER	44,957.	0.
TOTAL TO SCHEDULE H, LINE 1C(15)	44,957.	0.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	186,340.	278,254.
DUE TO RELATED ORGANIZATION	1,702.	3,446.
TOTAL TO SCHEDULE H, LINE 1J	188,042.	281,700.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION	AMOUNT	
CONFERENCES AND MEETINGS	8,536.	
INSURANCE AND BONDING	20,808.	
PENSION BENEFIT GUARANTY PREMIUM	34,685.	
PRINTING, POSTAGE AND OTHER	5,474.	
TOTAL TO SCHEDULE H, LINE 2I(11)	69,503.	

SCHEDULE MB

CONTRIBUTIONS MADE TO THE PLAN FOR THE
PLAN YEAR BY EMPLOYER(S) AND EMPLOYEES

STATEMENT 5

(A) DATE	(B) AMOUNT PAID BY EMPLOYER(S)	(C) AMOUNT PAID BY EMPLOYEES
06/15/2023	90,799	
07/15/2023	509,896	
08/15/2023	896,521	
09/15/2023	737,094	
10/15/2023	737,078	
11/15/2023	708,636	
12/15/2023	751,934	
01/15/2024	746,242	
02/15/2024	487,951	
03/15/2024	590,016	
04/15/2024	591,332	
05/15/2024	467,797	
06/15/2024	688,768	
07/15/2024	72,209	
SCHEDULE MB, LINE 3	8,076,273	

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. 1510-0010
1510-0089**2023****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **06/01/2023** and ending **05/31/2024**

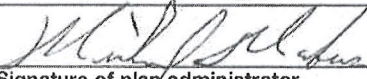
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 UNION LOCAL NO. 27 PENSION & RETIREMENT P	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 12/26/1950
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 UNION LOCAL NO. 27 PENSION & RETIREMENT PL 4225 LAWDALE LYONS IL 60534	2b Employer Identification Number (EIN) 36-6034076 2c Plan Sponsor's telephone number 708-443-9000 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 	3-4-25	MICHAEL MABUS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	3/4/25	MATTHEW SHAPRIO
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	980
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)	416
a (2) Total number of active participants at the end of the plan year	6a(2)	406
b Retired or separated participants receiving benefits	6b	332
c Other retired or separated participants entitled to future benefits	6c	130
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	868
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	130
f Total. Add lines 6d and 6e	6f	998
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
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	68

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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
(4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

GLAZIERS' UNION LOCAL NO. 27 PENSION AND RETIREMENT PLAN
36-6034076 Plan 001
SCHEDULE SUPPORTING FORM 5500 FOR 2024

SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party Involved	(b) Description of Security	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(e) Expense incurred with transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (210 purchases)	\$ 27,996,599	\$ -	\$ -	\$ -	\$ 27,996,599	\$ 27,996,599	\$ -
	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (95 sales)	-	25,981,712	-	-	25,981,712	25,981,712	-

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning06/01/2023and ending05/31/2024

- 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. 27 Pension and Retirement Plan

Glaziers' Local No. 27 Pension and Retirement Plan

B Three-digit plan number (PN)

001

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

Board of Trustees, Glaziers' Local

D Employer Identification Number (EIN)

36-6034076

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

1a Enter the valuation date: Month6Day1Year2023

b Assets

(1) Current value of assets	1b(1)	159,221,667
(2) Actuarial value of assets for funding standard account	1b(2)	169,270,556
c (1) Accrued liability for plan using immediate gain methods	1c(1)	178,948,225
(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)	166,791,997
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)	324,395,839
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	7,223,101
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	10,428,451
(3) Expected plan disbursements for the plan year	1d(3)	10,896,736

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

Joseph Mara, Jr.

Signature of actuary

02/18/2025

Date

23-06992

Most recent enrollment number

CHEIRON, INC.

Type or print name of actuary

230 WEST MONROE STREET, SUITE 650

Firm name

CHICAGO

IL 60606

Address of the firm

(703) 893-1456

Telephone number (including area code)

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	159,221,667
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	448	146,880,782
(2) For terminated vested participants	126	25,532,398
(3) For active participants:		
(a) Non-vested benefits		18,837,774
(b) Vested benefits		133,144,885
(c) Total active	416	151,982,659
(4) Total	990	324,395,839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	49.08 %

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
06/15/2023	90,799		11/15/2023	708,636	
07/15/2023	509,896		12/15/2023	751,934	
08/15/2023	896,521		01/15/2024	746,242	
09/15/2023	737,094		02/15/2024	487,951	
10/15/2023	737,078		03/15/2024	590,016	
Totals ▶			3(b)	8,076,273	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	101.5 %
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, does line 1(c) reflect any benefit reductions for the first time (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	2.80 %
	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	7.00 %
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)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.9%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.5%
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)	348,025
(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	3,725,152	382,245
3	2,673,674	274,351

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	1,871,510

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)	59,618,833	8,074,370
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 696,212**e** Total charges. Add lines 9a through 9d.....**9e** 10,642,092**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 41,665,639**g** Employer contributions. Total from column (b) of line 3.....**9g** 8,076,273**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	8,275,525	1,553,928

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3,276,856**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)	67,692,166	
9j(2)	127,352,571	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 54,572,696**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 43,930,604**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 current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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Plan Sponsor's Name	Board of Trustees, Glaziers' Local		PN: 001

[illegible]