

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WESTERN GLAZIERS RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN</u></p> <p><u>PO BOX 4148</u> <u>PORTLAND, OR 97208-4148</u></p>	<p>1c Effective date of plan <u>08/01/1962</u></p> <p>2b Employer Identification Number (EIN) <u>93-6074376</u></p> <p>2c Plan Sponsor's telephone number <u>503-282-5581</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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.	05/12/2025	JERRY FISHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2025	TODD SPRINGER
	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 <input checked="" type="checkbox"/> 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	1031
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)	488
	6a(2)	426
	6b	294
	6c	239
	6d	959
	6e	45
	6f	1004
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	29

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 _____
- (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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 08/01/2023 and ending 07/31/2024

▶ **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 <u>WESTERN GLAZIERS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>93-6074376</u>	

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

1a Enter the valuation date: Month 08 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>183404596</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>186925284</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>176070465</u>
(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)	<u>176070465</u>
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)	<u>322270885</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>12173001</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>10764681</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>11237048</u>

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 <u>HEATHER E. L. FANTZ</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>200 SW MARKET STREET</u> <u>SUITE 1940</u> <u>PORTLAND, OR 97201</u> Address of the firm	<u>05/05/2025</u> Date <u>23-08588</u> Most recent enrollment number <u>877-243-4766</u> Telephone number (including area code)
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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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.91 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	6.75 % 6.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.8 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	262244
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4260671	431325

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	5084856

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	49935482	7892217
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		875952
e Total charges. Add lines 9a through 9d.....	9e		13853025
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		35060309
g Employer contributions. Total from column (b) of line 3.....	9g		8085334
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	14875173	3344819
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		2860770
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	35025779	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	111761870	
(3) FFL credit.....	9j(3)		
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits.....	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		49351232
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		35498207
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		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 93-6074376	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PIMCO **840 NEWPORT CENTER DRIVE, SUITE 100**
NEWPORT BEACH, CA 92660

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

NEWTOWER TRUST CO.

30-0872552

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

36-3795985

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

CORBIN CAPITAL PARTNERS

30-0299433

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

DOUBLELINE CAPITAL

333 S. GRAND AVE. 18TH FLOOR
LOS ANGELES, CA 90071

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

HARBOURVEST PARTNERS, LP

74-3130888

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

THE VANGUARD GROUP, INC.

PO BOX 1110
VALLEY FORGE, PA 19482

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

HAMILTON LANE

23-2962336

(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)

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(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?
28 51	NONE	158116	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(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?
28 51	NONE	101510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEIRON, INC.

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 50	NONE	84880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SEGAL ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	80833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 52	NONE	41224	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BROWNSTEIN RASK, LLP

93-0589000

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	38033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

WILLIAM C. EARHART CO., INC.

93-0509592

(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 36 50	NONE	32249	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BNY MELLON

25-6078093

(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?
28 51 52	NONE	5822	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 93-6074376	

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: WA CAPITAL JOINT MASTER TRUST		
b Name of sponsor of entity listed in (a): WA CAPITAL MANAGEMENT, INC		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17064679
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5594456
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL BROAD MARKET		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-357	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81680214
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FD		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6660983
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 93-6074376	

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	902991	996188
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	642535	596571
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38173	35509
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21521450	20603144
(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)	74040024	87274670
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	24640657	23725662
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	61685747	65922226
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	183471577	199153970
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	66981	69037
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	66981	69037
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	183404596	199084933

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)	8085334	
(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)		8085334
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	671791	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		671791
(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)	2919906	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2919906
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-166049	
(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)		13431696
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-600808
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2060110
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		26401980

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9784721	
(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)		9784721
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)	31658	
(3) Recordkeeping fees.....	2i(3)	7465	
(4) IQPA audit fees.....	2i(4)	23639	
(5) Investment advisory and investment management fees.....	2i(5)	599509	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	43610	
(7) Actuarial fees.....	2i(7)	84880	
(8) Legal fees.....	2i(8)	38033	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	2686	
(11) Other expenses.....	2i(11)	105442	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		936922
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10721643

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15680337
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 537841.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

A Name of plan <u>WESTERN GLAZIERS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>93-6074376</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>93-6074376</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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 **CULVER GLASS COMPANY**

b EIN **27-1467937**

c Dollar amount contributed by employer

1678165

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 **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **BENSON INDUSTRIES**

b EIN **90-1007802**

c Dollar amount contributed by employer

1449087

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 **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **SOUTH TOWN GLASS INC**

b EIN **93-1117091**

c Dollar amount contributed by employer

1218881

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 **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer **RIVER CITY GLASS**

b EIN **83-2772862**

c Dollar amount contributed by employer

807114

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 **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **13.42**

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

a Name of contributing employer **ENCORE GLASS LLC**

b EIN **45-4333619**

c Dollar amount contributed by employer

580101

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 **06** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) _____

(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 RIVER CITY GLASS & WINDOW

b EIN 20-2684638

c Dollar amount contributed by employer 512236

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 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 13.42

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

a Name of contributing employer AMBROSE GLASS INC

b EIN 26-1300201

c Dollar amount contributed by employer 297876

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 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 13.42

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

a Name of contributing employer PACIFIC NW GLASS & MIRROR

b EIN 82-1559593

c Dollar amount contributed by employer 285398

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 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer SMITH GLASS SERVICE

b EIN 93-0840788

c Dollar amount contributed by employer 173254

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 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer PAINTERS DIST COUNCIL IUPAT-DC 5

b EIN 91-0334921

c Dollar amount contributed by employer 162896

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 06 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents)

(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: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	127
b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	133
c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	135

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.94
b The corresponding number for the second preceding plan year	15b	0.94

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 55.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.9 %
 High-Yield Debt: 2.9 % Real Assets: 13.2 % Cash or Cash Equivalents: 0.0 % Other: 12.8 %

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 _____.

Western Glaziers Retirement Plan

EIN 93-6074376

Plan No. 001

Plan Year Ended July 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Western Glaziers Retirement Plan

EIN 93-6074376

Plan No. 001

Plan Year Ended July 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Western Glaziers Retirement Plan

EIN 93-6074376

Plan No. 001

Plan Year Ended July 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Plan Name: Western Glaziers Retirement Plan
Plan Sponsor EIN / Plan Number: 93-6074376 / 001
Attachment A to 2023 Form 5500 Schedule MB

Schedule MB, Line 6 – Summary of Plan Provisions

This summary of Plan provisions provides an overview of the major provisions of the pension Plan used in the actuarial valuation. It is not intended to replace the more precise language of the Plan document, and if there is any difference between the description of the plan herein and the actual text of the Plan Document, the Plan Document will govern.

1. Effective Date of Plan

The Plan was established on August 1, 1962.

2. Participation

The first day of the month in which an Employee is in Covered Employment. Covered Employment is any employment covered by a collective bargaining agreement with the Union for which contributions are payable to the Plan.

3. Years of Service

A Participant shall receive a Year of Service for each Plan Year during which the Employee has one thousand (1,000) or more Hours of Service.

4. Vesting

Five years of service if the employee has at least one hour of service on or after August 1, 1997.

Ten years of service if the employee does not have at least one hour of service on or after August 1, 1997 and became a Participant on or after August 1, 1997.

5. Accrued Benefit

For Participants with at least one Hour of Service on or after May 1, 2015, the amount of benefit is equal to the sum of:

- a) \$4.235 per plan year with at least 500 Hours of Service from 8/1/1952 – 7/31/1962 (max 10 years)
- b) \$0.0028 per Hour of Service from 8/1/1962 – 7/31/1970
- c) 3.2% of contributions from 8/1/1970 – 7/31/1980
- d) 4.2% of contributions from 8/1/1980 – 7/31/2000
- e) 2.9% of contributions from 8/1/2000 – 7/31/2003
- f) 2.5% of contributions from 8/1/2003 – 1/31/2009
- g) 1.8% of contributions from 2/1/2009 – 3/31/2009
- h) 1.6% of contributions from 4/1/2009 – 7/31/2023
- i) 1.4% of contributions from 8/1/2023 forward

6. Normal Retirement

a. Eligibility

The date the Participant has attained age 65 and:

- 1) Is vested in his or her accrued benefit, or
- 2) Attained the fifth anniversary of his or her Participation.

b. Benefit

Accrued benefit.



Schedule MB, Line 6 – Summary of Plan Provisions

7. Early Retirement

a. 10-Year Rule:

i. Eligibility

Attainment of age 55 and either 10 years of service or a total service benefit of at least \$57.75.

ii. Benefit

Accrued benefit reduced by 6.0% for each year prior to age 65.

b. 15-Year Rule:

i. Eligibility

Have Covered Employment prior to August 1, 2016, at least age 55, and 15 years of service.

ii. Benefit

If the employee did not engage in Contributory Service after August 1, 1988, the retirement benefit is the accrued benefit reduced by 6.0% for each year prior to age 64. Otherwise, the retirement benefit is the accrued benefit reduced by 3.0% per year for ages from 62 to 58, and 6% per year for ages 58 to 55.

c. 20-Year Rule:

i. Eligibility

Covered Employment begins on or after August 1, 2016, at least age 55, and 20 years of service.

ii. Benefit

Accrued benefit reduced by 3.0% per year for ages from 62 to 58, and 6.0% per year for ages 58 to 55.

8. Deferred Vested Retirement

a. Eligibility

Attainment of age 55 and fully vested.

b. Benefit

Accrued benefit reduced as described in the 10-year rule, 15-year rule, or 20-year rule depending on the participant's eligibility.

Schedule MB, Line 6 – Summary of Plan Provisions

9. Disability Retirement

a. Eligibility

Total and permanent disability while actively employed or before incurring a break in service, receipt of a federal Social Security Administration (SSA) disability benefit award, and at least 5 years of service in the Plan.

b. Benefit

Accrued benefit.

c. Payment Dates

Monthly benefits will be paid to the retiree as long as the disabled Employee also receives continuous SSA disability benefits. If participant ceases to be totally and permanently disabled prior to age 65 and is eligible for early retirement, the participant may take early retirement at that time. Once the disabled retiree reaches age 65, their benefit will be considered to be a normal retirement benefit and no longer depends on the retiree retaining SSA disability status.

10. Pre-Retirement Spouse Death Benefit

a. Eligibility

For annuity amount: fully vested and married for 1 year.

For lump sum amount: no Plan break in service has been incurred or fully vested.

b. Benefit

Annuity Benefit: The larger of an annuity benefit calculated as if the participant had terminated on the date of death, retired on the earliest eligible retirement date with a 50% joint and survivor annuity, and died immediately after retiring and the lump sum benefit described below converted to an annuity.

Lump Sum Benefit: A refund of all contributions made on the Participant's behalf.

The beneficiary may choose to have a combination of the benefits listed above if eligible.

11. Benefit forms

Normal Form:

If Single: Life annuity with modified cash refund in the amount of total contributions paid on the behalf of the Participant minus benefits previously paid.

If married: Qualified Joint and 50% Surviving Spouse Annuity

Optional Forms: 75% Joint and Survivor Benefit, 100% Joint and Survivor Benefit.

Schedule MB, Line 6 – Summary of Plan Provisions

For all Joint and survivor benefit forms for participants who retire on or after April 1, 1995:

- a. Benefits include a pop-up feature, which provides that if a spouse predeceases the participant then the participant's benefit reverts to the single life annuity.
- b. If both the spouse and participant die during a single 12-month period, the Plan shall pay any remaining contributions made on behalf of the participant as a post-retirement death benefit.

12. Break in Service

a. Plan Break in Service

Two consecutive plan years during which fewer than 600 hours of service are credited to the participant.

b. ERISA Break in Service

Each plan year during which fewer than 500 hours of service are credited to the participant.

c. Permanent Break in Service

Five consecutive years wherein the participant incurs a break in service. The participant must have both a permanent Plan break in service and a permanent ERISA break in service in order to forfeit accrued benefits earned prior to the service break.

13. Late Retirement Benefit

A participant may continue employment past his Normal Retirement Date and continue to accrue additional benefits.

14. Reciprocity

There is a reciprocity agreement in force with the other West Coast Glaziers' pension plans.

15. Changes in Plan Provisions Since Last Valuation

At the June 6, 2023 meeting, the Board approved three plan changes.

Effective November 1, 2023, the accrual rate was increased from 1.4% to 1.6% on contributions made for work hours between August 2021 and July 2023.

Effective November 1, 2023, a 13th check was paid out to all in-pay participants and beneficiaries.

Effective for retirements on and after August 1, 2023, reduction factors for early retirements were reduced.

At the March 5, 2024 meeting, the Board approved a benefit change to apply the early retirement reduction factors described in section 4.02-2 of the plan document to early deferred vested retirements that occur on or after August 1, 2023.

Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment B to 2023 Form 5500 Schedule MB

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions

1. Valuation Date

August 1, 2023.

2. Rate of Investment Return

6.75% per annum, net of investment expenses.

3. Rates of Mortality

Pre-Commencement

Pri.H-2012 Healthy Blue Collar Employee Mortality Table generationally projected forward using Scale MP-2020.

Post-Commencement

Pri.H-2012 Healthy Blue Collar Retiree Mortality Table generationally projected forward using Scale MP-2020.

Based on available experience, these tables with full generational projection reflect the best estimate of mortality experience as of the measurement date. The generational projection of the tables automatically accounts for mortality improvement based on the participant's year of birth.

4. Pre-Retirement Disability Rates

Age	Rate
35	0.0150%
40	0.0150%
45	0.0150%
50	0.6000%
55	0.6000%
60	0.6000%
65	0.0000%

5. Pre-Retirement Withdrawal Rates

Years of Service	Rate
0 – 1	25%
2 – 5	5%
6 – 20	3%
21+	1%

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

6. Rates of Retirement

Age*	Rate
55 – 58	5%
59 – 60	11%
61	30%
62	60%
63 – 66	40%
67 – 69	20%
70	100%

**If eligible*

7. Retirement Age for Inactive Vested Participants

Age 65.

8. Covered Hours and Expected Contributions:

Individual participant contributions are projected based on the highest contribution rate earned over the past year and prior year hours for active members. Expected contributions are then proportionately adjusted for the actual hours worked by all employees.

Based on aggregate current contribution rates and direction from the Trustees, projected contributions are \$8,000,000 for the plan year beginning August 1, 2023.

9. Unknown Data for Participants:

Participants with missing dates of birth are assumed to be either age 42 or age 53 depending on whether they were active or vested terminated, respectively. Of the 543 active employees, none are missing dates of birth. Of the 218 vested terminated members, none are missing dates of birth.

Participants with missing gender codes were assumed to be male. 2 active employees and no vested terminated members are missing gender codes.

10. Definition of Active Participants:

Anyone who was not retired and who had either worked at least 600 hours or was hired in the last two years was considered to be an active participant.

11. Percent Married: 85%.

12. Age of Spouse: Females are assumed to be two years younger than males.

13. Current Liability Assumptions

Interest: 2.91%.

Mortality: 2023 IRS Current Liability Combined Table

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

14. Form of Benefit:

For active and deferred vested members, we assume that all married members will receive a joint and survivor annuity with a pop-up benefit and all single members will receive a single life annuity. For the single life annuity, the modified cash refund provision was modeled by assuming a 60-payment guarantee. We value these benefits based on the marriage assumption outlined above.

15. Administrative Expenses:

The annual operating expense assumption is \$270,950 per year, assumed middle of the year or \$246.54 per participant (\$262,244 assumed beginning of the year).

For determining the Present Value of Accumulated Benefits under FASB ASC 960, the present value of future administrative expense is estimated to be 2.9% of Actuarial Liability. This percentage is based on the cash flows of \$246.54 per participant increasing 3.0% per year.

16. Benefits Earned through Reciprocity

A 2.0% load to active retirement liabilities is used to approximate the value of benefits for non-vested members who are assumed to be working for a reciprocal system.

17. Rationale for Demographic and Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27 and No. 35, the economic and demographic assumptions used in this report were based on the experience study covering the period from August 1, 2016 through July 31, 2021. The findings of this study can be found in the 2016-2021 Experience Study Report. The results in the experience study represent our best estimate of future experience.

For purposes of calculating Current Liability per IRC section 431(c)(6), the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3) was used.

18. Summary of Changes Since the Last Valuation

- a. The RPA '94 current liability interest rate was changed from 2.30% to 2.91% to comply with appropriate guidance.
- b. The mortality table used to determine RPA '94 current liability is the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3). The 2022 table was updated to 2023 as provided by Notice 2020-85.

Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods

Actuarial Methods

1. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit Cost Method. This is one of a family of valuation methods known as an accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit Cost Method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of each valuation date, shows the actuarial present value of the Participant's current accrued benefit as of the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit Cost Method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method

The Actuarial Value of Assets is equal to the Market Value of Assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the expected return on market value and is recognized over a five-year period. As of August 1, the resulting Actuarial Value of Assets is then limited to be no

greater than 120% and no less than 80% of the Market Value of Assets on the valuation date.

3. Changes in Methods Since Last Valuation

None.

Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment C to 2023 Form 5500 Schedule MB

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$908,491	\$824,937	\$9,209,184	\$10,942,612
2024	1,085,297	526,470	8,345,397	9,957,164
2025	1,599,714	694,427	8,181,021	10,475,162
2026	1,975,616	931,286	8,008,335	10,915,237
2027	2,227,121	1,084,167	7,826,777	11,138,065
2028	2,591,496	1,138,852	7,635,723	11,366,071
2029	2,926,933	1,322,352	7,434,732	11,684,017
2030	3,329,544	1,399,838	7,223,669	11,953,051
2031	3,699,873	1,531,997	7,002,436	12,234,306
2032	4,086,185	1,657,324	6,771,051	12,514,560
2033	4,532,633	1,765,159	6,529,657	12,827,449
2034	4,901,310	1,849,253	6,278,501	13,029,064
2035	5,327,209	1,966,073	6,017,899	13,311,181
2036	5,717,388	2,043,975	5,748,287	13,509,650
2037	6,102,903	2,173,074	5,470,220	13,746,197
2038	6,471,942	2,300,136	5,184,450	13,956,528
2039	6,840,619	2,321,578	4,891,993	14,054,190

Notes on the Expected Annual Benefit Payments:

- Based on the 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses



Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment C to 2023 Form 5500 Schedule MB

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments (Continued)				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2040	7,137,182	2,397,777	4,594,104	14,129,063
2041	7,445,842	2,464,404	4,292,303	14,202,549
2042	7,737,604	2,401,960	3,988,354	14,127,918
2043	7,908,091	2,405,447	3,684,215	13,997,753
2044	8,035,874	2,543,312	3,382,018	13,961,204
2045	8,245,325	2,520,541	3,083,999	13,849,865
2046	8,385,841	2,466,159	2,792,403	13,644,403
2047	8,473,082	2,480,252	2,509,482	13,462,816
2048	8,485,454	2,444,292	2,237,401	13,167,147
2049	8,533,427	2,420,852	1,978,267	12,932,546
2050	8,584,518	2,324,863	1,734,095	12,643,476
2051	8,584,803	2,281,260	1,506,624	12,372,687
2052	8,540,068	2,276,071	1,297,280	12,113,419
2053	8,458,157	2,170,219	1,107,080	11,735,456
2054	8,354,258	2,090,850	936,524	11,381,632
2055	8,238,047	2,031,149	785,596	11,054,792
2056	8,074,442	2,013,695	653,767	10,741,904

Notes on the Expected Annual Benefit Payments:

- Based on the 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses



Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment C to 2023 Form 5500 Schedule MB

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments (Continued)				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	7,883,857	1,823,508	540,055	10,247,420
2058	7,663,889	1,753,239	443,156	9,860,284
2059	7,434,935	1,686,476	361,510	9,482,921
2060	7,158,785	1,566,879	293,422	9,019,086
2061	6,862,264	1,462,082	237,177	8,561,523
2062	6,553,306	1,376,100	191,098	8,120,504
2063	6,236,136	1,283,744	153,604	7,673,484
2064	5,917,816	1,189,024	123,248	7,230,088
2065	5,593,966	1,105,454	98,754	6,798,174
2066	5,273,144	985,571	79,026	6,337,741
2067	4,952,782	904,237	63,138	5,920,157
2068	4,639,086	815,790	50,326	5,505,202
2069	4,328,086	737,674	39,978	5,105,738
2070	4,025,854	664,238	31,615	4,721,707
2071	3,731,721	595,657	24,865	4,352,243
2072	3,447,175	531,865	19,427	3,998,467

Notes on the Expected Annual Benefit Payments:

- Based on the 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses



Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment D to 2023 Form 5500 Schedule MB

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

**DISTRIBUTION OF ACTIVE MEMBERS
 BY AGE AND SERVICE AS OF AUGUST 1, 2023**

COUNTS BY AGE/SERVICE

Age	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	7	20	4	0	0	0	0	0	0	0	31
25 to 29	8	31	21	1	0	0	0	0	0	0	61
30 to 34	9	37	28	7	0	0	0	0	0	0	81
35 to 39	6	29	26	7	9	0	0	0	0	0	77
40 to 44	6	23	27	7	12	4	0	0	0	0	79
45 to 49	6	21	15	8	21	5	6	0	0	0	82
50 to 54	1	7	24	5	15	8	5	1	0	0	66
55 to 59	2	8	6	2	5	6	3	5	1	0	38
60 to 64	1	2	6	1	1	6	3	0	0	0	20
65 to 69	0	1	2	1	0	3	0	0	0	0	7
70 & up	0	0	1	0	0	0	0	0	0	0	1
Total	46	179	160	39	63	32	17	6	1	0	543

Average Age = 41.60

Average Service = 8.29



Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment E to 2023 Form 5500 Schedule MB

Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

The projected employer contributions shown in the following table are consistent with the assumptions used to determine the Plan’s 2023 PPA Status as reported in Line 4(b) and documented in the Annual Certification issued October 26, 2023. Contribution amounts shown are assumed to be middle-of-year.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$ 8,000,000	\$ -	\$ 8,000,000
2024	7,000,000	-	7,000,000
2025	6,000,000	-	6,000,000
2026	6,000,000	-	6,000,000
2027	6,000,000	-	6,000,000
2028	6,000,000	-	6,000,000
2029	6,000,000	-	6,000,000
2030	6,000,000	-	6,000,000
2031	6,000,000	-	6,000,000
2032	6,000,000	-	6,000,000



Plan Name: Western Glaziers Retirement Plan
Plan Sponsor EIN / Plan Number: 93-6074376 / 001
Attachment F to 2023 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-4
SCHEDULE OF AMORTIZATION CHARGES REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF AUGUST 1, 2023

Type of Base	Date Established	Initial Amount	8/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	8/1/1994	\$ 118,598	\$ 8,918	1.0	\$ 8,918
2. Plan Amendment	8/1/1995	145,854	21,201	2.0	10,947
3. Plan Amendment	8/1/1997	1,135,370	309,259	4.0	85,047
4. Plan Amendment	8/1/1998	884,957	291,814	5.0	66,225
5. Plan Amendment	8/1/1999	1,021,056	391,437	6.0	76,336
6. Plan Amendment	8/1/2000	931,916	403,938	7.0	69,602
7. Actuarial Loss	8/1/2004	384,837	36,245	1.0	36,245
8. Assumption Change	8/1/2004	2,921,479	1,762,385	11.0	217,432
9. Actuarial Loss	8/1/2005	2,653,081	451,795	2.0	233,273
10. Shortfall Loss	8/1/2006	39,556	10,459	3.0	3,716
11. Actuarial Loss	8/1/2006	911,128	225,218	3.0	80,026
12. Shortfall Loss	8/1/2007	471,767	161,067	4.0	44,294
13. Shortfall Loss	8/1/2008	578,891	239,276	5.0	54,302
14. Actuarial Loss	8/1/2008	7,604,970	2,937,377	5.0	666,614
15. Assumption Change	8/1/2008	3,005,515	1,160,858	5.0	263,447
16. Shortfall Loss	8/1/2009	1,530,192	735,217	6.0	143,379
17. Actuarial Loss	8/1/2009	4,912,359	2,205,834	6.0	430,172
18. Assumption Change	8/1/2009	1,357,547	609,588	6.0	118,879
19. Shortfall Loss	8/1/2010	1,572,726	854,421	7.0	147,224
20. Actuarial Loss	8/1/2010	457,637	232,354	7.0	40,037

Plan Name: Western Glaziers Retirement Plan
Plan Sponsor EIN / Plan Number: 93-6074376 / 001
Attachment F to 2023 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-4
SCHEDULE OF AMORTIZATION CHARGES REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF AUGUST 1, 2023 (Continued)

Type of Base	Date Established	Initial Amount	8/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
21. Shortfall Loss	8/1/2011	\$ 653,091	\$ 200,921	3.0	\$ 71,393
22. Actuarial Loss	8/1/2011	2,128,911	612,112	3.0	217,500
23. Actuarial Loss	8/1/2012	3,497,287	1,297,927	4.0	356,931
24. Actuarial Loss	8/1/2013	764,631	343,525	5.0	77,960
25. Plan Amendment	8/1/2014	2,723,943	1,422,728	6.0	277,454
26. Actuarial Loss	8/1/2015	1,113,431	657,565	7.0	113,304
27. Assumption Change	8/1/2015	1,146,126	676,873	7.0	116,631
28. Plan Amendment	8/1/2015	3,393,909	2,004,360	7.0	345,368
29. Actuarial Loss	8/1/2016	3,826,659	2,504,116	8.0	389,044
30. Actuarial Loss	8/1/2017	1,505,151	1,074,725	9.0	152,886
31. Actuarial Loss ¹	8/1/2018	4,040,478	3,110,283	10.0	410,052
32. Actuarial Loss ¹	8/1/2019	4,997,009	4,106,997	11.0	506,694
33. Actuarial Loss ¹	8/1/2020	6,908,962	6,014,937	12.0	699,985
34. Actuarial Loss ¹	8/1/2021	4,868,927	4,460,556	13.0	492,901
35. Actuarial Loss ¹	8/1/2022	4,313,513	4,138,525	14.0	436,674
36. Actuarial Loss ¹	8/1/2023	4,260,671	4,260,671	15.0	431,325
TOTAL CHARGES		\$ 90,484,658	\$ 49,935,482		\$ 7,892,217

¹ Reflects the application of Revenue Ruling 81-213.

Plan Name: Western Glaziers Retirement Plan
 Plan Sponsor EIN / Plan Number: 93-6074376 / 001
 Attachment F to 2023 Form 5500 Schedule MB

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

Table V-5					
SCHEDULE OF AMORTIZATION CREDITS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION					
AS OF AUGUST 1, 2023					
Type of Base	Date Established	Initial Amount	8/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan Amendment	8/1/2009	\$ 20,579,802	\$ 9,241,111	6.0	\$ 1,802,162
2. Actuarial Gain	8/1/2014	160,759	83,965	6.0	\$ 16,374
3. Method Change (Funding)	8/1/2017	11,532,429	5,550,097	4.0	\$ 1,526,283
TOTAL CREDITS		\$ 32,272,990	\$ 14,875,173		\$ 3,344,819
TOTAL CHARGES		\$ 90,484,658	\$ 49,935,482		\$ 7,892,217
NET CHARGE			\$ 35,060,309		\$ 4,547,398



Plan Name: Western Glaziers Retirement Plan
Plan Sponsor EIN / Plan Number: 93-6074376 / 001
Attachment G to 2023 Form 5500 Schedule MB

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes:

1. The RPA '94 current liability interest rate was changed from 2.30% to 2.91% to comply with appropriate guidance.
2. The mortality table used to determine RPA '94 current liability is the static mortality table as described under Regulation §1.430(h)(3)-1(a)(3). The 2022 table was updated to 2023 as provided by Notice 2022-22.

Western Glaziers Retirement Plan
93-6074376/001

Schedule R, Line 14 - Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

Line 14b and 14c: Data has become available to determine these counts that were not available in prior years.

Western Glaziers Retirement Plan
EIN: 93-6074376
FYE: July 31, 2024

Plan Number: 001

Schedule R, Line 13e - Information on Contribution Rates and Base Units

CULVER GLASS COMPANY
27-1467937

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
0.50	Hourly
1.00	Hourly
3.75	Hourly
4.77	Hourly

BENSON INDUSTRIES
90-1007802

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
0.50	Hourly
1.00	Hourly
3.75	Hourly

SOUTH TOWN GLASS INC
93-1117091

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
0.50	Hourly
3.75	Hourly
4.77	Hourly

ENCORE GLASS LLC
45-4333619

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
4.77	Hourly
0.50	Hourly

PACIFIC NW GLASS & MIRROR
82-1559593

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
4.77	Hourly
3.75	Hourly

SMITH GLASS SERVICE
93-0840788

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
4.77	Hourly

PAINTERS DISTRICT COUNCIL
IUPAT-DC 5
91-03349

<u>Rate</u>	<u>Base Unit</u>
13.42	Hourly
6.50	Hourly

**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 beginning 08/01/2023 and ending 07/31/2024

▶ **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 Western Glaziers 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 of Western Glaziers Retirement Plan	D Employer Identification Number (EIN) 93-6074376	

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

1a Enter the valuation date: Month 8 Day 1 Year 2023

b Assets

(1) Current value of assets **1b(1)** 183,404,596

(2) Actuarial value of assets for funding standard account **1b(2)** 186,925,284

c (1) Accrued liability for plan using immediate gain methods **1c(1)** 176,070,465

(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)** 176,070,465

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)** 322,270,885

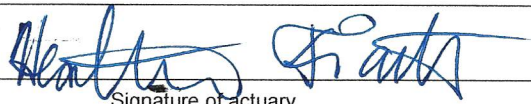
(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 12,173,001

(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 10,764,681

(3) Expected plan disbursements for the plan year **1d(3)** 11,237,048

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		<u>5/5/2025</u>
	Signature of actuary	Date

Heather E. L. Fantz

23-08588

Type or print name of actuary

Most recent enrollment number

Cheiron, Inc.

(877) 243-4766

Firm name

Telephone number (including area code)

200 SW Market Street
Suite 1940
Portland

OR 97201

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	183,404,596
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	340	123,831,638
(2) For terminated vested participants	218	46,398,813
(3) For active participants:		
(a) Non-vested benefits		21,810,857
(b) Vested benefits		130,229,577
(c) Total active	543	152,040,434
(4) Total	1,101	322,270,885
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.91%

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
02/01/2024	8,085,334				
Totals ▶			3(b)	8,085,334	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	106.2%
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.91 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	6.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.8%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	262,244
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	4,260,671	431,325

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	5,084,856

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	49,935,482	7,892,217
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		875,952
e Total charges. Add lines 9a through 9d.....	9e		13,853,025
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		35,060,309
g Employer contributions. Total from column (b) of line 3.....	9g		8,085,334
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	14,875,173	3,344,819
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,860,770
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	35,025,779	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	111,761,870	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		49,351,232
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		35,498,207
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		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2023 or fiscal plan year beginning		08/01/2023	and ending	07/31/2024
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here.			<input checked="" type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
		<input type="checkbox"/> special extension (enter description)		
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.			<input type="checkbox"/>

Part II Basic Plan Information —enter all requested information			
1a	Name of plan WESTERN GLAZIERS RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 08/01/1962
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) BOARD OF TRUSTEES OF WESTERN GLAZIERS RETIREMENT PLAN PO BOX 4148 PORTLAND OR 97208-4148	2b	Employer Identification Number (EIN) 93-6074376
		2c	Plan Sponsor's telephone number (503) 282-5581
		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	<i>Jerry Fisher</i>	05/12/2025	JERRY FISHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Todd L Springer</i>	05/14/2025	TODD SPRINGER
	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 <input checked="" type="checkbox"/> 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	1,031
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)	488
	6a(2)	426
	6b	294
	6c	239
	6d	959
	6e	45
	6f	1,004
	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	29

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) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

WESTERN GLAZIERS RETIREMENT PLAN
Financial Statements
July 31, 2024 and 2023
With Independent Auditor's Report

Western Glaziers Retirement Plan
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July 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Western Glaziers Retirement Plan:

Opinion

We have audited the accompanying financial statements of Western Glaziers Retirement 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 July 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Western Glaziers Retirement Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Western Glaziers Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Withum Smith + Brown, PC

May 12, 2025

Western Glaziers Retirement Plan
Statements of Net Assets Available for Benefits
July 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 63,162,277	\$ 59,491,505
Common/collective trusts	87,274,670	74,040,024
Limited partnerships	20,603,144	21,521,450
103-12 investment entities	23,725,662	24,640,657
Money market mutual funds	<u>2,759,949</u>	<u>2,194,242</u>
Total investments	<u>197,525,702</u>	<u>181,887,878</u>
Receivables		
Employer contributions	<u>596,571</u>	<u>642,535</u>
Cash	<u>996,188</u>	<u>902,991</u>
Prepaid expenses	<u>35,509</u>	<u>38,173</u>
Total assets	<u>199,153,970</u>	<u>183,471,577</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>69,037</u>	<u>66,981</u>
Net assets available for benefits	<u>\$ 199,084,933</u>	<u>\$ 183,404,596</u>

The notes to financial statements are an integral part of these statements.

Western Glaziers Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended July 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 14,724,949	\$ 7,859,823
Interest and dividends	<u>3,591,697</u>	<u>2,770,981</u>
	18,316,646	10,630,804
Less: Investment expenses	<u>(636,221)</u>	<u>(591,857)</u>
Investment income - net	17,680,425	10,038,947
Employer contributions	<u>8,085,334</u>	<u>8,977,205</u>
Total additions	<u>25,765,759</u>	<u>19,016,152</u>
Deductions		
Benefits paid	<u>9,784,721</u>	<u>9,451,808</u>
Administrative expenses		
Accounting fees	31,104	30,492
Actuarial fees	84,880	76,003
Administration fees	31,658	31,769
Bank charges	6,898	6,808
Insurance	102,086	96,949
Legal fees	38,033	43,392
Meetings and educational conferences	2,686	2,217
Printing, postage and other	<u>3,356</u>	<u>2,885</u>
Total administrative expenses	<u>300,701</u>	<u>290,515</u>
Total deductions	<u>10,085,422</u>	<u>9,742,323</u>
Net change in net assets available for benefits	15,680,337	9,273,829
Net assets available for benefits		
Beginning of year	<u>183,404,596</u>	<u>174,130,767</u>
End of year	<u>\$ 199,084,933</u>	<u>\$ 183,404,596</u>

The notes to financial statements are an integral part of these statements.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of Western Glaziers Retirement Plan (the “Plan”) are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC 820”), *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan’s assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities’ own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods

In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan’s investment classes are presented below:

Mutual Funds: The fair value of mutual funds is generally based on quoted market prices in active markets (Level 1).

Common/Collective Trusts and 103-12 Investment Entities: The fair value of the investments in these categories has been estimated using the net asset value per share of the investments. The net asset value is being used as a practical expedient to estimate fair value.

Limited Partnerships: Limited partnerships are valued using net asset value, which approximates fair value. Net asset value of these funds is based on the underlying assets’ fair values, which include a combination of quoted market prices and estimated fair values determined by the general partners and managers using the most recent net asset value or capital account information available, independent appraisals, significant judgements, and various mathematical models and methodologies. The net asset value is being used as a practical expedient to estimate fair value.

Western Glaziers Retirement Plan

Notes to Financial Statements

July 31, 2024 and 2023

Money Market Mutual Funds: The fair value of the money market mutual funds, which are not actively traded, is based on amortized cost, which approximates fair value.

Valuation Methods, Consistency: The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition

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

Contributions Receivable

Employer contributions due but not paid prior to year-end are recorded as employer contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due when collectability is uncertain. Therefore, delinquent contributions are recorded when received. Contributions for payroll audits received subsequent to year-end have been included in contributions receivable.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

Estimates

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

Risks and Uncertainties

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of accumulated Plan benefits.

The Plan invests in various types of securities. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term that could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Western Glaziers Retirement Plan

Notes to Financial Statements

July 31, 2024 and 2023

Accounting Principles Adopted

In June 2016, the Financial Accounting Standards Board (“FASB”) issued an Accounting Standards Update (“ASU”) amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective August 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets available for benefits.

2. DESCRIPTION OF THE PLAN

The following brief description of the Western Glaziers Retirement Plan (the “Plan”) is for general information purposes only. Participants should refer to the Plan Document and information booklet for more complete information.

General

The Plan is a multiemployer defined benefit pension plan established effective August 1, 1962, as a result of collective bargaining agreements between the Glaziers, Architectural Metal and Glass Workers Local No. 740 and employers in Oregon and the Southwest Washington area, to provide benefits to certain employees in the glass and glazing industry. The Plan was revised and restated effective January 1, 2015. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and is supervised by a Board of Trustees consisting of three representatives from the employer organizations and three representatives from the employees’ union.

Contributions

The Trust Agreement provides that participating employers make monthly contributions to the Western Glaziers Retirement Fund of a specified amount for each hour worked to provide pension benefits for participants. The employer’s contribution rate is based on the collective bargaining agreement or the participation agreement.

Vesting

A participant becomes fully vested by satisfying any of the following requirements:

- (a) Prior to August 1, 1973, the participant has total service benefits of \$38.50, of which \$26.25 is from contributory service (service in the industry after the Plan was established and employer contributions began).
- (b) The participant enters the Plan between August 1, 1973, and July 31, 1976, and has accumulated 20,000 hours of covered service, provided the hours were completed in fewer than 10 years.
- (c) Participation in the Plan between August 1, 1976, and July 31, 1997, and completion of 10 years of service without a permanent break in service as defined in the Plan.
- (d) Participation in the Plan on or after August 1, 1997, and completion of at least five years of service without a permanent break in service, as defined in the Plan.
- (e) Participants are vested if they stop working for a participating employer on or after their 65th birthday if they have completed their fifth year of Plan participation or upon completion of their fifth year of Plan participation if that date is after their 65th birthday.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

Pension Benefits

Vested participants are entitled to annual pension benefits subject to certain limits beginning at the normal retirement age (65) based on a formula involving years of service and contribution level. Normally, pension benefits are in the form of a joint and survivor annuity and are paid monthly. Pension benefits paid under the joint and survivor annuity form are at a reduced monthly rate. Several other benefit payment options are available to participants, as explained in the Plan Document and the Summary Plan Description. Participants are eligible for early retirement if they have attained the age of 55 and accumulated a monthly benefit of at least \$57.75 or if they have completed 10 years of service and are no longer employed in the glass and glazing industry.

Death and Disability Benefits

Beneficiaries of retired participants and non-retired participants are entitled to death benefits under certain conditions, as determined under the Plan. Disabled participants with five or more years of service are entitled to a benefit based on years of service and contribution level.

3. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Board of Trustees. Termination shall not permit any part of the Plan assets 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 that 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's 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.

4. TAX STATUS

The Internal Revenue Service has determined and informed the Plan, by letter dated March 8, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has subsequently been amended and the amendments were not subject to review by the Internal Revenue Service during the determination letter review process. However, the Plan's Board of Trustees believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require the Board of Trustees to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Board of Trustees has analyzed the tax positions taken by the Plan and has concluded that, as of July 31, 2024 and 2023, there are no uncertain positions taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

5. ACTUARIAL INFORMATION

The actuarial present value of accumulated Plan benefits, as calculated by the Plan's actuary, Cheiron, is as follows as of July 31, 2023:

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants or beneficiaries currently receiving payments	\$ 86,515,630
Other participants	<u>74,837,591</u>
Total vested benefits	161,353,221
Non-vested benefits	<u>10,615,636</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 171,968,857</u>

As reported by the actuary, the changes in the present value of accumulated Plan benefits for the year ended July 31, 2023, are as follows:

Actuarial present value of accumulated Plan benefits	
at beginning of year	<u>\$ 164,018,450</u>
Benefits accumulated during the year	4,571,725
Benefits paid	(9,451,808)
Administrative expenses	(290,515)
Interest adjustment	11,056,402
Plan Amendment	93,494
Liability experience losses	<u>1,971,109</u>
Net increase	<u>7,950,407</u>
Actuarial present value of accumulated Plan benefits	
at end of year	<u>\$ 171,968,857</u>

The computations of the actuarial present value of accumulated Plan benefits were made by Cheiron as of August 1, 2023. Had the valuation been made as of July 31, 2023, there would be no material differences.

Effective November 1, 2023, the Plan was amended through Amendment #14 to the Plan Document. Amendment #14 included the following changes:

- Increased the accrual rate from 1.4% to 1.6% on contributions made for work hours between August 2021 and July 2023.
- Approved the payment of a "13th check" to retirees and beneficiaries in pay status on November 1, 2023.
- Reduction factors for early retirements were reduced for retirements on or after August 1, 2023.

Furthermore, the Board of Trustees approved in March 2024 a reduction in factors for early retirement for deferred vested retirements on or after August 1, 2023.

In accordance with FASB ASC 960, *Plan Accounting – Defined Benefit Pension Plans*, the increase in the actuarial present value of accumulated Plan benefits will be reflected during the valuation year in which the Plan amendment is adopted. The estimated increase to the actuarial present value of accumulated Plan benefits for the effect of Amendment #14 and the benefit improvement for deferred vested retirees approved in March 2024 is approximately \$8.9 million and is not included in the actuarial present value of

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

accumulated Plan benefits stated above.

The significant actuarial assumptions used in determining the actuarial present value of accumulated Plan benefits are as follows:

Interest rate:	6.75% per annum, compounded annually.
Mortality:	Pri. H-2012 Healthy Blue Collar Mortality table generationally projected forward using scale MP-2020.
Withdrawal:	Withdrawal rates range from 25% for participants with one year of service or less down to 1% for participants with over 21 years of service.
Disablement:	Disability rates range from 0.015% at age 35, and increase to 0.600% at age 50.
Expenses:	\$270,950 (2024) and \$263,058 (2023) per year, assumed middle of the year, increasing at 3.0% per year. The expected administrative expenses associated with the accumulated Plan benefits is estimated to be 2.9% of the liabilities as of the beginning of the year and the end of the year. The accumulated Plan benefits reflect these administrative expense loads and increased the actuarial present value of accumulated Plan benefits by \$4,622,483 as of the beginning of the year and \$4,846,547 as of the end of the year.

Retirement rates:	<u>Age</u>	
	55–58	5%
	59–60	11%
	61	30%
	62	60%
	63–66	40%
	67–69	20%
	70	100%

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

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

6. FUNDING POLICY

Funding is from contributions from employers who are party to a collective bargaining agreement or a participation agreement. Contributions are made in accordance with formulas set forth in the collective bargaining agreement or participation agreement. The minimum funding requirements of ERISA have been met as of August 1, 2023 and 2022.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

7. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at July 31, 2024 and 2023, are as follows:

<u>Description</u>	<u>2024</u>	<u>Fair Value Measurements at Reporting Date Using</u>	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Mutual funds	\$ 63,162,277	\$ 63,162,277	\$ -
Money market mutual funds	<u>2,759,949</u>	<u>-</u>	<u>2,759,949</u>
Total assets in the fair value hierarchy	<u>65,922,226</u>	<u>\$ 63,162,277</u>	<u>\$ 2,759,949</u>
Investments measured at net asset value			
Common/collective trusts	87,274,670		
Limited partnerships	20,603,144		
103-12 investment entities	<u>23,725,662</u>		
Total investments measured at net asset value	<u>131,603,476</u>		
Total investments at fair value	<u>\$ 197,525,702</u>		

<u>Description</u>	<u>2023</u>	<u>Fair Value Measurements at Reporting Date Using</u>	
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Assets in the fair value hierarchy			
Mutual funds	\$ 59,491,505	\$ 59,491,505	\$ -
Money market mutual funds	<u>2,194,242</u>	<u>-</u>	<u>2,194,242</u>
Total assets in the fair value hierarchy	<u>61,685,747</u>	<u>\$ 59,491,505</u>	<u>\$ 2,194,242</u>
Investments measured at net asset value			
Common/collective trusts	74,040,024		
Limited partnerships	21,521,450		
103-12 investment entities	<u>24,640,657</u>		
Total investments measured at net asset value	<u>120,202,131</u>		
Total investments at fair value	<u>\$ 181,887,878</u>		

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

8. INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE

Investment Type	Fair Value at July 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023		
Common/collective trusts				
Multi-Employer Property Trust	\$ 5,594,456	\$ 6,425,861 (a)	Quarterly	45 days
BNY Mellon AFL-CIO Broad Market Stock Index	<u>81,680,214</u>	<u>67,614,163</u> (a)	Daily	None
Total common/collective trusts	<u>87,274,670</u>	<u>74,040,024</u>		
103-12 investment entities				
Washington Capital Joint Master Trust				
Real Estate Equity Fund	17,064,679	18,277,315 (a)	Monthly	15 days
Ullico Infrastructure Tax-Exempt Fund, LP	<u>6,660,983</u>	<u>6,363,342</u> (a)	Quarterly	45 days
Total 103-12 investment entities	<u>23,725,662</u>	<u>24,640,657</u>		
Limited partnerships				
Hamilton Lane Strategic Opp. 2016 Offshore Fund	420,630	263,914 (b)	see (b)	N/A
Corbin ERISA Opportunity Fund, LP	10,180,926	9,277,377 (c)	Quarterly	65 calendar days
Hamilton Lane Secondary Feeder Fund IV, LP	601,304	916,776 (d)	see (d)	N/A
HarbourVest Dover Street IX Cayman Fund, LP	1,121,495	1,162,262 (e)	see (e)	N/A
American Strategic Value Realty Fund	3,114,635	3,444,081 (f)	Quarterly	None
GCM Grosvenor Special Opportunities Fund, Ltd.	4,376,355	5,330,575 (g)	Quarterly	95 days
Hamilton Lane Strategic Opp Fund IV (Series 2018)	<u>787,799</u>	<u>1,126,465</u> (h)	see (h)	N/A
Total limited partnerships	<u>20,603,144</u>	<u>21,521,450</u>		
	<u>\$ 131,603,476</u>	<u>\$ 120,202,131</u>		

The Plan has unfunded commitments to the following limited partnerships as of July 31, 2024 and 2023:

	2024	2023
Hamilton Lane Secondary Feeder Fund IV-A, LP	\$ 838,982	\$ 834,305
HarbourVest Dover Street IX Cayman Fund, LP	192,000	230,400
Hamilton Lane Strategic Opp. 2016 Offshore Fund	1,104,299	1,105,915
Hamilton Lane Strategic Opp Fund IV (Series 2018)	<u>438,402</u>	<u>464,732</u>
	<u>\$ 2,573,683</u>	<u>\$ 2,635,352</u>

- (a) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investments' strategy is not disclosed.
- (b) The partnership's investment objective is to create a portfolio of opportunistically oriented private-market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in credit co-investments, direct credit and equity investments, and secondary investments. The partnership will terminate on the date that the Main Partnership terminates, April 30, 2022, unless extended by, and at the discretion of, the General Partner for up to two successive one-year terms at the sole discretion of the General Partner and thereafter for additional periods with the consent of the partnership's advisory committee or a majority interest. On April 30, 2023, the term expired and the Partnership began dissolution.
- (c) The partnership's investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the partnership may have exposure to other assets, instruments and markets. The Plan may redeem units from this partnership on a quarterly basis by providing 65 calendar days' notice.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

- (d) The investment objective of the partnership, through its interest in the main partnership, is to acquire and hold a diversified portfolio of private equity investment funds, which may include venture capital, buyout, mezzanine, industry-focused and other private equity investment funds, acquired through secondary market transactions. The Fund will terminate on June 23, 2027, the tenth anniversary of the Main Fund's final admission date, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for a further one-year period with the consent of the Advisory Committee.
- (e) The sole purpose of the Cayman partnership is to hold the investment in Dover Street IX L.P., which, in turn, holds an investment in HarbourVest Dover Street IX Investment L.P., which makes investments with a primary emphasis on equity-oriented investments in venture capital, management buy-in, management buy-out, leveraged buy-out, mezzanine, special situation, and recapitalization and other private equity transactions. The partnership is scheduled to terminate on June 1, 2026, subject to four one-year extensions, or earlier upon such decision by the General Partner of Dover Street IX Investment L.P.
- (f) The fund invests primarily in value-added real estate opportunities. Investments will be made solely in the United States in specific product types including, but not limited to, multi-family, industrial, retail, office, hotel and other properties.
- (g) The fund acts as a feeder fund in a "master-feeder" structure and, accordingly, invests substantially all of its capital in GCM Grosvenor Special Opportunities Fund, Ltd., an exempted company incorporated under the laws of the Cayman Islands. The Master Fund invests in investment funds; investment partnerships; pooled investment vehicles; long and short positions in common stocks, bonds, warrants and derivative contracts; as well as non-public securities within and outside the United States. Effective April 1, 2017, substantially all of the assets of the fund that are available for investment have been invested in the Intermediate Entity, GCM Grosvenor Special Opportunities Intermediate Entity, L.P., which invests substantially all of its assets in the Master Fund and has the same investment objective as the fund and the Master Fund.
- (h) The fund seeks to create a portfolio of opportunistically oriented private-market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy. The fund invests across the entire capital structure, primarily in credit co-/direct investments as well as tail-end secondary investments to create a portfolio biased toward short-duration exposures with downside protection and current yield. The partnership will terminate on the date that the Main Partnership terminates, April 30, 2023, unless extended by, and at the discretion of, the General Partner for up to two successive one-year terms, and for further one-year periods with the consent of the Advisory Committee or a Majority in Interest. The Advisory Committee has approved a one-year extension, with a new termination date of April 30, 2024. The General Partner intends to extend the term of the Partnership until April 30, 2025.

As of July 31, 2024 and 2023, the Multi-Employer Property Trust, Washington Capital Joint Master Trust Real Estate Equity Fund, and American Strategic Value Realty Fund have redemption queues so redemption requests may be delayed. These Funds are not required to liquidate investment holdings to satisfy redemption requests and may pay the redemptions pro-rata based on the liquidity of the Funds.

9. MAJOR EMPLOYERS

During the years ended July 31, 2024 and 2023, the Plan received approximately 39% and 44% of employer contributions from two employers, respectively.

Western Glaziers Retirement Plan
Notes to Financial Statements
July 31, 2024 and 2023

10. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after July 31, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through May 12, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Participants and Trustees of
Western Glaziers Retirement Plan:

We have audited the financial statement of Western Glaziers Retirement Plan as of and for the year ended July 31, 2024, and have issued our report thereon May 12, 2025, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of July 31, 2024 and Schedule H, Line 4j - Reportable Transactions for the year then ended 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 the Employee Retirement Income Security Act of 1974 ("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 audit 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 auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule, including its 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 taken 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.

WithumSmith+Brown, PC

May 12, 2025

Western Glaziers Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
ID #93-6074376 Plan #001
July 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<u>Partnership/Joint Venture Interests</u>			
	Dover Street IX Cayman Fund		\$ 886,506	\$ 1,121,495
	Hamilton Lane Strategic Opport 2016 Offshore Fund, LP		456,079	420,630
	Hamilton Lane Strategic Opport Fund IV (Series 2018) Offshore LP		675,652	787,799
	Hamilton Lane Secondary Feeder Fund IV-A LP		63,752	601,304
	Corbin ERISA Opportunity Fund, L.P.		10,059,287	10,180,926
	American Strategic Value Realty Fund		2,970,411	3,114,635
	GCM Grosvenor Special Opportunites Fund Ltd		<u>4,376,355</u>	<u>4,376,355</u>
			<u>19,488,042</u>	<u>20,603,144</u>
	<u>Common/Collective Trusts</u>			
	Newtower Trust Company Multi-Employer Property Trust		2,154,856	5,594,456
	BNYM Mellon AFL-CIO SL Broad Market Stock Index Fund		<u>58,543,483</u>	<u>81,680,214</u>
			<u>60,698,339</u>	<u>87,274,670</u>
	<u>103-12 Investment Entities</u>			
	Washington Cap JT Master Trust Real Estate Equity Fund		5,500,400	17,064,679
	Ullico Infrastructure Tax-Exempt Fund, L.P.		<u>4,323,057</u>	<u>6,660,983</u>
			<u>9,823,457</u>	<u>23,725,662</u>
	<u>Registered Investment Companies</u>			
	First American Prime Obligations Fund CI Z		2,759,949	2,759,949
	Vanguard Total International Stock Index Fund		21,683,164	26,243,575
	Doubleline Core Fixed Income I		20,200,117	17,613,916
	PIMCO Income Fund Ins		<u>21,406,749</u>	<u>19,304,786</u>
			<u>66,049,979</u>	<u>65,922,226</u>
			<u>\$ 156,059,817</u>	<u>\$ 197,525,702</u>

See Independent Auditor's Report on Supplementary Information.

Western Glaziers Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
ID #93-6074376 Plan #001
Year Ended July 31, 2024

See Attachment for Custodian Bank Statement for Reportable Transactions

See Independent Auditor's Report on Supplementary Information.

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WESTERN GLAZIERS COMBI
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Period from August 1, 2023 to July 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
						BEGINNING MARKET VALUE	174,613,882.85
						COMPARATIVE VALUE (5%)	8,730,694.14
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION*							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION*							
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION*							
CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE *NO TRANSACTIONS QUALIFIED FOR THIS SECTION*							