

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

**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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> 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) TRUSTEES OF GLAZIERS ARCH. METAL & GLASSWKRS LU 513 401K SPPLMNTL RTRM   5916 WILSON AVENUE ST. LOUIS, MO 63110	<b>1c</b> Effective date of plan <u>11/01/1982</u>  <b>2b</b> Employer Identification Number (EIN) <u>43-6058944</u>  <b>2c</b> Plan Sponsor's telephone number <u>314-644-3922</u>  <b>2d</b> Business code (see instructions) <u>238900</u>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/20/2025	THERESA CARPENTER
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/23/2025	JOHN DEEKEN
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	370
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	181
	<b>6a(2)</b>	165
	<b>6b</b>	22
	<b>6c</b>	148
	<b>6d</b>	335
	<b>6e</b>	3
	<b>6f</b>	338
	<b>6g(1)</b>	370
<b>6g(2)</b>	338	
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	24

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2G 2J 2T

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS ARCH. METAL & GLASSWKRS LU 513 401K SPPLMNTL RTRM	<b>D</b> Employer Identification Number (EIN) 43-6058944	

**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

AMERICAN CENTURY REAL ESTATE FUND	350 MAIN ST, FL 3 MALDEN, MA 02148-5089
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS AMERICAN MUTUAL FUND	PO BOX 2280 NORFOLK, VA 23501-2280
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS NEW PERSPECTIVE FUND	PO BOX 2280 NORFOLK, VA 23501-2280
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS NEW WORLD FUND	PO BOX 2280 NORFOLK, VA 23501-2280
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY TOTAL BOND FUND

PO BOX 28007  
ALBUQUERQUE, NM 87125-8007

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

FIDELITY BLUE CHIP GROWTH FUND

PO BOX 28007  
ALBUQUERQUE, NM 87125-8007

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

FRANKLIN SMALL CAP VALUE FUND

3344 QUALITY DRIVE  
RANCHO CORDOVA, CA 95741-2258

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

FRANKLIN SMALL CAP GROWTH FUND

3344 QUALITY DRIVE  
RANCHO CORDOVA, CA 95741-2258

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

FRANKLIN INTERNATIONAL GROWTH FUND

3344 QUALITY DRIVE  
RANCHO CORDOVA, CA 95741-2258

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

MFS MID CAP VALUE FUND

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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

MFS MID CAP GROWTH FUND

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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

VANGUARD 500 INDEX FUND

PO BOX 982903  
EL PASO, TX 79998-2903



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

VANGUARD TARGET RETIREMENT 2040 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2045 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2050 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2055 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2060 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2065 FUN      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT INC FUND      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD INTERMEDIATE-TERM BOND IND      PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD MID-CAP INDEX FUND

PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD SMALL-CAP INDEX FUND

PO BOX 982903  
EL PASO, TX 79998-2903

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

VANGUARD VALUE INDEX FUND

PO BOX 982903  
EL PASO, TX 79998-2903

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

AMERICAN FUNDS SMALL CAP WORLD FUND

PO BOX 2280  
NORFOLK, VA 23501-2280

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

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

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

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

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

EKON BENEFITS

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	61856	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)

GPB CORPORATION

43-1240518

(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?
14 50	RELATED PARTY	35124	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)

ROMOLO & ASSOCIATES, LLC

84-2885766

(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	20494	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)

MARQUETTE & ASSOCIATES

36-3485298

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	20432	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)

HAMMOND & SHINNERS

43-1429257

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8184	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)

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN)	▶ <u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS ARCH. METAL & GLASSWKRS LU 513 401K SPPLMNTL RTRM	<b>D</b> Employer Identification Number (EIN) 43-6058944	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GREAT GRAY COLLECTIVE INV TRUST III</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY LLC</u>	
<b>c</b> EIN-PN <u>26-0142858-094</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1637398</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<b>A</b> Name of plan <b>GLAZIERS ARCHITECTURAL METAL &amp; GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF GLAZIERS ARCH. METAL &amp; GLASSWKRS LU 513 401K SPPLMNTL RTRM</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6058944</b>	

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	155573	140086
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	13107	14364
<b>(3)</b> Other .....	<b>1b(3)</b>	75051	33805
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1700151	1637398
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	38412100	46054766
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	40355982	47880419
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h	15562	18173
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		5613
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	15562	23786
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	40340420	47856633

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	1368512	
(B) Participants .....	2a(1)(B)	132184	
(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)		1500696
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	1622	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(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)	1271657	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		40765
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8331526
<b>c</b> Other income .....	<b>2c</b>		128
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11146394

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3469508	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3469508
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	35124	
(3) Recordkeeping fees.....	<b>2i(3)</b>	64850	
(4) IQPA audit fees.....	<b>2i(4)</b>	17500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	20432	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	8184	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	340	
(11) Other expenses .....	<b>2i(11)</b>	14243	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		160673
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3630181

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7516213
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: ROMOLO & ASSOCIATES, LLC

(2) EIN: 84-2885766

**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
<b>a</b> 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8300
<b>b</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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> 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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

<b>A</b> Name of plan <u>GLAZIERS ARCHITECTURAL METAL &amp; GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF GLAZIERS ARCH. METAL &amp; GLASSWKRS LU 513 401K SPPLMNTL RTRM</u>	<b>D</b> Employer Identification Number (EIN) <u>43-6058944</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> 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
<b>8</b> 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 type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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 type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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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<b>10</b> 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
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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
<b>12</b> 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 \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 \_\_\_\_\_.

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of  
Glaziers Architectural Metal & Glassworkers  
Local 513, Division A, Glaziers Unit 401(k)  
and Supplemental Retirement Plan  
St. Louis, Missouri

**Opinion**

We have audited the accompanying financial statements of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 October 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan as of October 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Glaziers Architectural Metal &

Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Delinquent Contributions and Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary

information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Romolo & Associates LLC". The signature is written in black ink and is positioned above the printed name of the firm.

Romolo & Associates, LLC  
Certified Public Accountants  
Peoria, Illinois

June 19, 2025

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(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	Maturity		Rate of Interest		Shares/Par Value		(d) Cost		(e) Current Value	
			Date	Date	Interest	Interest	Value	Value	Cost	Cost	Value	Value
	American Century Real Estate Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,993.007		\$ -	\$ -	\$ 303,957	
	American Funds American Mutual Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	3,135.713		-	-	183,690	
	American Funds New Perspective Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	5,227.268		-	-	337,002	
	American Funds Small Cap World Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	2,386.468		-	-	170,465	
	American Funds New World Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,391.249		-	-	114,416	
	Fidelity Total Bond K6 Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	17,345.309		-	-	152,986	
	Fidelity Blue Chip Growth K6 Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	22,027.295		-	-	753,994	
	Franklin Small Cap Value Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,394.937		-	-	88,300	
	Franklin Small Cap Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,355.680		-	-	274,736	
	Franklin International Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	12,188.735		-	-	211,718	
	MFS Mid Cap Value Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	6,658.602		-	-	237,912	
	MFS Mid Cap Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,433.748		-	-	338,158	
	Vanguard 500 Index Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,270.323		-	-	669,308	
	Vanguard Balanced Index Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	47,814.019		-	-	2,350,059	
	Vanguard GNMA Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	11,179.559		-	-	102,852	

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Maturity Date	Rate of Interest	Shares/Par Value	(d) Cost	(e) Current Value
Vanguard Growth Index fund	Registered Inv Co.	N/A	N/A	1,621.371	\$ -	\$ 319,702
Vanguard High-Yield Corporate Fund	Registered Inv Co.	N/A	N/A	40,013.789	-	218,075
Vanguard Target Retirement 2020 Fund	Registered Inv Co.	N/A	N/A	91,853.160	-	2,651,801
Vanguard Target Retirement 2025 Fund	Registered Inv Co.	N/A	N/A	236,393.112	-	4,734,954
Vanguard Target Retirement 2030 Fund	Registered Inv Co.	N/A	N/A	141,458.219	-	5,525,358
Vanguard Target Retirement 2035 Fund	Registered Inv Co.	N/A	N/A	226,961.768	-	5,578,720
Vanguard Target Retirement 2040 Fund	Registered Inv Co.	N/A	N/A	179,662.264	-	7,912,326
Vanguard Target Retirement 2045 Fund	Registered Inv Co.	N/A	N/A	170,197.644	-	5,126,353
Vanguard Target Retirement 2050 Fund	Registered Inv Co.	N/A	N/A	4,094.784	-	3,238,068
Vanguard Target Retirement 2055 Fund	Registered Inv Co.	N/A	N/A	11,035.770	-	622,197
Vanguard Target Retirement 2060 Fund	Registered Inv Co.	N/A	N/A	7,685.207	-	399,247
Vanguard Target Retirement 2065 Fund	Registered Inv Co.	N/A	N/A	1,075.998	-	36,649
Vanguard Target Retirement Income Fund	Registered Inv Co.	N/A	N/A	188,851.018	-	2,564,597
Vanguard Intermediate-Term Bond Index Fund	Registered Inv Co.	N/A	N/A	3,252.600	-	33,372
Vanguard Mid-Cap Index Fund	Registered Inv Co.	N/A	N/A	848.476	-	276,043

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(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
		Description	Maturity Date	Rate of Interest	Shares/Par Value		
	Vanguard Small-Cap Index Fund	Registered Inv Co.	N/A	N/A	2,088.396	\$ -	\$ 235,759
	Vanguard Value Index Fund	Registered Inv Co.	N/A	N/A	4,346.425	-	291,993
	Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	Collective Investment Trust	N/A	N/A	76,836.699	\$ -	\$ 1,637,398
						\$ -	\$ 46,054,766
						\$ -	\$ 47,692,164

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

**GLAZIERS ARCHITECTURAL METAL &  
GLASSWORKERS LOCAL 513, DIVISION A,  
GLAZIERS UNIT 401(K) AND SUPPLEMENTAL  
RETIREMENT PLAN  
OCTOBER 31, 2024 AND 2023**

## TABLE OF CONTENTS

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### INDEPENDENT AUDITOR'S REPORT

### FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits – Statement A .....	1
Statements of Changes in Net Assets Available for Benefits – Statement B .....	2
Notes to Financial Statements .....	3

### SUPPLEMENTAL INFORMATION

Schedule of Delinquent Contributions – Schedule 1 .....	13
Schedule of Assets (Held at End of Year) – Schedule 2.....	14

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees of  
Glaziers Architectural Metal & Glassworkers  
Local 513, Division A, Glaziers Unit 401(k)  
and Supplemental Retirement Plan  
St. Louis, Missouri

**Opinion**

We have audited the accompanying financial statements of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 October 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan as of October 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Glaziers Architectural Metal &

Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Delinquent Contributions and Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary

information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Romolo & Associates LLC". The signature is written in black ink and is positioned above the printed name of the firm.

Romolo & Associates, LLC  
Certified Public Accountants  
Peoria, Illinois

June 19, 2025

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
OCTOBER 31, 2024 AND 2023**

**STATEMENT A**

	ASSETS	
	<u>2024</u>	<u>2023</u>
Investments, at Fair Value		
Registered Investment Companies	\$ 46,054,766	\$ 38,412,100
Collective Investment Funds	1,637,398	1,700,151
Total Investments	<u>\$ 47,692,164</u>	<u>\$ 40,112,251</u>
Receivables		
Employers' Contributions	\$ 140,086	\$ 155,573
Participants' Contributions	14,364	13,107
Due from Affiliates	27,810	67,054
Total Receivables	<u>\$ 182,260</u>	<u>\$ 235,734</u>
Prepaid Expenses	<u>\$ 5,995</u>	<u>\$ 7,997</u>
 TOTAL ASSETS	 <u><u>\$ 47,880,419</u></u>	 <u><u>\$ 40,355,982</u></u>
	LIABILITIES	
Accounts Payable	\$ 18,173	\$ 15,562
Due to Affiliates	5,613	-
TOTAL LIABILITIES	<u>\$ 23,786</u>	<u>\$ 15,562</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 47,856,633</u></u>	 <u><u>\$ 40,340,420</u></u>

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED OCTOBER 31, 2024 AND 2023**

**STATEMENT B**

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS</b>		
Investment Income (Loss)		
Net Appreciation (Depreciation) in Fair Market		
Value of Investments	\$ 8,372,291	\$ 1,456,434
Interest	1,622	1,613
Dividends	1,027,155	781,033
Capital Gains	<u>244,502</u>	<u>249,281</u>
Total Investment Income (Loss)	\$ 9,645,570	\$ 2,488,361
Less Investment Fees	-	-
Net Investment Income (Loss)	<u>\$ 9,645,570</u>	<u>\$ 2,488,361</u>
Contributions		
Employers	\$ 1,368,512	\$ 1,580,620
Participants	132,184	160,950
Rollovers	<u>-</u>	<u>-</u>
Total Contributions	<u>\$ 1,500,696</u>	<u>\$ 1,741,570</u>
Liquidated Damages	<u>\$ 128</u>	<u>\$ 414</u>
TOTAL ADDITIONS	<u>\$ 11,146,394</u>	<u>\$ 4,230,345</u>
<b>DEDUCTIONS</b>		
Benefits Paid	\$ 3,469,508	\$ 1,618,886
Administrative Expenses - Note 10	<u>160,673</u>	<u>137,767</u>
TOTAL DEDUCTIONS	<u>\$ 3,630,181</u>	<u>\$ 1,756,653</u>
Net Increase (Decrease)	\$ 7,516,213	\$ 2,473,692
Net Assets Available for Benefits		
Beginning of Year	<u>40,340,420</u>	<u>37,866,728</u>
END OF YEAR - Statement A	<u>\$ 47,856,633</u>	<u>\$ 40,340,420</u>

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF THE PLAN**

The following description of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(K) and Supplemental Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer, participant-directed, profit-sharing, defined contribution plan. The Plan was formed November 1, 1982, under an agreement between the Glaziers, Architectural Metal & Glassworkers Local Union No. 513 (the Union) and employers of Glaziers Architectural Metal & Glassworkers of St. Louis and Vicinity, to provide retirement, death and disability benefits for eligible employees of the employers covered by collective bargaining agreements or trustee-approved participation agreements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the joint board of trustees.

Contributions

The Plan collects employer and employee contributions from participating employers. A participating employer is any employer who adopts the trust agreement and is bound by a collective bargaining agreement with the Union or a participation agreement with the Plan. Participants may contribute up to \$12 per hour of their compensation to the Plan, not to exceed IRS limits. The maximum amounts for 2024 and 2023 were \$23,000 and \$22,500, respectively. Participants who have or will attain age 50 during the plan year may elect to contribute a "catch-up" contribution, not to exceed \$7,500 for 2024 and 2023, not subject to any other limit. The Plan also accepts rollover contributions from qualifying plans.

Participant Accounts

Each participant's account is credited with the participant's share of employer and participant contributions, which may be allocated to various investments selected by the trustees, as the participant directs. Participants who do not elect to self-direct have their accounts invested in the trustee-selected target date fund nearest the participants' normal retirement date within a target date series. The net investment yield (which takes into consideration the administrative expenses of the Plan) is also credited to the participant's account.

Participant account balances do not reflect the miscellaneous income and ERISA spending accounts. Participant account balances differ from investments as follows:

	<u>2024</u>	<u>2023</u>
Total Participant Account Balances	\$ 47,616,751	\$ 40,043,555
ERISA Spending Account	75,413	68,696
Total Investments per Audited Financial Statements	<u>\$ 47,692,164</u>	<u>\$ 40,112,251</u>

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 1: DESCRIPTION OF THE PLAN (continued)**

Prior to January 1, 2020, participant accounts were non-participant-directed, and each participant account was adjusted on a pro rata basis for earnings or losses. Effective January 1, 2020, the Plan was converted from a money purchase plan to a participant-directed plan qualified as a profit-sharing plan, including the addition of a voluntary before-tax 401(k) feature. The account value of all participants as of December 31, 2019, retained the characteristics of a money purchase pension plan, and all employer and employee contributions beginning January 1, 2020, were deemed profit sharing funds. The account accumulates on a daily basis by adding employer contributions and investment earnings based on participant elected choices. All monies are held in a trust and maintained by the trustees.

Vesting

Participants are 100% vested in their account balances upon participation in the Plan. Participants or their beneficiaries are entitled to receive a lump-sum amount equal to the value of his or her account upon death, permanent and total disability, or if they attain normal retirement age and cease to be employed in an eligible employment classification. A participant who becomes inactive for reasons other than retirement, death or disability, and who has a one-year severance shall be entitled to receive a lump-sum amount equal to the value of his or her account, at the discretion of the trustees, or upon normal retirement age, death or disability.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or a monthly benefit for the remainder of his or her lifetime. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. An in-service distribution may be received if the requirements for a hardship withdrawal have been met. Readers should refer to the Summary Plan Description for more information regarding the qualifications for distributions.

Plan Termination

Although it has not expressed any intent to do so, the joint board of trustees has the right to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, each participant shall receive the balance in their account as of the final valuation date.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Change in accounting policy:

The Plan has adopted FASB ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, effective October 1, 2023, utilizing the modified retrospective transition method. The accounting standard modifies the method for estimating credit losses on financial assets from probable or incurred credit losses to lifetime expected future losses (CECL). The Credit Loss Standard requires consideration of a broader range of information to estimate expected credit losses, including historical information and current conditions through a reasonable forecast period. No cumulative effect adjustment to net assets available for benefits as of October 1, 2023, was necessary for adoption.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Accounts Receivable

The receivables for employer contributions at October 31, 2024 and 2023, consists of amounts collected in the succeeding months for work performed prior to October 31, 2024 and 2023. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of October 31, 2024 and 2023, the allowance for credit losses was insignificant. The Plan does maintain an on-going audit program to collect these amounts.

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines the valuation policies by utilizing information provided by the custodian. See Note 3 for a discussion of fair value measurements.

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.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with a related pension fund, welfare fund, vacation/holiday fund, apprenticeship fund and local union. In computing these allocated costs, various factors were considered, including the costs incurred, and volume of transactions relating to the Plan in relation to the other organizations (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1 Fair Value Measurements*

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2 Fair Value Measurements*

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

*Level 3 Fair Value Measurements*

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at October 31, 2024 and 2023.

*Registered Investment Companies:* Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to transact at their net asset value.

*Collective Investment Trust:* Collective investment funds are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The Net Asset Value (NAV) is based on the market value of its underlying investments. The NAV is not a publicly-quoted price in an active market. The collective investment funds are valued at estimated fair value based upon the fair value of the underlying investments as determined by the custodians.

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024:

	<u>Fair Value Measurements at Reporting Date Using 10/31/24:</u>			
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
Registered Investment Cos.	\$ 46,054,766	\$ -	\$ -	\$ 46,054,766
Total Assets in the Fair Value Hierarchy	<u>\$ 46,054,766</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 46,054,766</u>
Investments Measured at NAV	\$ -	\$ -	\$ -	\$ 1,637,398
Total Assets at Fair Value	<u>\$ 46,054,766</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 47,692,164</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2023:

	<u>Fair Value Measurements at Reporting Date Using 10/31/23:</u>			
	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
Registered Investment Cos.	\$ 38,412,100	\$ -	\$ -	\$ 38,412,100
Total Assets in the Fair Value Hierarchy	<u>\$ 38,412,100</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,412,100</u>
Investments Measured at NAV	\$ -	\$ -	\$ -	\$ 1,700,151
Total Assets at Fair Value	<u>\$ 38,412,100</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 40,112,251</u>

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

**Fair Value of Investments that Calculate Net Asset Value**

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of October 31, 2024 and 2023, respectively.

<u>October 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<b>COLLECTIVE INVESTMENT TRUST:</b>				
Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	\$ 1,637,398	\$ -	See [a]	See [a]
<u>October 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<b>COLLECTIVE INVESTMENT TRUST:</b>				
Wilmington Trust Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	\$1,700,151	\$ -	See [a]	See [a]

**Collective Investment Trust:**

Great Gray (formerly Wilmington Trust) Collective Investment Trust III for Metlife Annuity Contract No. 25554  
(a)

The fund sells new units and repurchases outstanding units on a daily basis. Unit purchases and redemptions are transacted at the NAV per fee class of the fund determined as of the close of business each day. The NAV is calculated daily based on the contract value.

The contract simulates the performance of a guaranteed investment contract through the guarantee of a specific interest rate and a portfolio of financial instruments that are owned by MetLife. The participating plans' assets are the unit ownership interests in the contract. The separate account investments are owned by MetLife. The contract provides that the Fund execute transactions at contract value. MetLife guarantees the contract value, which represents contributions, plus interest, less participant-initiated withdrawals or transfers. This is the contract's guaranteed value. The contract's fair value equals the contract's proportionate share of the fair value of the separate accounts. A participating plan's fair value in the contract equals the contract's fair value times the ratio of the plan's guaranteed value to the contract's guaranteed value. If a participating plan terminates participation in the fund, it will receive the lesser of the guaranteed value or the fair value of its share of the fund.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 4: NON-PARTICIPANT DIRECTED INVESTMENTS**

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	<u>2024</u>	<u>2023</u>
Net Assets:		
Registered Investment Companies	\$ 1,214	\$ 795
Collective Investment Funds	74,199	67,901
	<u>\$ 75,413</u>	<u>\$ 68,696</u>
	Year Ended	
	<u>October 31, 2024</u>	
Changes in Net Assets:		
Net Investment Income (Loss)	\$ 2,166	
Other Income	1,790	
Administrative Expenses	2,761	
	<u>\$ 6,717</u>	

**NOTE 5: TAX STATUS**

The Internal Revenue Service has determined and informed the Plan by a letter dated October 15, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since being submitted for the latest IRS determination letter. However, the board of trustees and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believe that the Plan is qualified, and the related trust is tax exempt.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 6: RISKS AND UNCERTAINTIES**

Investment Risk

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Concentration of Revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

Significant Contributing Employers

In 2024, contributions from four employers represented forty-eight percent of total employer contributions. In 2023, contributions from three employers represented forty-nine percent of total employer contributions. As of November 2023, one of these contractors is no longer making contributions to the Plan. The Plan retains the risk of meeting its current obligations until the appropriate adjustments are made.

**NOTE 7: SUBSEQUENT EVENTS**

Management has evaluated subsequent events through June 19, 2025, the date on which the financial statements were available to be issued.

**NOTE 8: PRIOR YEAR RECLASSIFICATIONS**

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

**NOTE 9: RELATED PARTIES AND PARTY-IN-INTEREST**

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. These expenses are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

The Plan is affiliated with and shares office space and resources with Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary (Pension Plan), St. Louis Glass and Allied Industries Health and Welfare Fund (Welfare Fund), Glaziers and Glassworkers Local Union No. 513 Vacation and Holiday Pay Trust Fund, Glaziers and Glassworkers Local Union No. 513 Joint Apprenticeship and Training Fund and Glaziers, Architectural Metal and Glassworkers Local Union 513.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 9: RELATED PARTIES AND PARTY-IN-INTEREST (continued)**

Effective November 1, 2022, the Plan has a cost sharing agreement with GPB Corporation, a subsidiary of the Pension Plan, for the sharing of common expenses, including operating expenses and payroll compliance exams. During the years ended October 31, 2024 and 2023, the Plan reimbursed the Pension Plan \$35,124 and \$29,511 for their share of these expenses. As of October 31, 2023, the Pension Plan owed the Plan \$6,739, related to the shared expenses. This amount is included in Due from Affiliates on the Statements of Net Assets Available for Benefits. As of October 31, 2024, the Plan owed the Pension Plan \$5,613, related to the shared expenses. This amount is included in Due to Affiliates on the Statements of Net Assets Available for Benefits.

The Plan also reimburses GPB Corporation for various expenses. For the years ended October 31, 2024 and 2023, the Plan reimbursed the Corporation \$340 and \$605 for conference expenses. As of October 31, 2024 and 2023, the Plan owed the Corporation \$340 and \$0 for conference expenses.

The Welfare Fund collects and processes employer contributions through a clearing account, and maintains employer and participant records, on behalf of the Plan. As of October 31, 2024 and 2023, the Welfare Fund owed the Plan \$27,810 and \$60,315 for contributions and liquidated damages received, but not yet transferred as of the year end. Interest earned on the clearing account is allocated among the funds. For the years ended October 31, 2024 and 2023, the Plan received \$1,622 and \$1,613 in interest income from the Welfare Fund.

**NOTE 10: ADMINISTRATIVE EXPENSES**

	<u>2024</u>	<u>2023</u>
Legal Fees	\$ 8,184	\$ 11,740
Investment Consultant	20,432	18,705
Audit and Accounting Fees	17,500	19,500
Payroll Compliance Examination Fees	2,994	-
Recordkeeping	61,856	57,270
Cost Sharing Expenses	35,124	29,511
Computer Expense	5,692	-
Conference and Travel Expenses	340	605
Insurance	8,551	436
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 160,673</u>	<u>\$ 137,767</u>

**NOTE 11: AMENDMENTS**

No substantial amendments were adopted during the years ended October 31, 2024 and 2023. Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for further information regarding changes to the Plan.

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

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**NOTES TO FINANCIAL STATEMENTS**

**OCTOBER 31, 2024 AND 2023**

**NOTE 12: NON-EXEMPT TRANSACTION**

During the plan year various participating employers failed to remit the withheld participants' contributions to the Plan by the due date, which is the 15<sup>th</sup> business day of the month following the month the deferral occurred. The total of these late contributions was \$5,719.

**GLAZIERS ARCHITECTURAL METAL &  
GLASSWORKERS LOCAL 513, DIVISION A,  
GLAZIERS UNIT 401(K) AND SUPPLEMENTAL  
RETIREMENT PLAN  
SUPPLEMENTAL INFORMATION**

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

SCHEDULE H, LINE 4a -- SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS SCHEDULE 1  
43-6058944 PLAN #002  
OCTOBER 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	\$ 8,300	\$ 1,168	\$ -	\$ -

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(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	Maturity		Rate of Interest		Shares/Par Value		(d) Cost		(e) Current Value	
			Date	Date	Interest	Interest	Value	Value	Cost	Cost	Value	Value
	American Century Real Estate Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,993.007	\$	-	\$	303,957	
	American Funds American Mutual Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	3,135.713		-		183,690	
	American Funds New Perspective Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	5,227.268		-		337,002	
	American Funds Small Cap World Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	2,386.468		-		170,465	
	American Funds New World Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,391.249		-		114,416	
	Fidelity Total Bond K6 Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	17,345.309		-		152,986	
	Fidelity Blue Chip Growth K6 Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	22,027.295		-		753,994	
	Franklin Small Cap Value Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,394.937		-		88,300	
	Franklin Small Cap Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,355.680		-		274,736	
	Franklin International Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	12,188.735		-		211,718	
	MFS Mid Cap Value Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	6,658.602		-		237,912	
	MFS Mid Cap Growth Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	10,433.748		-		338,158	
	Vanguard 500 Index Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	1,270.323		-		669,308	
	Vanguard Balanced Index Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	47,814.019		-		2,350,059	
	Vanguard GNMA Fund	Registered Inv Co.	N/A	N/A	N/A	N/A	11,179.559		-		102,852	

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(a) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Maturity Date	Rate of Interest	Shares/Par Value	(d) Cost	(e) Current Value
Vanguard Growth Index fund	Registered Inv Co.	N/A	N/A	1,621.371	\$ -	\$ 319,702
Vanguard High-Yield Corporate Fund	Registered Inv Co.	N/A	N/A	40,013.789	-	218,075
Vanguard Target Retirement 2020 Fund	Registered Inv Co.	N/A	N/A	91,853.160	-	2,651,801
Vanguard Target Retirement 2025 Fund	Registered Inv Co.	N/A	N/A	236,393.112	-	4,734,954
Vanguard Target Retirement 2030 Fund	Registered Inv Co.	N/A	N/A	141,458.219	-	5,525,358
Vanguard Target Retirement 2035 Fund	Registered Inv Co.	N/A	N/A	226,961.768	-	5,578,720
Vanguard Target Retirement 2040 Fund	Registered Inv Co.	N/A	N/A	179,662.264	-	7,912,326
Vanguard Target Retirement 2045 Fund	Registered Inv Co.	N/A	N/A	170,197.644	-	5,126,353
Vanguard Target Retirement 2050 Fund	Registered Inv Co.	N/A	N/A	4,094.784	-	3,238,068
Vanguard Target Retirement 2055 Fund	Registered Inv Co.	N/A	N/A	11,035.770	-	622,197
Vanguard Target Retirement 2060 Fund	Registered Inv Co.	N/A	N/A	7,685.207	-	399,247
Vanguard Target Retirement 2065 Fund	Registered Inv Co.	N/A	N/A	1,075.998	-	36,649
Vanguard Target Retirement Income Fund	Registered Inv Co.	N/A	N/A	188,851.018	-	2,564,597
Vanguard Intermediate-Term Bond Index Fund	Registered Inv Co.	N/A	N/A	3,252.600	-	33,372
Vanguard Mid-Cap Index Fund	Registered Inv Co.	N/A	N/A	848.476	-	276,043

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

43-6058944 PLAN #002

OCTOBER 31, 2024

**SCHEDULE 2**

(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
		Description	Maturity Date	Rate of Interest	Shares/Par Value		
	Vanguard Small-Cap Index Fund	Registered Inv Co.	N/A	N/A	2,088.396	\$ -	\$ 235,759
	Vanguard Value Index Fund	Registered Inv Co.	N/A	N/A	4,346.425	-	291,993
	Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	Collective Investment Trust	N/A	N/A	76,836.699	\$ -	\$ 1,637,398
						\$ -	\$ 46,054,766
						\$ -	\$ 47,692,164

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

**GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS  
UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN**

SCHEDULE H, LINE 4a -- SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS SCHEDULE 1  
43-6058944 PLAN #002  
OCTOBER 31, 2024

Participant Contributions Transferred Late to Plan	Total That Constitutes Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	\$ 8,300	\$ 1,168	\$ -	\$ -

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

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>GLAZIERS ARCHITECTURAL METAL &amp; GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN</b>		<b>1b</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>2a</b> 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) <b>TRUSTEES OF GLAZIERS ARCH. METAL &amp; GLASSWKRS LU 513</b>  <b>5916 WILSON AVENUE</b>  <b>ST. LOUIS MO 63110</b>		<b>1c</b> Effective date of plan <b>11/01/1982</b> <b>2b</b> Employer Identification Number (EIN) <b>43-6058944</b> <b>2c</b> Plan Sponsor's telephone number <b>314-644-3922</b> <b>2d</b> Business code (see instructions) <b>238900</b>

**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.

<b>SIGN HERE</b>	<i>Theresa Carpenter</i>	<i>6/20/2025</i>	<b>THERESA CARPENTER</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>John Deeken</i>	<i>6/23/2025</i>	<b>JOHN DEEKEN</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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