

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1958
2a Plan sponsor's name (employer, if for a single-employer plan): GALLO GLASS COMPANY
2b Employer Identification Number (EIN): 94-1384142
2c Plan Sponsor's telephone number: 209-341-4859
2d Business code (see instructions): 327210

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include David Pierce (09/22/2025), Brant Scott (09/18/2025), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">RETIREMENT COMMITTEE FOR GALLO GLASS</p> <p style="color: blue;">P.O. BOX 1130 MODESTO, CA 95353-4254</p>	<p><b>3b</b> Administrator's EIN 94-2420318</p> <p><b>3c</b> Administrator's telephone number 209-341-4859</p>
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<p><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:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1310
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<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>6a(1)</b>	313
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	291
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	688
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	210
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1189
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	105
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1294
<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>6g(1)</b>	
<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>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 3H

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GALLO GLASS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>94-1384142</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>212190513</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>212190513</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>777</u>	<u>131425066</u>	<u>131425066</u>
<b>b</b> For terminated vested participants .....	<u>220</u>	<u>10052428</u>	<u>10052428</u>
<b>c</b> For active participants .....	<u>313</u>	<u>45801292</u>	<u>47810072</u>
<b>d</b> Total .....	<u>1310</u>	<u>187278786</u>	<u>189287566</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.21 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>1614603</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>829000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>2443603</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>08/08/2025</u>	Date
	<u>TROY L. WARE</u>	<u>23-07419</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>303-639-4157</u>	Telephone number (including area code)
	<u>MSC #17858 PO BOX 803507 DALLAS, TX 75380</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	18140548
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	3461399
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	14679149
<b>10</b>	Interest on line 9 using prior year's actual return of <u>17.11</u> % .....	0	2511602
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	17190751

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.01 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	112.09 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.50 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			<b>Totals ▶</b>	<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 61
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 2443603
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 2443603
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GALLO GLASS COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>94-1384142</b>	

**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

**EATAN VANCE MANAGEMENT**

**13-3040307**

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

**VANGUARD**

**23-2376849**

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

**METROPOLITAN WEST ASSET MANAGEMENT**

**95-3703295**

**(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)

ARROWSTREET CAPITAL LIMITED PARTNER

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INVESTMENT MANAGEMENT	376567	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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	ACTUARY	233835	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)

LOOMIS, SAYLES & COMPANY, L.P.

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INVESTMENT MANAGEMENT	116575	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)

NORTHERN TRUST CORPORATION

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	45293	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)

BARBICH,HOOPER,KING,DILL,HOFFMAN

93-3215332

(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	AUDITOR	13939	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GALLO GLASS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>94-1384142</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARROWSTREET INTERNATIONAL EQUITY FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL LIMITED PARTNERSHIP</u>		
<b>c</b> EIN-PN <u>45-6500555-003</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>45766861</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FIXED FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>84-6391546-010</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>43204760</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM CORE PLUS COMMINGLED POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST CO</u>		
<b>c</b> EIN-PN <u>20-4659714-052</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>43330944</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INSTITUTIONAL 500 INDEX TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>81-6327546-001</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>76008701</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)

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GALLO GLASS COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>94-1384142</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	962914
<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>	208311266
<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>	15072165
<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>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	212190695	224346345
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	212190695	224346345

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	30906	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		30906
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		5845067
(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>		18668390
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		24544363

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	11470194	
(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>		11470194
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	175692	
(4) IQPA audit fees .....	<b>2i(4)</b>	13939	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	493142	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	45293	
(7) Actuarial fees .....	<b>2i(7)</b>	58143	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	132310	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		918519
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		12388713

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12155650
<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: **BARBICH,HOOPER,KING,DILL,HOFFMAN**

(2) EIN: **93-3215332**

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)	X		
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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.			

**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 550025.

<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>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GALLO GLASS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>94-1384142</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-3046063 04-1590850

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3		0
---	--	---

<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.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<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>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<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.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**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: 46.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 53.1 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.5 % Other: 0.0 %

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

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

***Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company***

***Financial Statements  
December 31, 2024 and 2023***

*Pension Plan for Hourly-Paid Employees of the Gallo Glass Company*

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**Independent Auditors' Report**

Pension Plan for Hourly-Paid Employees of the Gallo Glass Company Committee:

**Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the accompanying financial statements of Pension Plan for Hourly-Paid Employees of the Gallo Glass Company (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Pension Plan for Hourly-Paid Employees of the Gallo Glass Company's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023 stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pension Plan for Hourly-Paid Employees of the Gallo Glass Company and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Pension Plan for Hourly-Paid Employees of the Gallo Glass Company'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.

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Pension Plan for Hourly-Paid Employees of the Gallo Glass Company'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 Pension Plan for Hourly-Paid Employees of the Gallo Glass Company's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule of assets (held at end of year) as of December 31, 2024 and the Schedule of reportable transactions for the year ended December 31, 2024 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**BARBICH HOOPER KING  
DILL HOFFMAN, LLP**

*Barbich Hooper King*

Bakersfield, California  
August 29, 2025

***Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company***

***Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023***

<b><i>ASSETS</i></b>	<b><u>2024</u></b>	<b><u>2023</u></b>
<b><i>Cash and cash equivalents</i></b>	<b><u>\$ 962,914</u></b>	<b><u>\$ 956,881</u></b>
<b><i>Investments, at fair value:</i></b>		
Registered investment companies	15,072,165	15,709,670
Collective investment trusts	<u>208,311,266</u>	<u>195,524,144</u>
	<u>223,383,431</u>	<u>211,233,814</u>
<b><i>Net assets available for benefits</i></b>	<b><u><u>\$224,346,345</u></u></b>	<b><u><u>\$212,190,695</u></u></b>

*See Notes to Financial Statements.*

***Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company***

***Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023***

	<b><i>2024</i></b>	<b><i>2023</i></b>
<b><i>Additions to net assets:</i></b>		
<b><i>Investment income:</i></b>		
Interest and dividends	\$ 30,906	\$ 321,948
Net appreciation in fair value of investments	24,513,458	31,604,268
Total additions	24,544,364	31,926,216
<b><i>Deductions from net assets attributed to:</i></b>		
Benefits paid to participants	(11,470,194)	(11,519,268)
Payments to PBGC	(132,310)	(128,160)
Plan fees	(786,210)	(726,821)
Total deductions	(12,388,714)	(12,374,249)
Increase in net assets	12,155,650	19,551,967
<b><i>Net assets available for benefits:</i></b>		
Beginning of year	212,190,695	192,638,728
End of year	\$224,346,345	\$212,190,695

*See Notes to Financial Statements.*

***Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company***

***Notes to Financial Statements***

***Note 1. Plan Description***

The following brief description of the Pension Plan for Hourly-Paid Employees of the Gallo Glass Company (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for more complete information.

***General:***

The Plan is a defined benefit plan for employees who are covered under the Gallo Glass Company (the Company) collective bargaining agreement. Effective January 1, 2011, the Plan was amended to freeze participation to exclude all newly-hired employees, who will participate in the Company's defined contribution plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

***Contributions:***

The Company's funding policy is to contribute an amount to the Plan which will meet or exceed the annual ERISA minimum funding requirement. The Company's annual contributions are based on actuarially determined amounts. The Plan satisfied the minimum funding requirements of ERISA for the years 2024 and 2023.

***Vesting and benefit payments:***

The Plan has a 5 year cliff vesting schedule, whereby the participants' benefits are 100% vested upon completion of five years of service and are payable beginning at age 65. Employees may elect to receive their benefits as a life annuity or a joint and survivor annuity, payable monthly after retirement or termination.

***Plan termination:***

The Plan is intended to be permanent; however, the Company's Board of Directors retains the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, accrued benefits for all participants become fully vested and the assets of the Plan shall be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).

## *Notes to Financial Statements*

### d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For pension plans terminating in 2024, the maximum guaranteed amount is \$7,431 per month (\$89,181 annually). That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

### **Note 2. Significant Accounting Policies**

The following is a summary of significant accounting policies applied in the preparation of these financial statements:

#### ***Basis of accounting:***

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

#### ***Use of estimates:***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits during the reporting period and disclosure of the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

#### ***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. See Note 3 for discussion of fair value measurements. Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

## *Notes to Financial Statements*

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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

### ***Benefit payments:***

Benefit payments are recorded when paid.

### ***Plan fees:***

During the years ended December 31, 2024 and 2023, certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

### ***Reclassification:***

Certain reclassifications have been made to the 2023 financial statements in order to conform to the 2024 presentation.

### ***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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB are described as follows: Level 1 - 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 - 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; inputs that are derived principally from or corroborated by observable market data by correlation or other means; Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement. There were no changes in the methods used to measure fair value at December 31, 2024 and 2023.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Registered investment companies (mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed actively traded.

## *Notes to Financial Statements*

*Collective trusts:* Represents a pool of capital invested in mutual funds and valued at the net asset value of the underlying mutual funds.

The preceding methods described may produce a fair value calculation that may not be indicative of net realized 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.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<b><i>December 31, 2024</i></b>			
	<b><i>Fair Value Measurements Using:</i></b>			
	<b><i>Fair Value</i></b>	<b><i>Level 1</i></b>	<b><i>Level 2</i></b>	<b><i>Level 3</i></b>
Registered investment companies	\$ 15,072,165	\$ 15,072,165	\$ -	\$ -
Collective investment trusts	208,311,266	-	208,311,266	-
<b><i>Total assets at fair value</i></b>	<b><i>\$223,383,431</i></b>	<b><i>\$ 15,072,165</i></b>	<b><i>\$208,311,266</i></b>	<b><i>\$ -</i></b>

	<b><i>December 31, 2023</i></b>			
	<b><i>Fair Value Measurements Using:</i></b>			
	<b><i>Fair Value</i></b>	<b><i>Level 1</i></b>	<b><i>Level 2</i></b>	<b><i>Level 3</i></b>
Registered investment companies	\$ 15,709,670	\$ 15,709,670	\$ -	\$ -
Collective investment trusts	195,524,144	-	195,524,144	-
<b><i>Total assets at fair value</i></b>	<b><i>\$211,233,814</i></b>	<b><i>\$ 15,709,670</i></b>	<b><i>\$195,524,144</i></b>	<b><i>\$ -</i></b>

Realized and unrealized gains and losses, included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation (depreciation) in fair value of investments.

### ***Note 4. Certified Investment Information***

As of and for the years ended December 31, 2024 and 2023, the following information was obtained by management and agreed to or derived from information certified as complete and accurate by the Northern Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information certified includes the following:

	<b><i>2024</i></b>	<b><i>2023</i></b>
Cash and cash equivalents	\$ 962,914	\$ 956,881
Registered investment companies	15,072,165	15,709,670
Collective investment trusts	208,311,266	195,524,144
	<b><i>\$224,346,345</i></b>	<b><i>\$212,190,695</i></b>

*Notes to Financial Statements*

	<u>2024</u>	<u>2023</u>
Interest and dividends	\$ 30,906	\$ 321,948
Net appreciation in fair value	24,513,458	31,604,268
	<u>\$ 24,544,364</u>	<u>\$ 31,926,216</u>

**Note 5. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts, excluded from Plan assets, are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Aon, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024 and January 1, 2023 were (a) life expectancy of participants (the Pri-2012 Mortality Table was used), (b) retirement age assumptions (the assumed average retirement age was between 55 to 70), and (c) investment return. The 2024 and 2023 valuations included an assumed average rate of return of 7.0% and 6.5%, respectively. Assumption changes were made and have been reflected in the plan reporting to better reflect plan experience in the following: the optional payment form election percentage; retirement age assumption for active participants; retirement age assumption for terminated vested participants; withdrawal rates; disability rates; the percent married assumption and spouse age difference assumption.

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

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

## *Notes to Financial Statements*

The actuarial present values of accumulated plan benefits at January 1, 2024 were as follows:

Vested benefits:	
Participants currently receiving benefits	\$ 111,354,666
Other participants	42,744,206
Total	<u>154,098,872</u>
Nonvested benefits	1,764,949
Total	<u><u>\$ 155,863,821</u></u>

The change in the actuarial present value of accumulated plan benefits is attributable to the following:

Beginning of year, January 1, 2023	\$ 161,008,847
<b><i>Changes during the year attributable to:</i></b>	
Interest	10,097,092
Benefits paid (accrual basis)	(11,519,268)
Assumption changes	(4,976,608)
Other changes	1,253,758
End of year, January 1, 2024	<u><u>\$ 155,863,821</u></u>

### ***Note 6. Party-in-Interest Transactions***

For the years ended December 31, 2024 and 2023, fees paid to trustees and service providers amounted to \$786,210 and \$726,821 for the years ended December 31, 2024 and 2023, respectively. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

### ***Note 7. Reconciliation of Financial Statements to Form 5500***

Certain balances included on Schedule H, Part I, II on the Annual Return/Report of Employee Benefit Plan (Form 5500) have been reclassified for the purpose of presentation in the financial statements.

### ***Note 8. Tax Status***

The Plan obtained its latest determination letter on June 13, 2018, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

*Notes to Financial Statements*

***Note 9. Subsequent Events***

The Plan has evaluated events and transactions subsequent to December 31, 2024 through the date the financial statements were available to be issued, noting no significant items requiring further discussion.

**Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company  
EIN 94-1384142  
Plan No. 001**

**Schedule H, Line 4i, Form 5500 – Schedule of Assets (Held at End of Year)  
December 31, 2024**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
<b>Identity of issue, borrower,</b>	<b>lessor or similar party</b>	<b>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>Cost</b>	<b>Current Value</b>
	Eaton Vance	Atlanta Sm Cp	\$13,242,414	\$ 15,072,165
	Vanguard	Institutional Index Fund	49,249,355	76,008,701
	Loomis	Loomis Sayles C/P	44,388,670	43,204,760
*	Arrowstreet Capital	Arrowstreet US Group Trust	26,285,771	45,766,861
	FIAM	FIAM Core Plus Com. Pool Class F	40,381,363	43,330,944
*	Northern Trust	Cash	962,914	962,914
				<u>\$ 224,346,345</u>
*	Party-in-interest			

**Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company  
EIN 94-1384142  
Plan No. 001**

**Schedule H, Line 4j, Form 5500 – Schedule of Reportable Transactions  
December 31, 2024**

<i>(a)</i> <b>Identity Of Party Involved</b>	<i>(b)</i> <b>Description of Asset</b>	<i>(c)</i> <b>Purchase Price</b>	<i>(d)</i> <b>Selling Price</b>	<i>(e)</i> <b>Lease Rental</b>	<i>(f)</i> <b>Expense Incurred with Transaction</b>	<i>(g)</i> <b>Cost of Asset</b>	<i>(h)</i> <b>Current Value of Asset on Transaction Date</b>	<i>(i)</i> <b>Net Gain or (Loss)</b>
Vanguard	Institutional 500 Index Trust	\$ 605,355	\$ -	N/A	\$ -	\$ 605,355	\$ 605,355	\$ -
Vanguard	Institutional 500 Index Trust	\$ -	\$ 12,929,323	N/A	\$ -	\$ 9,136,843	\$ 12,929,323	\$ 3,792,480
Northern Trust	Collective Govt ST	\$18,547,606	\$ -	N/A	\$ -	\$18,547,606	\$ 18,547,606	\$ -
Northern Trust	Collective Govt ST	\$ -	\$18,540,796	N/A	\$ -	\$18,540,796	\$ 18,540,796	\$ -

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34					1					
35-39		1			24					
40-44		3		1	30	13	2			
45-49	2	4	4	4	29	9	10			
50-54			1	1	13	15	19	9	8	
55-59	1	3	1		7	8	9	3	24	1
60-64	1	4	1	1	6	3	6	2	12	8
65-69				1	1	2	1		1	1
70+		1								1

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	4.96%.
3rd Segment Rate	5.59%.
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
<b>Optional Payment Form Election Percentage</b>	USW Local 17: 50% elect 6-year certain and life annuity, 20% elect Joint & 50% certain and life annuity, and 30% elect Joint & 100% certain and life annuity.  USW Local 18: 40% elect 7-year certain and life annuity, 10% elect Joint & 50% certain and life annuity, and 50% elect Joint & 100% certain and life annuity.
<b>Optional Payment Form Conversion Interest Rate</b>	6.00%
<b>Optional Payment Form Conversion Mortality</b>	1971 Group Annuity Mortality table for males
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
<b>Mortality Rates</b>	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
<b>Withdrawal Rates</b>	See Table 2.
<b>Disability Rates</b>	See Table 3.
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

<b>Surviving Spouse Benefit</b>	It is assumed that 60% of males and 25% of females have an eligible spouse, and that for male participants, males are two years older than their spouses, and that for female participants, female are one year younger than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC Section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	Fair market value.
<b>Trust Expenses Included in Target Normal Cost</b>	Average of actual prior three-year expenses (net of PBGC premium paid) plus current year PBGC premium, rounded to the nearest \$1,000.
<b>Actuarial Method</b>	Standard unit credit cost method.
<b>Valuation Date</b>	January 1, 2024.

## Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in 2024 assumptions study results ("20240812\_2024 Gallo Pension and OPEB Demographic Assumptions Review\_meeting follow ups.pdf").

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

## Actuarial Assumptions and Methods

Table 1

**Retirement Rates**

Age	Years of Service	
	0-29	30+
55	5.00%	20.00%
56	5.00%	15.00%
57	5.00%	15.00%
58	5.00%	15.00%
59	5.00%	15.00%
60	10.00%	20.00%
61	15.00%	30.00%
62	20.00%	40.00%
63	10.00%	25.00%
64	25.00%	25.00%
65	50.00%	50.00%
66	50.00%	50.00%
67	25.00%	25.00%
68	25.00%	25.00%
69	50.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Table 2

Withdrawal Rates

Age	Rate
30	6.00%
31	6.00%
32	6.00%
33	6.00%
34	6.00%
35	6.00%
36	6.00%
37	6.00%
38	6.00%
39	6.00%
40	3.00%
41	3.00%
42	3.00%
43	3.00%
44	3.00%
45	3.00%
46	3.00%
47	3.00%
48	3.00%
49	3.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

**Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company  
EIN 94-1384142  
Plan No. 001**

**Schedule H, Line 4j, Form 5500 – Schedule of Reportable Transactions  
December 31, 2024**

<i>(a)</i> <b>Identity Of Party Involved</b>	<i>(b)</i> <b>Description of Asset</b>	<i>(c)</i> <b>Purchase Price</b>	<i>(d)</i> <b>Selling Price</b>	<i>(e)</i> <b>Lease Rental</b>	<i>(f)</i> <b>Expense Incurred with Transaction</b>	<i>(g)</i> <b>Cost of Asset</b>	<i>(h)</i> <b>Current Value of Asset on Transaction Date</b>	<i>(i)</i> <b>Net Gain or (Loss)</b>
Vanguard	Institutional 500 Index Trust	\$ 605,355	\$ -	N/A	\$ -	\$ 605,355	\$ 605,355	\$ -
Vanguard	Institutional 500 Index Trust	\$ -	\$ 12,929,323	N/A	\$ -	\$ 9,136,843	\$ 12,929,323	\$ 3,792,480
Northern Trust	Collective Govt ST	\$18,547,606	\$ -	N/A	\$ -	\$18,547,606	\$ 18,547,606	\$ -
Northern Trust	Collective Govt ST	\$ -	\$18,540,796	N/A	\$ -	\$18,540,796	\$ 18,540,796	\$ -

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE GALLO GLASS COMPANY	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GALLO GLASS COMPANY	<b>D</b> Employer Identification Number (EIN) 94-1384142	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:	<b>2a</b>	212,190,513
		<b>2b</b>	212,190,513
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	777	131,425,066
	<b>b</b> For terminated vested participants .....	220	10,052,428
	<b>c</b> For active participants.....	313	45,801,292
	<b>d</b> Total.....	1,310	187,278,786
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.21%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	1,614,603
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	829,000
	<b>c</b> Target normal cost .....	<b>6c</b>	2,443,603

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

TROY L. WARE



Signature of actuary

08/08/2025

Date

TROY L. WARE

Type or print name of actuary

2307419

Most recent enrollment number

AON CONSULTING, INC.

Firm name

303-639-4157

Telephone number (including area code)

MSC #17858  
PO Box 803507  
Dallas TX 75380

Address of the firm

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

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	18,140,548
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	3,461,399
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	14,679,149
<b>10</b> Interest on line 9 using prior year's actual return of <u>17.11%</u> .....	0	2,511,602
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	17,190,751

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	103.01%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	112.09%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.50%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 61

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 2,443,603

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 2,443,603

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	12.26%	17.82	979.85
56	10.37%	15.07	843.72
57	10.57%	14.16	807.09
58	10.87%	13.73	796.55
59	11.21%	13.81	814.85
60	16.41%	19.18	1150.84
61	25.21%	27.78	1694.78
62	33.48%	29.10	1804.01
63	19.77%	12.38	779.77
64	24.75%	13.91	890.29
65	49.88%	25.10	1631.39
66	49.87%	14.98	988.54
67	24.93%	3.72	249.47
68	24.92%	2.78	188.74
69	49.83%	4.14	285.37
70	100.00%	6.12	430.49
Total		233.77	14335.75
Weighted Average			61.32

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## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

<b>Interest Rates for Minimum Funding Purposes</b>	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	4.96%.
3rd Segment Rate	5.59%.
<b>Interest Rates for Maximum Tax Purposes</b>	Based on segment rates with no lookback (as of January 2024), without regard to interest rate stabilization.
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
<b>Optional Payment Form Election Percentage</b>	USW Local 17: 50% elect 6-year certain and life annuity, 20% elect Joint & 50% certain and life annuity, and 30% elect Joint & 100% certain and life annuity.  USW Local 18: 40% elect 7-year certain and life annuity, 10% elect Joint & 50% certain and life annuity, and 50% elect Joint & 100% certain and life annuity.
<b>Optional Payment Form Conversion Interest Rate</b>	6.00%
<b>Optional Payment Form Conversion Mortality</b>	1971 Group Annuity Mortality table for males
<b>Retirement Age</b>	
Active Participants	See Table 1.
Terminated Vested Participants	Age 62.
<b>Mortality Rates</b>	
Healthy	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994.
<b>Withdrawal Rates</b>	See Table 2.
<b>Disability Rates</b>	See Table 3.
<b>Decrement Timing</b>	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).

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<b>Surviving Spouse Benefit</b>	It is assumed that 60% of males and 25% of females have an eligible spouse, and that for male participants, males are two years older than their spouses, and that for female participants, female are one year younger than their spouses.
<b>Benefit Limits</b>	Projected benefits are limited by the current IRC Section 415 maximum benefit of \$275,000.
<b>Valuation of Plan Assets</b>	Fair market value.
<b>Trust Expenses Included in Target Normal Cost</b>	Average of actual prior three-year expenses (net of PBGC premium paid) plus current year PBGC premium, rounded to the nearest \$1,000.
<b>Actuarial Method</b>	Standard unit credit cost method.
<b>Valuation Date</b>	January 1, 2024.

## Rationale for Assumptions

For each economic and demographic assumption that has a significant effect on the measurement, the information and analysis used to support the actuary's determination that the assumption is reasonable, and that led to any change in the assumptions as summarized above, are described in more detail in 2024 assumptions study results ("20240812\_2024 Gallo Pension and OPEB Demographic Assumptions Review\_meeting follow ups.pdf").

Schedule SB Attachment (Form 5500) —2024 Plan Year  
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## Actuarial Assumptions and Methods

Table 1

**Retirement Rates**

Age	Years of Service	
	0-29	30+
55	5.00%	20.00%
56	5.00%	15.00%
57	5.00%	15.00%
58	5.00%	15.00%
59	5.00%	15.00%
60	10.00%	20.00%
61	15.00%	30.00%
62	20.00%	40.00%
63	10.00%	25.00%
64	25.00%	25.00%
65	50.00%	50.00%
66	50.00%	50.00%
67	25.00%	25.00%
68	25.00%	25.00%
69	50.00%	50.00%
70+	100.00%	100.00%

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Table 2

Withdrawal Rates

Age	Rate
30	6.00%
31	6.00%
32	6.00%
33	6.00%
34	6.00%
35	6.00%
36	6.00%
37	6.00%
38	6.00%
39	6.00%
40	3.00%
41	3.00%
42	3.00%
43	3.00%
44	3.00%
45	3.00%
46	3.00%
47	3.00%
48	3.00%
49	3.00%
50	6.00%
51	6.00%
52	6.00%
53	6.00%
54	6.00%
55+	0.00%

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Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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## Schedule SB, Part V – Summary of Plan Provisions

<b>Plan</b>	Pension Plan for Hourly Paid Employees of the Gallo Glass Company
<b>Employer Identification Number/Plan Number</b>	94-1384142/001
<b>Effective Date</b>	June 1, 1958.
<b>Plan Year</b>	January 1 to December 31.
<b>Employee</b>	Hourly rated employee of the company who is represented by the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC or the United Steelworkers of America AFL-CIO-CLC.
<b>Participation</b>	An employee hired on or before December 31, 2010 will be eligible for participation on the first day of employment. Any employee hired on or after January 1, 2011 will not be eligible for participation in the plan.
<b>Vesting Service</b>	One year for each plan year during which a participant has at least 1,000 hours of service; up to two years are credited during absence due to illness or injury if the employee subsequently returns as an eligible employee.
<b>Credited Service</b>	<p>For each plan year before May 1, 2003 containing at least 500 hours of service as an employee, the ratio of (1) the number of hours of service as an eligible employee prior to normal retirement date, to (2) 1,700; up to two years are credited during absence due to illness or injury if the employee subsequently returns as an eligible employee. On or after May 1, 2003, there is no minimum hour requirement and the benefit on all service will be, for USW Local 17, the number of hours divided by 1,630 and for USW Local 18, the number of hours divided by 800.</p> <p>For USW Local 18, effective September 1, 2022, the plan year changed to September 1 to August 31 for credit service calculation.</p>
<b>Normal Retirement Date</b>	First of month coinciding with the attainment of age 65.
<b>Early Retirement Date</b>	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed 10 years of vesting service for USW Local 17 or has attained age 55 and completed five years of vesting service for USW Local 18.

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Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
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**Late Retirement Date**

First of month coinciding with or next following normal retirement date.

**Average Salary**

1/36 of the total of W-2 earnings of an eligible employee for the three calendar years out of the most recent 10 for which such earnings were highest.

**Social Security Benefit Eligibility**

The estimated monthly Social Security disability or retirement benefit to which a member would be entitled:

- Upon termination, if termination occurs either (i) at or after age 62, or (ii) as a result of disability qualifying for plan benefits
- At age 62

**Normal Retirement Benefit**

Monthly amount equal to:

**For USW Local 17 Based on Participant's Pension Group**

Period of Service	Rate Times Service (USW17-1, USW17-12, USW17-13)
Before May 1, 1999	\$31, \$32, and \$33
May 1, 1999 – April 30, 2002	\$43, \$44, and \$45
May 1, 2002 – April 30, 2003	\$45, \$46, and \$47
May 1, 2003 – April 30, 2005	\$47, \$48, and \$49
May 1, 2005 – April 30, 2006	\$48, \$49, and \$50
May 1, 2006 – April 30, 2007	\$49, \$50, and \$51
May 1, 2007 – April 30, 2008	\$50, \$51, and \$52
May 1, 2008 – April 30, 2009	\$51, \$52, and \$53
May 1, 2009 – April 30, 2010	\$54, \$55, and \$56
May 1, 2010 – April 30, 2011	\$55, \$56, and \$57
May 1, 2011 – April 30, 2012	\$56, \$57, and \$58
May 1, 2012 – April 30, 2013	\$57, \$58, and \$59
May 1, 2013 – April 30, 2014	\$58, \$59, and \$60
May 1, 2014 – April 30, 2015	\$59, \$60, and \$61
May 1, 2015 – April 30, 2016	\$60, \$61, and \$62
May 1, 2016 – April 30, 2017	\$61, \$62, and \$63
May 1, 2017 – April 30, 2018	\$62, \$63, and \$64
May 1, 2018 – April 30, 2019	\$63, \$64, and \$65
May 1, 2019 – April 30, 2020	\$64, \$65, and \$66
May 1, 2020 – April 30, 2022	\$65, \$66, and \$67
May 1, 2022 – April 30, 2023	\$66, \$67, and \$68
May 1, 2023 – April 30, 2024	\$67, \$68, and \$69
May 1, 2024 – April 30, 2025	\$68, \$69, and \$70
After April 30, 2025	\$69, \$70, and \$71

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**USW Local 17:** Effective May 1, 2022, the benefit multipliers are \$65, \$66 and \$67 for USW17-1, USW17-2 and USW17-13 respectively, for all the credit service accrued before May 1, 2022.

**For USW Local 18**

Period of Service	Rate Times Service
Effective April 1, 1999	\$45
April 1, 2000 – March 31, 2001	\$48
April 1, 2001 – March 31, 2002	\$51
April 1, 2002 – March 31, 2003	\$54
April 1, 2003 – March 31, 2005	\$56
April 1, 2005 – March 31, 2006	\$57
April 1, 2006 – March 31, 2007	\$58
April 1, 2007 – March 31, 2008	\$59
April 1, 2008 – March 31, 2009	\$60
April 1, 2009 – March 31, 2010	\$63
April 1, 2010 – March 31, 2011	\$64
April 1, 2011 – March 31, 2012	\$65
April 1, 2012 – March 31, 2013	\$66
April 1, 2013 – March 31, 2014	\$67
April 1, 2014 – March 31, 2015	\$68
April 1, 2015 – March 31, 2016	\$69
April 1, 2016 – March 31, 2017	\$70
April 1, 2017 – March 31, 2018	\$71
April 1, 2018 – March 31, 2019	\$72
April 1, 2019 – March 31, 2020	\$73
April 1, 2020 – August 31, 2022	\$74
September 1, 2022 – August 31, 2023	\$75
September 1, 2023 – August 31, 2024	\$76
September 1, 2024 – August 31 2025	\$77
After August 31, 2025	\$78

**USW Local 18:** Effective September 1, 2022, the benefit multiplier is \$74 for USW Local 18, for all the credit service accrued before September 1, 2022.

**Termination Benefit**

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

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**Early Retirement Benefit**

For USW Local 17, accrued benefit reduced by 0.005 for each month by which commencement of payments precedes age 60. If participant is age 60 or has 30 years of credited service when eligible for early, then the accrued benefit is unreduced. For USW Local 18, accrued benefit reduced by 0.005 for each month by which commencement of payments precedes age 60. If participant is age 60, has 30 years of credited service when eligible for early, or has 25 years of vesting service when age 58, then the accrued benefit is unreduced.

**Actuarial Equivalence**

1971 Group Annuity Mortality table for males and 6.00% interest.

**Normal Forms**

Unmarried Members

For USW Local 17, Annuity payable for life with 72 payments guaranteed. For USW Local 18, annuity payable for life with 84 payments guaranteed.

Married Members

For USW Local 17, 100% joint and survivor annuity with 72 payments guaranteed. For USW Local 18, 100% joint and survivor annuity with 84 payments guaranteed.

**Optional Forms**

50% joint and survivor annuity with payments guaranteed, 72 payments for USW Local 17 and 84 payments for USW Local 18, lump sum distribution.

**Disability Retirement Benefit**

A participant who has been determined to be permanently and totally disabled fully preventing the participant from any occupation, and 10 years of vesting service; payments commence at the expiration of any LTD benefits in the amount of the lesser of accrued benefit and maximum amount.

**LTD Supplement**

A participant who is eligible for disability retirement and received LTD benefit; payments continue only while LTD benefit payable in the amount of 10% of average LTD monthly earnings, plus the excess of the lesser of \$700 (\$600 for UW Local 18) and 70% of average LTD monthly earnings over the sum of disability benefits received from all sources.

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**Death Benefits**

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested and has 10 years or less of vesting service, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun. If the participant is vested and has more than 10 years of vesting service, then the death benefit is ½ of the unreduced single life annuity.

Postretirement

None except as provided by the annuity form elected.

**Plan Changes Since the Prior Year (s)**

- For GMP1, the benefit multiplier increased from \$65.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$66.00 per month between May 1, 2022 and May 1, 2023, \$67.00 per month between May 1, 2023 and May 1, 2024, \$68.00 per month between May 1, 2024 and May 1, 2025, and \$69.00 per month after May 1, 2025.
- For GMP12, the benefit multiplier increased from \$66.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$67.00 per month between May 1, 2022 and May 1, 2023, \$68.00 per month between May 1, 2023 and May 1, 2024, \$69.00 per month between May 1, 2024 and May 1, 2025, and \$70.00 per month after May 1, 2025.
- For GMP13, the benefit multiplier increased from \$67.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$68.00 per month between May 1, 2022 and May 1, 2023, \$69.00 per month between May 1, 2023 and May 1, 2024, \$70.00 per month between May 1, 2024 and May 1, 2025, and \$71.00 per month after May 1, 2025.
- For USWA, the benefit multiplier increased from \$74.00 per month per year of credited service occurring on and after September 1, 2022. The new accrual rates are \$75.00 per month between September 1, 2022 and September 1, 2023, \$76.00 per month between September 1, 2023 and September 1, 2024, \$77.00 per month between September 1, 2024 and September 1, 2025, and \$78.00 per month after September 1, 2025.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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## Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the optional payment form election percentage to better reflect plan experience.
- A change in the retirement age assumption for active participants to better reflect plan experience.
- A change in the retirement age assumption for terminated vested participants from age 65 to age 62.
- A change in the withdrawal rates to better reflect plan experience.
- A change in the disability rates to better reflect plan experience.
- A change in the percent married assumption from 80% for all to 60% of males and 25% of females.
- A change in the spouse age difference assumption to better reflect plan experience.
- A change in the unlimited expected rate of return on assets from 6.50% to 7.00%.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

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Schedule SB, line 26a – Schedule of Active Participant Data  
as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34					1					
35-39		1			24					
40-44		3		1	30	13	2			
45-49	2	4	4	4	29	9	10			
50-54			1	1	13	15	19	9	8	
55-59	1	3	1		7	8	9	3	24	1
60-64	1	4	1	1	6	3	6	2	12	8
65-69				1	1	2	1		1	1
70+		1								1

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Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected  
Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	292,357	182,424	11,301,452	11,776,233
2025	769,399	215,100	11,081,024	12,065,523
2026	1,181,666	288,457	10,809,007	12,279,130
2027	1,528,152	301,488	10,553,262	12,382,902
2028	1,854,861	374,162	10,322,400	12,551,423
2029	2,141,863	434,334	10,087,317	12,663,514
2030	2,386,889	500,197	9,854,549	12,741,635
2031	2,589,925	532,445	9,670,828	12,793,198
2032	2,775,455	590,785	9,480,129	12,846,369
2033	2,974,439	647,106	9,210,217	12,831,762
2034	3,157,721	663,392	8,946,042	12,767,155
2035	3,312,564	689,356	8,656,885	12,658,805
2036	3,458,848	706,048	8,361,705	12,526,601
2037	3,600,823	739,753	8,029,971	12,370,547
2038	3,759,069	763,656	7,676,075	12,198,800
2039	3,876,375	792,311	7,305,354	11,974,040
2040	3,972,335	825,949	6,926,228	11,724,512
2041	4,058,451	821,348	6,540,586	11,420,385
2042	4,161,724	825,691	6,150,530	11,137,945
2043	4,206,754	841,972	5,758,292	10,807,018
2044	4,218,803	866,586	5,366,159	10,451,548
2045	4,224,853	867,360	4,976,435	10,068,648
2046	4,202,321	870,566	4,591,415	9,664,302
2047	4,172,262	871,811	4,213,347	9,257,420
2048	4,108,906	866,577	3,844,419	8,819,902
2049	4,029,537	853,983	3,486,684	8,370,204
2050	3,948,300	832,873	3,142,141	7,923,314
2051	3,838,590	801,456	2,812,785	7,452,831
2052	3,711,289	768,373	2,500,485	6,980,147
2053	3,568,038	734,036	2,206,887	6,508,961
2054	3,417,537	699,111	1,933,304	6,049,952
2055	3,260,169	662,677	1,680,754	5,603,600
2056	3,096,394	626,410	1,449,940	5,172,744
2057	2,929,386	590,343	1,241,220	4,760,949
2058	2,759,810	554,242	1,054,544	4,368,596
2059	2,588,612	518,330	889,434	3,996,376

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	2,417,031	482,828	745,042	3,644,901
2061	2,246,264	447,952	620,209	3,314,425
2062	2,077,640	413,899	513,518	3,005,057
2063	1,912,329	380,836	423,352	2,716,517
2064	1,751,480	348,900	347,952	2,448,332
2065	1,596,131	318,203	285,542	2,199,876
2066	1,447,140	288,826	234,378	1,970,344
2067	1,305,192	260,844	192,800	1,758,836
2068	1,170,779	234,319	159,291	1,564,389
2069	1,044,227	209,296	132,465	1,385,988
2070	925,760	185,802	111,098	1,222,660
2071	815,509	163,851	94,133	1,073,493
2072	713,525	143,453	80,663	937,641
2073	619,776	124,609	69,935	814,320

Schedule SB Attachment (Form 5500) – 2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by the valuation system assuming the following retirement probabilities, given that other decrement rates may also be applied simultaneously along with retirement.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	12.26%	17.82	979.85
56	10.37%	15.07	843.72
57	10.57%	14.16	807.09
58	10.87%	13.73	796.55
59	11.21%	13.81	814.85
60	16.41%	19.18	1150.84
61	25.21%	27.78	1694.78
62	33.48%	29.10	1804.01
63	19.77%	12.38	779.77
64	24.75%	13.91	890.29
65	49.88%	25.10	1631.39
66	49.87%	14.98	988.54
67	24.93%	3.72	249.47
68	24.92%	2.78	188.74
69	49.83%	4.14	285.37
70	100.00%	6.12	430.49
Total		233.77	14335.75
Weighted Average			61.32

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

Schedule SB, line 26b – Schedule of Projection of Expected  
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2059	2,588,612	518,330	889,434	3,996,376

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

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2073	619,776	124,609	69,935	814,320

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

## Schedule SB, Part V – Summary of Plan Provisions

<b>Plan</b>	Pension Plan for Hourly Paid Employees of the Gallo Glass Company
<b>Employer Identification Number/Plan Number</b>	94-1384142/001
<b>Effective Date</b>	June 1, 1958.
<b>Plan Year</b>	January 1 to December 31.
<b>Employee</b>	Hourly rated employee of the company who is represented by the Glass, Molders, Pottery, Plastics & Allied Workers International Union, AFL-CIO, CLC or the United Steelworkers of America AFL-CIO-CLC.
<b>Participation</b>	An employee hired on or before December 31, 2010 will be eligible for participation on the first day of employment. Any employee hired on or after January 1, 2011 will not be eligible for participation in the plan.
<b>Vesting Service</b>	One year for each plan year during which a participant has at least 1,000 hours of service; up to two years are credited during absence due to illness or injury if the employee subsequently returns as an eligible employee.
<b>Credited Service</b>	<p>For each plan year before May 1, 2003 containing at least 500 hours of service as an employee, the ratio of (1) the number of hours of service as an eligible employee prior to normal retirement date, to (2) 1,700; up to two years are credited during absence due to illness or injury if the employee subsequently returns as an eligible employee. On or after May 1, 2003, there is no minimum hour requirement and the benefit on all service will be, for USW Local 17, the number of hours divided by 1,630 and for USW Local 18, the number of hours divided by 800.</p> <p>For USW Local 18, effective September 1, 2022, the plan year changed to September 1 to August 31 for credit service calculation.</p>
<b>Normal Retirement Date</b>	First of month coinciding with the attainment of age 65.
<b>Early Retirement Date</b>	First of month coinciding with or next following the date as of which a participant has attained age 55 and completed 10 years of vesting service for USW Local 17 or has attained age 55 and completed five years of vesting service for USW Local 18.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

**Late Retirement Date**

First of month coinciding with or next following normal retirement date.

**Average Salary**

1/36 of the total of W-2 earnings of an eligible employee for the three calendar years out of the most recent 10 for which such earnings were highest.

**Social Security Benefit Eligibility**

The estimated monthly Social Security disability or retirement benefit to which a member would be entitled:

- Upon termination, if termination occurs either (i) at or after age 62, or (ii) as a result of disability qualifying for plan benefits
- At age 62

**Normal Retirement Benefit**

Monthly amount equal to:

**For USW Local 17 Based on Participant's Pension Group**

Period of Service	Rate Times Service (USW17-1, USW17-12, USW17-13)
Before May 1, 1999	\$31, \$32, and \$33
May 1, 1999 – April 30, 2002	\$43, \$44, and \$45
May 1, 2002 – April 30, 2003	\$45, \$46, and \$47
May 1, 2003 – April 30, 2005	\$47, \$48, and \$49
May 1, 2005 – April 30, 2006	\$48, \$49, and \$50
May 1, 2006 – April 30, 2007	\$49, \$50, and \$51
May 1, 2007 – April 30, 2008	\$50, \$51, and \$52
May 1, 2008 – April 30, 2009	\$51, \$52, and \$53
May 1, 2009 – April 30, 2010	\$54, \$55, and \$56
May 1, 2010 – April 30, 2011	\$55, \$56, and \$57
May 1, 2011 – April 30, 2012	\$56, \$57, and \$58
May 1, 2012 – April 30, 2013	\$57, \$58, and \$59
May 1, 2013 – April 30, 2014	\$58, \$59, and \$60
May 1, 2014 – April 30, 2015	\$59, \$60, and \$61
May 1, 2015 – April 30, 2016	\$60, \$61, and \$62
May 1, 2016 – April 30, 2017	\$61, \$62, and \$63
May 1, 2017 – April 30, 2018	\$62, \$63, and \$64
May 1, 2018 – April 30, 2019	\$63, \$64, and \$65
May 1, 2019 – April 30, 2020	\$64, \$65, and \$66
May 1, 2020 – April 30, 2022	\$65, \$66, and \$67
May 1, 2022 – April 30, 2023	\$66, \$67, and \$68
May 1, 2023 – April 30, 2024	\$67, \$68, and \$69
May 1, 2024 – April 30, 2025	\$68, \$69, and \$70
After April 30, 2025	\$69, \$70, and \$71

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

**USW Local 17:** Effective May 1, 2022, the benefit multipliers are \$65, \$66 and \$67 for USW17-1, USW17-2 and USW17-13 respectively, for all the credit service accrued before May 1, 2022.

**For USW Local 18**

Period of Service	Rate Times Service
Effective April 1, 1999	\$45
April 1, 2000 – March 31, 2001	\$48
April 1, 2001 – March 31, 2002	\$51
April 1, 2002 – March 31, 2003	\$54
April 1, 2003 – March 31, 2005	\$56
April 1, 2005 – March 31, 2006	\$57
April 1, 2006 – March 31, 2007	\$58
April 1, 2007 – March 31, 2008	\$59
April 1, 2008 – March 31, 2009	\$60
April 1, 2009 – March 31, 2010	\$63
April 1, 2010 – March 31, 2011	\$64
April 1, 2011 – March 31, 2012	\$65
April 1, 2012 – March 31, 2013	\$66
April 1, 2013 – March 31, 2014	\$67
April 1, 2014 – March 31, 2015	\$68
April 1, 2015 – March 31, 2016	\$69
April 1, 2016 – March 31, 2017	\$70
April 1, 2017 – March 31, 2018	\$71
April 1, 2018 – March 31, 2019	\$72
April 1, 2019 – March 31, 2020	\$73
April 1, 2020 – August 31, 2022	\$74
September 1, 2022 – August 31, 2023	\$75
September 1, 2023 – August 31, 2024	\$76
September 1, 2024 – August 31 2025	\$77
After August 31, 2025	\$78

**USW Local 18:** Effective September 1, 2022, the benefit multiplier is \$74 for USW Local 18, for all the credit service accrued before September 1, 2022.

**Termination Benefit**

A participant who has at least five years of vesting service has a nonforfeitable right to 100% of his accrued normal retirement benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

**Early Retirement Benefit**

For USW Local 17, accrued benefit reduced by 0.005 for each month by which commencement of payments precedes age 60. If participant is age 60 or has 30 years of credited service when eligible for early, then the accrued benefit is unreduced. For USW Local 18, accrued benefit reduced by 0.005 for each month by which commencement of payments precedes age 60. If participant is age 60, has 30 years of credited service when eligible for early, or has 25 years of vesting service when age 58, then the accrued benefit is unreduced.

**Actuarial Equivalence**

1971 Group Annuity Mortality table for males and 6.00% interest.

**Normal Forms**

Unmarried Members

For USW Local 17, Annuity payable for life with 72 payments guaranteed. For USW Local 18, annuity payable for life with 84 payments guaranteed.

Married Members

For USW Local 17, 100% joint and survivor annuity with 72 payments guaranteed. For USW Local 18, 100% joint and survivor annuity with 84 payments guaranteed.

**Optional Forms**

50% joint and survivor annuity with payments guaranteed, 72 payments for USW Local 17 and 84 payments for USW Local 18, lump sum distribution.

**Disability Retirement Benefit**

A participant who has been determined to be permanently and totally disabled fully preventing the participant from any occupation, and 10 years of vesting service; payments commence at the expiration of any LTD benefits in the amount of the lesser of accrued benefit and maximum amount.

**LTD Supplement**

A participant who is eligible for disability retirement and received LTD benefit; payments continue only while LTD benefit payable in the amount of 10% of average LTD monthly earnings, plus the excess of the lesser of \$700 (\$600 for UW Local 18) and 70% of average LTD monthly earnings over the sum of disability benefits received from all sources.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

**Death Benefits**

Preretirement

If the participant is not vested, no death benefits are payable. If the participant is vested and has 10 years or less of vesting service, then the death benefit is 50% of the amount that would have been payable to the participant under the 50% joint and survivor option (100% joint and survivor form if participant had qualified for early retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun. If the participant is vested and has more than 10 years of vesting service, then the death benefit is ½ of the unreduced single life annuity.

Postretirement

None except as provided by the annuity form elected.

**Plan Changes Since the Prior Year (s)**

- For GMP1, the benefit multiplier increased from \$65.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$66.00 per month between May 1, 2022 and May 1, 2023, \$67.00 per month between May 1, 2023 and May 1, 2024, \$68.00 per month between May 1, 2024 and May 1, 2025, and \$69.00 per month after May 1, 2025.
- For GMP12, the benefit multiplier increased from \$66.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$67.00 per month between May 1, 2022 and May 1, 2023, \$68.00 per month between May 1, 2023 and May 1, 2024, \$69.00 per month between May 1, 2024 and May 1, 2025, and \$70.00 per month after May 1, 2025.
- For GMP13, the benefit multiplier increased from \$67.00 per month per year of credited service occurring on and after May 1, 2022. The new accrual rates are \$68.00 per month between May 1, 2022 and May 1, 2023, \$69.00 per month between May 1, 2023 and May 1, 2024, \$70.00 per month between May 1, 2024 and May 1, 2025, and \$71.00 per month after May 1, 2025.
- For USWA, the benefit multiplier increased from \$74.00 per month per year of credited service occurring on and after September 1, 2022. The new accrual rates are \$75.00 per month between September 1, 2022 and September 1, 2023, \$76.00 per month between September 1, 2023 and September 1, 2024, \$77.00 per month between September 1, 2024 and September 1, 2025, and \$78.00 per month after September 1, 2025.

**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**Pension Plan for Hourly-Paid Employees  
of the Gallo Glass Company  
EIN 94-1384142  
Plan No. 001**

**Schedule H, Line 4i, Form 5500 – Schedule of Assets (Held at End of Year)  
December 31, 2024**

<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>	<b>(e)</b>
<b>Identity of issue, borrower,</b>	<b>lessor or similar party</b>	<b>Description of investment including maturity date, rate of interest, collateral, par, or maturity value</b>	<b>Cost</b>	<b>Current Value</b>
	Eaton Vance	Atlanta Sm Cp	\$13,242,414	\$ 15,072,165
	Vanguard	Institutional Index Fund	49,249,355	76,008,701
	Loomis	Loomis Sayles C/P	44,388,670	43,204,760
*	Arrowstreet Capital	Arrowstreet US Group Trust	26,285,771	45,766,861
	FIAM	FIAM Core Plus Com. Pool Class F	40,381,363	43,330,944
*	Northern Trust	Cash	962,914	962,914
				<u>\$ 224,346,345</u>
*	Party-in-interest			

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Pension Plan for Hourly Paid Employees of the Gallo Glass Company  
EIN: 94-1384142 PN: 001

## Schedule SB, line 24 – Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the optional payment form election percentage to better reflect plan experience.
- A change in the retirement age assumption for active participants to better reflect plan experience.
- A change in the retirement age assumption for terminated vested participants from age 65 to age 62.
- A change in the withdrawal rates to better reflect plan experience.
- A change in the disability rates to better reflect plan experience.
- A change in the percent married assumption from 80% for all to 60% of males and 25% of females.
- A change in the spouse age difference assumption to better reflect plan experience.
- A change in the unlimited expected rate of return on assets from 6.50% to 7.00%.

These changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.