

| | | |
|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

| | |
|--|--|
| <p>1a Name of plan <u>SOUTHERN NEVADA AND CALIFORNIA GLAZIERS, FABRICATORS, PAINTERS AND FLOORCOVERERS PENSION TRUST FUND</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHERN NV & CA GLAZIERS FABRICATORS PAINTERS & FLOORCOVERERS PENSIO</u></p> <p><u>8311 W SUNSET RD, STE 250</u> <u>LAS VEGAS, NV 89113</u></p> | <p>1c Effective date of plan <u>02/01/2001</u></p> <p>2b Employer Identification Number (EIN) <u>30-6003012</u></p> <p>2c Plan Sponsor's telephone number <u>702-415-2180</u></p> <p>2d Business code (see instructions) <u>238100</u></p> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | DANIEL LINCOLN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/14/2025 | TERRY MAYFIELD |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | |
|---|--|--|------|
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENESYS ADMINISTRATORS 8311 WEST SUNSET RD STE 250 LAS VEGAS, NV 89113-2092 | | 3b Administrator's EIN 38-2383171 | |
| | | 3c Administrator's telephone number 702-415-2180 | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | | 4b EIN | |
| | | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | | 5 | 8335 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | | | |
| | | 6a(1) | 3620 |
| | | 6a(2) | 3538 |
| | | 6b | |
| | | 6c | 5120 |
| | | 6d | 8658 |
| | | 6e | |
| | | 6f | 8658 |
| | | 6g(1) | |
| | | 6g(2) | 8658 |
| | | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | | 7 | 221 |

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

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

| | | | |
|---|--|---|---|
| 9a Plan funding arrangement (check all that apply) | | 9b Plan benefit arrangement (check all that apply) | |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust | (4) <input type="checkbox"/> General assets of the sponsor |
| (3) <input checked="" type="checkbox"/> Trust | (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor | |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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**

| | | |
|--|---|-----|
| A Name of plan SOUTHERN NEVADA AND CALIFORNIA GLAZIERS, FABRICATORS, PAINTERS AND FLOORCOVERERS PENSION TRUST FUND | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN NV & CA GLAZIERS FABRICATORS PAINTERS & FLOORCOVERERS PENSIO | D Employer Identification Number (EIN) 30-6003012 | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDUCIARY MANAGEMENT, INC.

39-1346018

| (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 | NONE | 253136 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

BENESYS ADMINISTRATORS

38-2383171

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 14 | NONE | 169532 | 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)

CHRISTENSEN JAMES & MARTIN, CHTD.

88-0330040

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 122886 | 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)

RUBINBROWN LLP

43-0765316

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 56803 | 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)

ALSWEET ASSOCIATES

95-2766134

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 42419 | 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)

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 14 | NONE | 30000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

SEGAL MARCO ADVISORS

13-2646110

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 17 | NONE | 27447 | 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)

MARSH AND MCLENNAN AGENCY

36-2668272

| (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? |
|------------------------|---|--|--|--|---|--|
| 22 | NONE | 14001 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

NORTHWEST PLAN SERVICES

91-2090931

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 | NONE | 9000 | 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"/> |

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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 | | | |
| A Name of plan SOUTHERN NEVADA AND CALIFORNIA GLAZIERS, FABRICATORS, PAINTERS AND FLOORCOVERERS PENSION TRUST FUND | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> </table> | B Three-digit plan number (PN) ► | 001 |
| B Three-digit plan number (PN) ► | 001 | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN NV & CA GLAZIERS FABRICATORS PAINTERS & FLOORCOVERERS PENSI0 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 30-6003012</td> </tr> </table> | D Employer Identification Number (EIN) 30-6003012 | |
| D Employer Identification Number (EIN) 30-6003012 | | | |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 288660 | 374172 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 2983297 | 3318393 |
| (2) Participant contributions | 1b(2) | 325164 | 214516 |
| (3) Other | 1b(3) | 50461 | 46542 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 40328316 | 44105497 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 56153009 | 61382290 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 100128907 | 109441410 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 86957 | 138269 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 86957 | 138269 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 100041950 | 109303141 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 13084813 | |
| (B) Participants..... | 2a(1)(B) | 222019 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 13306832 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 4624 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 4624 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 511852 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 2417407 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 2929259 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 45747615 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 42217927 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 3529688 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 724451 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -547305 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 19947549 |

Expenses

| | | | |
|--|---------------|---------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 9679916 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 9679916 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | 219137 |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 197218 | |
| (3) Recordkeeping fees | 2i(3) | 68697 | |
| (4) IQPA audit fees | 2i(4) | 26780 | |
| (5) Investment advisory and investment management fees | 2i(5) | 280583 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 8133 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 124791 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | 1780 | |
| (11) Other expenses..... | 2i(11) | 79323 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 787305 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 10686358 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 9261191 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RUBINBROWN LLP

(2) EIN: 43-0765316

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | X | | 35701 |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|------------------------------|---------------------|--------------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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

| | | |
|---|--|------------|
| A Name of plan <u>SOUTHERN NEVADA AND CALIFORNIA GLAZIERS, FABRICATORS, PAINTERS AND FLOORCOVERERS PENSION TRUST FUND</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN NV & CA GLAZIERS FABRICATORS PAINTERS & FLOORCOVERERS PENSIO</u> | D Employer Identification Number (EIN) <u>30-6003012</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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

| | | |
|---|---|---|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 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): 38-2383171

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 | 885 |
|--|---|-----|

| | |
|----------------|---|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|---|

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

| | | |
|---|----|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | 6c | |

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

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

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

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

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

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

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

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:

| | | |
|---|------------|--|
| a 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)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 14c | |

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

Contents

Page

Independent Auditors' Report..... 1 - 3

Financial Statements

Statement Of Net Assets Available For Benefits4

Statement Of Changes In Net Assets Available
For Benefits5

Notes To Financial Statements..... 6 - 14

Supplemental Schedules

Schedule Of Assets Held At End Of Year 15 - 16

Schedule Of Delinquent Participant Contributions17

Schedule Of Reportable Transactions.....18

Independent Auditors' Report

Board of Trustees
Southern Nevada and California Glaziers, Fabricators,
Painters and Floorcoverers Pension Trust Fund

Opinion

We have audited the financial statements of Southern Nevada and California Glaziers, Fabricators, Painters and Floorcoverers Pension Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis For Opinion

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

Responsibilities Of Management For The Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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

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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required By ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year as of December 31, 2024, delinquent participant contributions and reportable transactions for the year ended December 31, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

RubinBrown LLP

October 14, 2025

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

| | December 31, | |
|--|-----------------------|-----------------------|
| | 2024 | 2023 |
| Assets | | |
| Investments - At Fair Value | | |
| Mutual funds | \$ 61,382,290 | \$ 56,153,009 |
| Common stocks | 44,105,497 | 40,328,316 |
| Total Investments - At Fair Value | 105,487,787 | 96,481,325 |
| Receivables | | |
| Employer contributions | 3,318,393 | 2,983,297 |
| Employee contributions | 12,165 | 11,190 |
| Accrued investment income | 35,074 | 43,385 |
| Notes receivable from participants | 202,351 | 313,974 |
| Total Receivables | 3,567,983 | 3,351,846 |
| Cash | 374,172 | 288,660 |
| Other Assets | 11,468 | 7,076 |
| Total Assets | 109,441,410 | 100,128,907 |
| Liabilities | | |
| Accounts payable | 138,269 | 86,957 |
| Net Assets Available For Benefits | \$ 109,303,141 | \$ 100,041,950 |

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

| | For The Years Ended December 31, | |
|--|-------------------------------------|-----------------------|
| | 2024 | 2023 |
| Additions To Net Assets Available For | | |
| Benefits Attributed To: | | |
| Employer contributions | \$ 13,000,739 | \$ 12,751,477 |
| Employee contributions | 222,019 | 232,987 |
| Other income | 84,074 | 89,177 |
| Total Contributions | 13,306,832 | 13,073,641 |
| Deductions From Net Assets Available For | | |
| Benefits Attributed To: | | |
| Benefits paid to participants | 9,679,916 | 6,622,242 |
| Loan default distributions | 219,137 | 120,987 |
| Total Deductions | 9,899,053 | 6,743,229 |
| Expenses | | |
| Administrative fees | 153,635 | 137,616 |
| Consultant fees | 36,447 | 14,699 |
| Contract compliance audit fees | 22,690 | 29,064 |
| Fidelity and fiduciary bond expenses | 18,181 | 28,699 |
| Investment manager fees | 253,136 | 223,142 |
| Legal fees | 124,791 | 158,863 |
| Loan program fees | 43,583 | 42,314 |
| Printing and other | 62,055 | 179,636 |
| Southern California payroll audit fees | 46,007 | 38,933 |
| Trust audit fees | 26,780 | 23,345 |
| Total Expenses | 787,305 | 876,311 |
| Total Deductions | 10,686,358 | 7,619,540 |
| Investment Income | | |
| Net change in fair value of investments | 3,706,834 | 8,653,180 |
| Dividend and interest income | 2,933,883 | 2,319,365 |
| Net Investment Income | 6,640,717 | 10,972,545 |
| Net Increase | 9,261,191 | 16,426,646 |
| Net Assets Available For Benefits - Beginning Of Year | 100,041,950 | 83,615,304 |
| Net Assets Available For Benefits - End Of Year | \$ 109,303,141 | \$ 100,041,950 |

SOUTHERN NEVADA AND CALIFORNIA GLAZIERS, FABRICATORS, PAINTERS AND FLOORCOVERERS PENSION TRUST FUND

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 And 2023

1. Description Of The Plan

The following description of the Southern Nevada and California Glaziers, Fabricators, Painters and Floorcoverers Pension Trust Fund (the Plan) provides only general information. Participants should refer to the Plan and Trust Agreements for a more complete description of the Plan's provisions.

The Plan is a defined contribution pension plan covering employees of employers pursuant to collective bargaining agreements with the Glaziers Architectural Metal and Glassworkers Union Local 2001. The Plan provides pension benefits to eligible participants performing covered employment in Southern Nevada. Agreements were adopted which permit the employers and the covered employees of the Southern California Glass Management Association, The Employee Painters' Joint Trust Funds (Nevada), and the Glaziers Architectural Metal and Glass Workers Local Union No. 930 (Colorado) working within their respective jurisdictions to participate in the Plan effective January 1, 2009, July 1, 2013 and July 1, 2015, respectively. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

The employer required contribution rate is determined through collective bargaining. Current contracts negotiated provide for employer required contribution rates of \$0.25 to \$2.00 per hour of covered work for Nevada Glaziers and Fabricators employers, Local Union 2001, depending upon worker classification. Participant wage reduction contributions may be made on a pre-tax basis in whole multiples of \$0.25 per covered hour in addition to the required employer contribution.

Southern California Glaziers employers, Local Union 636, contracts negotiated provide for employer required contribution rates of \$0.50 to \$5.38 per hour, depending on worker classification. The collective bargaining agreement for Southern California does not allow for participant wage reduction contributions.

The Employee Painters' Joint Trust Funds include reporting from Local Union No. 159 and Local Union 1512. Contracts negotiated with Local Union No. 159 provide for a required employer contribution rate of \$2.00 per covered hour. Contracts negotiated with Local Union 1512 provide for employer required contribution rates of \$0.75 per hour of covered work. Participant wage reduction contributions may be made on a pre-tax basis in whole multiples of \$0.25 per covered hour in addition to the required employer contribution.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

The Glaziers Architectural Metal and Glass Workers Local Union No. 930 (Colorado) employers' contracts negotiated provide for required contribution rates of \$0.25 per covered hour. Participant wage reduction contributions may be made on a pre-tax basis in whole multiples of \$0.25 per covered hour in addition to the required employer contribution.

Effective January 1, 2020, the Plan was amended to satisfy Safe Harbor requirements in Internal Revenue Code Regulation 1.401(k)-3 for employers with non-bargaining unit employees. The Amendment requires employers that allow non-bargaining unit employees to participate in the Plan, to contribute at least 4% of Safe Harbor compensation to the Plan each Plan year for those non-bargaining unit employees.

Effective October 1, 2021, the Plan approved the participation of District Council 36 (Drywall Finishers), the Southern California Painters and Decorators Labor Management Cooperation Committee (LMCC), the Painters and Allied Trades Compliance Administrative Trust (PAT-CAT), and the International Union of Painters and Allied Trades – Finishing Trades Institute (FTI). The contractual contribution rate for all participation agreements ranges from \$0.45 to \$1.00 per hour. Effective September 1, 2023 the contribution rate ranges were \$0.90 to \$2.00 per hour. Effective September 1, 2024 the contribution rate ranges increased to \$1.45 to \$3.00 per hour.

Effective January 1, 2023, the Plan was amended to require that distribution of Plan benefits to a participant must commence no later than April 1 following the Plan year in which the participant attains age 73, even if such participant continues to work past age 73. The distributions to the surviving spouse will begin by December 31 of the calendar year immediately following the calendar year in which the Participant would have attained age 73, if later.

Participant Accounts

Plan investment decisions are directed by the Board of Trustees. Each participant's account is credited with employer contributions, employee contributions and allocations of Plan earnings (losses) and charged with an allocation of administrative expenses, prorated on the basis of individual participant account balances in total. The benefit to which the participant is entitled is the balance of the participant's account at the time of distribution.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

Vesting

Participants are 100% vested in their voluntary contributions, all contributions made on their behalf, and earnings thereon.

Participant Loans

Effective October 15, 2017, participants may borrow up to 50% of the amount in the participant's individual account as of the last valuation date or \$50,000, whichever is less. The minimum loan amount is \$2,500. Unless otherwise provided by the Plan trustees, a request for a loan must be for the following purposes: purchase of the participant's principal residence; medical expenses incurred by, or amounts necessary to obtain medical coverage for the participant, a spouse, children or other dependents; payment of tuition and related education fees for the participant, a spouse, children or other dependents; prevention of eviction from or foreclosure upon the participant's primary residence; burial or funeral expenses for the participant's deceased parent, spouse, child or other dependent; or the participant's purchase of an automobile. Loans are available to participants that have an individual account of at least \$5,000 and the individual account has not been withdrawn or terminated at the time of the loan application. The loan must be repaid over five years, or ten years if for the purchase of the participant's primary residence. A participant must repay a loan through amortized monthly payments that are due by the first day of each consecutive month during the term.

Payment Of Benefits

On termination of service due to death, disability, retirement or certain qualifying events, a participant may elect to receive either a lump-sum amount equal to the value of the participant's accumulated share in his or her account, or benefit payments through an annuity contract purchased from a licensed legal reserve life insurance company providing annuity payments in substantially equal installments, over a period of time not longer than the life of the participant, or over the lives of the participant and a designated beneficiary. Effective July 1, 2011, hardship distributions are permitted under the Plan.

Effective May 1, 2021, the Board approved the retention holdback to be 20% on all distributions to participants.

On October 22, 2021, the Board approved that if a participant is eligible, but fails to receive or apply for payment of vested benefits, or if the balance of an individual account is de minimis or if inconsistent benefit information is submitted or if the Plan is unable to locate a missing participant, then the participant's individual account will be administered, allocated and distributed by the Plan.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

Priorities Upon Termination Of The Plan

It is expected that the Plan will continue in effect indefinitely, and that each employer will continue to make contributions to the Plan, as required by the collective bargaining agreements. However, the trustees have the right to voluntarily terminate the Plan by an agreement in writing. In the event of partial or complete termination of this Plan or in the event of complete discontinuance of contributions, each participant shall have a nonforfeitable right to participant's individual account. In the event of termination of the Plan, the assets then remaining, after providing for the expense of the Plan and for the payment of any accumulated shares theretofore approved, shall be distributed among the participants as follows:

- (a) Each participant shall receive that part of the total remaining assets in the same ratio as participant's accumulated share bears to the aggregate amount of the accumulated shares of all participants. Except as otherwise provided herein, no part of the assets shall be returned to any employer or inure to the benefit of any employer of the union. In the event that a participant cannot be located and no claim is made for payment of participant's accumulated share in accordance with Plan provisions and regulatory guidelines, participant's accumulated share shall be forfeited and redistributed on a uniform basis among participants to whom payments have or can be made.
- (b) In the event the liquidation value of the assets on the date of termination is less than the total of all accumulated shares, plus expenses, the trustees shall have the option of paying all accumulated shares to participants as rapidly as possible over a period not to exceed ten years, to the maximum extent permitted by the assets available under any insurance investment contract procured by the trustees.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

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

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

Estimates And Assumptions

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 assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation And Revenue Recognition

Investments are stated 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 further discussion on fair value measurements. Net change in fair value of investments represents the difference between the aggregate fair value of investments at year-end and the values at the beginning of the year and includes any realized gains and losses in investments that were bought and sold during the year.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions Receivables And Credit Loss Policy

Amounts due for contributions are stated at the amount that management expects to collect from outstanding balances less an allowance for expected credit losses. The expected credit losses amount reflects management's best estimate that will not be collected. This assessment considers historical experience, current conditions, and when appropriate, reasonable and supportable forecasts.

The Plan has determined that no allowance for current credit losses was necessary at December 31, 2024 or 2023.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded in accordance with Plan provisions.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

Payment Of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management of the Plan evaluates subsequent events through the date financial statements are available for issue, which is the date of the Independent Auditors' Report.

3. Fair Value Measurements

The Plan utilizes an established framework for measuring fair value. That framework 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 are described below:

- | | |
|---------|---|
| 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: <ul style="list-style-type: none">• 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 |

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks

Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

There have been no changes in the valuation methodologies used at December 31, 2024 or 2023.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

| | December 31, 2024 | | | Total |
|-----------------------------------|-----------------------|-------------|-------------|-----------------------|
| | Level 1 | Level 2 | Level 3 | |
| Mutual funds | \$ 61,382,290 | \$ — | \$ — | \$ 61,382,290 |
| Common stocks | 44,105,497 | — | — | 44,105,497 |
| Total Assets At Fair Value | \$ 105,487,787 | \$ — | \$ — | \$ 105,487,787 |

| | December 31, 2023 | | | Total |
|-----------------------------------|----------------------|-------------|-------------|----------------------|
| | Level 1 | Level 2 | Level 3 | |
| Mutual funds | \$ 56,153,009 | \$ — | \$ — | \$ 56,153,009 |
| Common stocks | 40,328,316 | — | — | 40,328,316 |
| Total Assets At Fair Value | \$ 96,481,325 | \$ — | \$ — | \$ 96,481,325 |

4. Tax Status

The Plan is exempt from federal income tax under provisions of the Internal Revenue Code. The Plan obtained its latest determination letter dated March 23, 2016 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan was restated in its entirety effective January 1, 2015 and has been amended since being restated. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and the related trust is tax-exempt.

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

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS, AND
FLOORCOVERERS PENSION TRUST FUND**

Notes To Financial Statements (*Continued*)

5. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the statement of net asset available for benefits.

6. Administrative Agreements

The Plan has an agreement with BeneSys, Inc. to provide for administrative services.

The Plan has an investment management agreement with Fiduciary Management, Inc. The Plan also has an asset custody agreement with BMO Harris Bank, N.A. Effective January 1, 2024, BMO Harris Bank, N.A. transitioned its custodial business to Midwest Institutional Trust Company. Certain Plan investments were managed by the investment manager and asset custodian. These transactions qualified as exempt party in interest transactions.

Certain participants have outstanding loans with the Plan as of December 31, 2024 and 2023. These loans are considered party in interest transactions allowable under ERISA.

Supplemental Schedules

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 1 Of 2
December 31, 2024**

| Description Of Investment | Number Of Shares/Units | Cost | Current Value |
|-------------------------------------|-----------------------------------|--------------|--------------------------|
| Common Stocks | | | |
| Aramark Hldgs Corp Com | 40,472 | \$ 1,375,004 | \$ 1,510,010 |
| Booking Hldgs Inc Com | 349 | 712,473 | 1,733,979 |
| Carmax Inc Com | 13,509 | 1,120,704 | 1,104,496 |
| O Reilly Automotive Inc New Com | 639 | 622,856 | 757,726 |
| Skechers USA Inc Cl A | 18,331 | 816,302 | 1,232,576 |
| Sony Corp Amern Sh New | 50,170 | 808,845 | 1,061,597 |
| TJX Cos Inc New Com | 3,661 | 214,871 | 442,285 |
| Valvoline Inc Com | 22,478 | 826,201 | 813,254 |
| Bjs Whsl Club Hldgs Inc Com | 16,826 | 1,142,090 | 1,503,403 |
| Dollar Tree Inc Com | 7,351 | 780,198 | 550,884 |
| Sysco Corp Com | 12,774 | 925,127 | 976,700 |
| Unilever PLC Sponsored ADR New | 17,965 | 921,651 | 1,018,616 |
| Schlumberger LTD Com | 8,721 | 402,311 | 334,363 |
| White Mountains Insurance Gp | 416 | 517,376 | 809,145 |
| Berkshire Hathaway Inc Del Cl B New | 3,433 | 688,991 | 1,556,110 |
| Blackrock Inc Com | 690 | 424,815 | 707,326 |
| Firstcash Holdings Inc Com | 7,879 | 635,800 | 816,264 |
| Houlihan Lokey Inc Cl A | 10,468 | 769,313 | 1,817,873 |
| Onemain Hldgs Inc Com | 16,975 | 841,744 | 884,907 |
| Progressive Corp OH Com | 4,440 | 485,365 | 1,063,868 |
| Schwab Charles Corp New Com | 23,719 | 1,300,508 | 1,755,443 |
| Fresenius Medical Care AG | 31,237 | 932,849 | 707,206 |
| Koninklijke Philips N.V. | 33,248 | 972,523 | 841,839 |
| Quest Diagnostics Inc Com | 6,329 | 867,424 | 954,793 |
| Schein Henry Inc Com | 13,012 | 979,270 | 900,430 |
| Smith & Nephew PLC-Spon ADR | 19,845 | 699,735 | 487,790 |
| Unitedhealth Group Inc Com | 2,094 | 708,862 | 1,059,271 |
| Allegion Pub LTD Co Ord Shs | 4,740 | 632,408 | 619,423 |
| Genpact Limited | 37,970 | 1,323,038 | 1,630,812 |
| Beacon Roofing Supply Inc Com | 7,572 | 443,605 | 769,164 |
| CSX Corp Com | 26,933 | 894,705 | 869,128 |
| Carlisle Cos Inc Com | 1,564 | 279,523 | 576,866 |
| Carrier Global Corporation Com | 16,247 | 760,936 | 1,109,020 |
| Donaldson Inc Com | 15,289 | 758,074 | 1,029,714 |
| Ferguson PLC New Common Stock New | 7,745 | 987,534 | 1,344,300 |
| Masco Corp Com | 16,151 | 694,802 | 1,172,078 |
| Robert Half Inc | 18,910 | 1,296,298 | 1,332,399 |
| Arrow Electrs Inc Com | 10,450 | 988,982 | 1,182,104 |

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 2 Of 2
December 31, 2024**

| Description Of Investment | Number Of Shares/Units | Cost | Current Value |
|--|-----------------------------------|----------------------|--------------------------|
| Common Stocks (Continued) | | | |
| Cdw Corp Com | 3,680 | \$ 696,388 | \$ 640,467 |
| Microchip Technology Inc Com | 11,058 | 679,713 | 634,176 |
| Micron Technology Inc Com | 7,056 | 446,708 | 593,833 |
| Plexus Corp Com | 4,247 | 399,834 | 664,571 |
| Avery Dennison Corp Com | 6,633 | 1,192,504 | 1,241,233 |
| Alphabet Inc Cap Stk Cl A | 6,836 | 798,911 | 1,294,055 |
| Total Common Stocks | | <u>34,767,171</u> | <u>44,105,497</u> |
| Mutual Funds | | | |
| Vanguard Developed Markets Index Fund - Adm #127 | 687,044 | 9,506,507 | 10,552,997 |
| JPMorgan Unconstrained Debt Fund Class R5 #2132 | 1,296,564 | 12,687,323 | 12,602,606 |
| JPMorgan Core Bond Fund Cl R6 #3900 | 3,217,082 | 35,986,631 | 32,556,872 |
| Vanguard Short Term Bond Index Adm #5132 | 525,014 | 5,442,875 | 5,318,393 |
| GS Fin Sq Gov #466 | 351,422 | 351,422 | 351,422 |
| Total Mutual Funds | | <u>63,974,758</u> | <u>61,382,290</u> |
| Notes Receivable From Participants | | | |
| Plan participants * | | | |
| Bearing interest at rates ranging from 8.00 % to 9.50% with maturity dates through December 2029 | | | |
| | | N/A | 202,351 |
| | | <u>\$ 98,741,929</u> | <u>\$ 105,690,138</u> |

* Represents a party in interest

The above is a required disclosure in IRS Form 5500, Schedule H, Part IV, line 4i.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For The Year Ended December 31, 2024**

| Participant Contributions Transferred Late To The Plan | Total That Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP And PTE 2002-51 |
|---|--|---|---|---|
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction In VFCP | |
| \$ 35,701 | \$ — | \$ 35,701 | \$ — | \$ — |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4a.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

| Type Of Investment | Number Of Purchase Transactions | Number Of Sales Transactions | Total Value Of Purchases | Total Net Selling Price | Expenses Incurred In Transactions | Total Cost Of Assets Sold | Total Current Value Of Assets On Transaction Date | Net Loss |
|--|--|---|---|--|--|--|--|---------------------|
| <u>Series Of Transactions In Excess Of 5%</u> | | | | | | | | |
| GS Financial Square Government Fund #466 | 156 | — | 29,854,204 | — | — | — | 29,854,204 | — |
| GS Financial Square Government Fund #466 | — | 283 | — | 28,475,756 | — | 28,475,756 | 28,475,756 | — |
| JPMorgan Core Bond Fund CI R6 #3900 | 20 | — | 4,861,423 | — | — | — | 4,861,443 | — |
| JPMorgan Core Bond Fund CI R6 #3900 | — | 3 | — | 1,146,850 | — | 1,282,169 | 1,146,850 | (135,319) |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**

**Page 1 Of 2
December 31, 2024**

| Description Of Investment | Number Of Shares/Units | Cost | Current Value |
|-------------------------------------|---------------------------|--------------|------------------|
| Common Stocks | | | |
| Aramark Hldgs Corp Com | 40,472 | \$ 1,375,004 | \$ 1,510,010 |
| Booking Hldgs Inc Com | 349 | 712,473 | 1,733,979 |
| Carmax Inc Com | 13,509 | 1,120,704 | 1,104,496 |
| O Reilly Automotive Inc New Com | 639 | 622,856 | 757,726 |
| Skechers USA Inc Cl A | 18,331 | 816,302 | 1,232,576 |
| Sony Corp Amern Sh New | 50,170 | 808,845 | 1,061,597 |
| TJX Cos Inc New Com | 3,661 | 214,871 | 442,285 |
| Valvoline Inc Com | 22,478 | 826,201 | 813,254 |
| Bjs Whsl Club Hldgs Inc Com | 16,826 | 1,142,090 | 1,503,403 |
| Dollar Tree Inc Com | 7,351 | 780,198 | 550,884 |
| Sysco Corp Com | 12,774 | 925,127 | 976,700 |
| Unilever PLC Sponsored ADR New | 17,965 | 921,651 | 1,018,616 |
| Schlumberger LTD Com | 8,721 | 402,311 | 334,363 |
| White Mountains Insurance Gp | 416 | 517,376 | 809,145 |
| Berkshire Hathaway Inc Del Cl B New | 3,433 | 688,991 | 1,556,110 |
| Blackrock Inc Com | 690 | 424,815 | 707,326 |
| Firstcash Holdings Inc Com | 7,879 | 635,800 | 816,264 |
| Houlihan Lokey Inc Cl A | 10,468 | 769,313 | 1,817,873 |
| Onemain Hldgs Inc Com | 16,975 | 841,744 | 884,907 |
| Progressive Corp OH Com | 4,440 | 485,365 | 1,063,868 |
| Schwab Charles Corp New Com | 23,719 | 1,300,508 | 1,755,443 |
| Fresenius Medical Care AG | 31,237 | 932,849 | 707,206 |
| Koninklijke Philips N.V. | 33,248 | 972,523 | 841,839 |
| Quest Diagnostics Inc Com | 6,329 | 867,424 | 954,793 |
| Schein Henry Inc Com | 13,012 | 979,270 | 900,430 |
| Smith & Nephew PLC-Spon ADR | 19,845 | 699,735 | 487,790 |
| Unitedhealth Group Inc Com | 2,094 | 708,862 | 1,059,271 |
| Allegion Pub LTD Co Ord Shs | 4,740 | 632,408 | 619,423 |
| Genpact Limited | 37,970 | 1,323,038 | 1,630,812 |
| Beacon Roofing Supply Inc Com | 7,572 | 443,605 | 769,164 |
| CSX Corp Com | 26,933 | 894,705 | 869,128 |
| Carlisle Cos Inc Com | 1,564 | 279,523 | 576,866 |
| Carrier Global Corporation Com | 16,247 | 760,936 | 1,109,020 |
| Donaldson Inc Com | 15,289 | 758,074 | 1,029,714 |
| Ferguson PLC New Common Stock New | 7,745 | 987,534 | 1,344,300 |
| Masco Corp Com | 16,151 | 694,802 | 1,172,078 |
| Robert Half Inc | 18,910 | 1,296,298 | 1,332,399 |
| Arrow Electrs Inc Com | 10,450 | 988,982 | 1,182,104 |

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF ASSETS HELD AT END OF YEAR**

Page 2 Of 2

December 31, 2024

| Description Of Investment | Number Of Shares/Units | Cost | Current Value |
|--|---------------------------|----------------------|-----------------------|
| Common Stocks (Continued) | | | |
| Cdw Corp Com | 3,680 | \$ 696,388 | \$ 640,467 |
| Microchip Technology Inc Com | 11,058 | 679,713 | 634,176 |
| Micron Technology Inc Com | 7,056 | 446,708 | 593,833 |
| Plexus Corp Com | 4,247 | 399,834 | 664,571 |
| Avery Dennison Corp Com | 6,633 | 1,192,504 | 1,241,233 |
| Alphabet Inc Cap Stk Cl A | 6,836 | 798,911 | 1,294,055 |
| Total Common Stocks | | 34,767,171 | 44,105,497 |
| Mutual Funds | | | |
| Vanguard Developed Markets Index Fund - Adm #127 | 687,044 | 9,506,507 | 10,552,997 |
| JPMorgan Unconstrained Debt Fund Class R5 #2132 | 1,296,564 | 12,687,323 | 12,602,606 |
| JPMorgan Core Bond Fund Cl R6 #3900 | 3,217,082 | 35,986,631 | 32,556,872 |
| Vanguard Short Term Bond Index Adm #5132 | 525,014 | 5,442,875 | 5,318,393 |
| GS Fin Sq Gov #466 | 351,422 | 351,422 | 351,422 |
| Total Mutual Funds | | 63,974,758 | 61,382,290 |
| Notes Receivable From Participants | | | |
| Plan participants * | | | |
| Bearing interest at rates ranging from 8.00 % to 9.50% with maturity dates through December 2029 | | N/A | 202,351 |
| | | \$ 98,741,929 | \$ 105,690,138 |

* Represents a party in interest

The above is a required disclosure in IRS Form 5500, Schedule H, Part IV, line 4i.

**SOUTHERN NEVADA AND CALIFORNIA
GLAZIERS, FABRICATORS, PAINTERS AND
FLOORCOVERERS PENSION TRUST FUND**

**EIN: 30-6003012 PLAN NUMBER: 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2024**

| Type Of Investment | Number Of Purchase Transactions | Number Of Sales Transactions | Total Value Of Purchases | Total Net Selling Price | Expenses Incurred In Transactions | Total Cost Of Assets Sold | Total Current Value Of Assets On Transaction Date | Net Loss |
|--|--|---|---|--|--|--|--|---------------------|
| <u>Series Of Transactions In Excess Of 5%</u> | | | | | | | | |
| GS Financial Square Government Fund #466 | 156 | — | 29,854,204 | — | — | — | 29,854,204 | — |
| GS Financial Square Government Fund #466 | — | 283 | — | 28,475,756 | — | 28,475,756 | 28,475,756 | — |
| JPMorgan Core Bond Fund CI R6 #3900 | 20 | — | 4,861,423 | — | — | — | 4,861,443 | — |
| JPMorgan Core Bond Fund CI R6 #3900 | — | 3 | — | 1,146,850 | — | 1,282,169 | 1,146,850 | (135,319) |

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.