

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: VITRO FLAT GLASS LLC RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/2016
2a Plan sponsor's name (employer, if for a single-employer plan): VITRO FLAT GLASS LLC
2b Employer Identification Number (EIN): 81-3489093
2c Plan Sponsor's telephone number: 412-820-8003
2d Business code (see instructions): 327210

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	345
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	88
a(2) Total number of active participants at the end of the plan year	6a(2)	65
b Retired or separated participants receiving benefits.....	6b	219
c Other retired or separated participants entitled to future benefits	6c	30
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	314
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	12
f Total. Add lines 6d and 6e	6f	326
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 0

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>VITRO FLAT GLASS LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VITRO FLAT GLASS LLC</u>	D Employer Identification Number (EIN) <u>81-3489093</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>61501207</u>
	b Actuarial value	2b	<u>61501207</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>228</u>	<u>53119378</u>
	b For terminated vested participants	<u>34</u>	<u>1935976</u>
	c For active participants	<u>88</u>	<u>19568726</u>
	d Total	<u>350</u>	<u>74624080</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>346</u>
	b Expected plan-related expenses	6b	<u>377000</u>
	c Target normal cost	6c	<u>377346</u>

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

SIGN HERE			
	Signature of actuary	<u>10/07/2025</u>	Date
	<u>JASON MELBYE</u>	<u>23-08504</u>	Most recent enrollment number
	<u>OCTOBER THREE CONSULTING LLC</u>	<u>312-878-2413</u>	Telephone number (including area code)
	<u>233 SOUTH WACKER DRIVE, SUITE 8350 CHICAGO, IL 60606</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	255951	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	255951	0
10	Interest on line 9 using prior year's actual return of <u>14.44</u> %	36959	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		14892
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		771
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		15663
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	292910	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.56 %
15	Adjusted funding target attainment percentage	15	81.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.74 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/10/2024	381000	0					
07/12/2024	381000	0					
10/10/2024	381000	0					
01/10/2025	381000	0					
09/02/2025	238000	0					
			Totals ▶	18(b)	1762000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1695357

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 377346
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:		Outstanding Balance	Installment	
a Net shortfall amortization installment		13829512	1315756	
b Waiver amortization installment.....		0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 1693102
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		0	0	0
36 Additional cash requirement (line 34 minus line 35)				36 1693102
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 1695357
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 2255
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan VITRO FLAT GLASS LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VITRO FLAT GLASS LLC	D Employer Identification Number (EIN) 81-3489093	

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

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(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)

PNC BANK

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	119740	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

OCTOBER THREE CONSULTING LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	109312	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)

GYL FINANCIAL SYNERGIES, LLC

81-3263476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 51	NONE	25000	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)

SCHNEIDER DOWNS & CO., INC.

25-1408703

(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	19900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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

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(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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VITRO FLAT GLASS LLC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VITRO FLAT GLASS LLC	D Employer Identification Number (EIN) 81-3489093

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	1771000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	184022
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1571146
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(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)	58022199
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	54632322

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	61548367	57678616
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	45130	35765
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	45130	35765
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	61503237	57642851

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)	1762000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1762000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	90035	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		90035
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1547731	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1547731
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		3162357
c Other income	2c		86
d Total income. Add all income amounts in column (b) and enter total.....	2d		6562209

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9886493	
(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)		9886493
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	67555	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19900	
(5) Investment advisory and investment management fees	2i(5)	143381	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	33751	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	271515	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		536102
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10422595

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3860386
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: SCHNEIDER DOWNS & CO., INC.

(2) EIN: 25-1408703

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
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.			

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 547771.

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

A Name of plan <u>VITRO FLAT GLASS LLC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VITRO FLAT GLASS LLC</u>	D Employer Identification Number (EIN) <u>81-3489093</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): 22-1146430

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		14
---	--	----

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 _____.

VITRO FLAT GLASS, LLC
RETIREMENT PLAN

Financial Statements
For the years ended December 31, 2024 and 2023
and for the year ended December 31, 2024

and Independent Auditor's Report Thereon



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CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024	5
Notes to Financial Statements	6
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4j - Schedule of Reportable Transactions	18

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator
Vitro Flat Glass, LLC Retirement Plan
Cheswick, Pennsylvania

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

We have performed audits of the financial statements of the Vitro Flat Glass, LLC Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements (financial statements).

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



Pittsburgh, Pennsylvania
October 14, 2025

VITRO FLAT GLASS, LLC RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 56,797,702	\$ 59,593,345
Receivables:		
Employer contributions	619,000	1,771,000
Accrued income	<u>261,914</u>	<u>184,022</u>
Total Receivables	<u>880,914</u>	<u>1,955,022</u>
Total Assets	<u>57,678,616</u>	<u>61,548,367</u>
LIABILITIES		
Accrued administrative expenses	<u>35,765</u>	<u>45,130</u>
Total Liabilities	<u>35,765</u>	<u>45,130</u>
Net Assets Available for Benefits	<u>\$ 57,642,851</u>	<u>\$ 61,503,237</u>

See notes to financial statements.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS:

Investment income:

Net appreciation in fair value of investments	\$ 3,162,357
Interest and dividends	1,637,852
	<u>4,800,209</u>

Employer contributions	<u>1,762,000</u>
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Total Additions	6,562,209
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DEDUCTIONS:

Benefits paid to participants	9,886,493
Administrative expenses	536,102
	<u>10,422,595</u>

Total Deductions	<u>10,422,595</u>
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Net Decrease	(3,860,386)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>61,503,237</u>
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End of year	<u><u>\$ 57,642,851</u></u>
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See notes to financial statements.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION

The following description of the Vitro Flat Glass, LLC Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan sponsored by Vitro Flat Glass, LLC (Vidro, the Company and Plan Sponsor) covering the following groups of employees. Effective October 1, 2016, Vitro S.A.B. de C.V. acquired the flat glass manufacturing and glass coatings operations of PPG Industries, Inc. (PPG). In connection with the acquisition, PPG employees and certain salaried employees on PPG-approved leaves of absence involved with those lines of business were offered the opportunity to change their employment from PPG to Vitro, and assets and liabilities of certain tax-qualified defined benefit pension plans maintained by PPG corresponding to those employees were transferred to the Vitro Flat Glass, LLC Retirement Plan, the defined benefit plan established by Vitro to receive the transfer of assets and liabilities and to provide retirement benefits to eligible employees of Vitro in accordance with the provisions of the Plan.

Effective October 1, 2016, employees who were participating in the applicable PPG retirement plans who changed their employment to Vitro in connection with Vitro's acquisition of the flat glass manufacturing and glass coatings operations of PPG were eligible to participate. No employee hired or rehired on or after October 1, 2016 is eligible to participate in the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - Plan participants become fully vested after five years of continuous service and are entitled to pension benefits upon retirement as defined in the Plan document.

Monthly pension benefits under the Plan for salaried employees and non-represented hourly production and maintenance employees vary, depending on the employees' date of separation of service from the Company, final average monthly earnings, and years of continuous service as defined in the Plan document.

For salaried employees and non-represented hourly production and maintenance employees, the Plan provides either a monthly pension benefit or a lump-sum payment when employees separate from service from the Company. The Plan also has provisions for early retirement and disability benefits for those persons who are eligible to receive such benefits.

For employees covered by the collective bargaining agreement with the United States Steel, Paper, and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW) AFL-CIO, CLC on behalf of its ABG Division Local No. 474, the Plan provides for a monthly pension benefit or a lump-sum payment when employees separate from service from the Company. Monthly pension benefits under the Plan for eligible bargained employees are based on continuous service multiplied by a rate as specified in the Plan document.

Benefits are payable in the form of a joint and survivor annuity, a single life annuity or other optional forms, as defined in the Plan document.

Future benefit accruals for active participants with less than 60 points (age plus continuous service) at January 1, 2012 were frozen. Future benefit accruals for active participants who had at least 60 points (based on age plus continuous service) at January 1, 2012 were frozen effective December 31, 2020.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION (Continued)

Funding Policy - Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is generally to make minimum cash contributions to the Plan in amounts determined by the Plan's actuary. The actuarial assumptions, as described in Note 3, have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. The Company's contributions met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Plan Termination - Although it has not expressed any intent to do so, the Company reserves the right to discontinue contributions to or terminate the Plan at any time. Upon termination, the net assets of the Plan are allocated among the participants and beneficiaries of the Plan in compliance with ERISA and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection guaranteed by the PBGC is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In the event of Plan termination, payment and distribution of benefits would be dependent upon the sufficiency of the Plan's assets in relation to the benefits owed to the Plan participants. Distributions ultimately realized by the Plan participants and their beneficiaries would be determined by priority levels established by PBGC and ERISA guidelines in accordance with the underlying benefit guarantees provided by the PBGC.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying statements of net assets available for benefits and related statement of changes in net assets available for benefits and the related notes to the financial statements (financial statements) follows:

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, return on assets and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation, Income Recognition and Risks - Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

The three levels of inputs that may be used to measure fair value are as follows:

Level 1 - Observable inputs such as quoted prices in active markets for identical investments that the Plan has the ability to access.

Level 2 - Inputs include:

- a. Quoted prices for similar assets or liabilities in active markets;
- b. Quoted prices for identical or similar assets or liabilities in inactive markets;
- c. Inputs, other than quoted prices in active markets, that are observable either directly or indirectly;
- d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

Level 3 - Unobservable inputs in which there is little or no market activity for the asset or liability, which require the reporting entity to develop its own estimates and assumptions relating to the pricing of the asset or liability including assumptions regarding risk.

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.

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

Money market funds are valued at the closing price reported on the active market on which the individual securities are traded on the last business day of the Plan year and are classified within Level 1 of the fair value hierarchy.

Mutual funds are public investment vehicles valued using the net asset value provided by the administrator of the fund on the last day of the Plan's year-end using a quoted price in an active market and are classified within Level 1 of the fair value hierarchy.

Exchange traded funds are valued at the closing price reported on the active markets on which the fund shares are traded on the last day of the Plan's year-end and are classified within Level 1 of the fair value hierarchy.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fixed income securities are comprised of U.S. government and corporate U.S. bonds. U.S. government and agency bonds are valued using pricing models maximizing the use of observable inputs for similar securities. Corporate U.S. bonds are also valued using pricing models maximizing the use of observable inputs for similar securities, which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. Accordingly, these fixed income securities are classified within Level 2 of the fair value hierarchy.

The methods described above might produce a fair value calculation that might not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes that 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.

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

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with these investments and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

Administrative Expenses - Administrative expenses are paid either by the Plan or the Company, as provided for in the Plan document. Investment-related expenses are included in net appreciation in fair value of investments. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statement of changes in net assets available for benefits.

Benefit Payments - Benefits are recorded when paid.

Subsequent Events - The Plan Sponsor evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 14, 2025, the day the financial statements were approved and authorized for issue.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 - ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions for service that employees have rendered. The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The valuation dates are as of January 1, 2025 and 2024 as opposed to December 31, 2024 and 2023. However, no material adjustment would occur if the valuation dates were as of December 31, 2024 and 2023.

The actuarial present value of accumulated plan benefits as of December 31 is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active participants	\$ 12,579,339	\$ 19,956,852
Inactive participants receiving benefits	1,907,384	2,029,023
Retired participants and beneficiaries	<u>51,823,616</u>	<u>54,327,828</u>
Total vested benefits	66,310,339	76,313,703
Nonvested benefits	<u>262,978</u>	<u>427,161</u>
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 66,573,317</u>	<u>\$ 76,740,864</u>

The change in the actuarial present value of accumulated plan benefits is comprised of the following for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 76,740,864
(Decrease) increase during the year attributable to	
Benefits accumulated	(720,442)
Benefits paid	(9,886,493)
Changes in actuarial assumptions	(3,045,635)
Increase for interest	<u>3,485,023</u>
Net decrease	<u>(10,167,547)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 66,573,317</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 - ACCUMULATED PLAN BENEFITS (Continued)

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31 are as follows:

	2024	2023
Actuarial cost method	Present value of accrued benefits method as required under regulations Internal Revenue Code (IRC) §430	Present value of accrued benefits method as required under regulations IRC §430
Interest rate	5.35%	4.85%
Mortality	Pri-2012 generational mortality table with MP-2021	Pri-2012 generational mortality table with MP-2021

The change in actuarial benefits was a result of the change in the interest rate.

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

NOTE 4 - INVESTMENTS

The following tables set forth the fair value of the Plan's assets measured on a recurring basis, by level, as described in Note 2:

	2024			
	Level 1	Level 2	Level 3	Total
Money market	\$ 2,165,380	-	-	\$ 2,165,380
Mutual funds	9,017,033	-	-	9,017,033
Exchange traded funds	19,193,721	-	-	19,193,721
Fixed income securities	-	\$ 26,421,568	-	26,421,568
Investments at Fair Value	<u>\$ 30,376,134</u>	<u>\$ 26,421,568</u>	<u>-</u>	<u>\$ 56,797,702</u>
	2023			
	Level 1	Level 2	Level 3	Total
Money market	\$ 1,571,146	-	-	\$ 1,571,146
Mutual funds	11,714,347	-	-	11,714,347
Exchange traded funds	24,061,776	-	-	24,061,776
Fixed income securities	-	\$ 22,246,076	-	22,246,076
Investments at Fair Value	<u>\$ 37,347,269</u>	<u>\$ 22,246,076</u>	<u>-</u>	<u>\$ 59,593,345</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 - CERTIFICATION OF FINANCIAL INFORMATION (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023 and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by PNC Bank, National Association (PNC).

NOTE 6 - TAX STATUS

The Internal Revenue Service determined and informed the Company by letter dated April 24, 2018 that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain its qualification. Therefore, no provision for income taxes is included in the Plan's financial statements.

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 a taxing authority. Since the Plan is tax-exempt, the Plan administrator has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2021.

NOTE 7 - RELATED-PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by PNC, the trustee of the Plan. The Plan paid certain investment manager and trustee fees to PNC. The fees paid to PNC are not significant for the year ended December 31, 2024. These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under Section 408(b) of ERISA regulations.

Certain administrative functions are performed by officers or employees of the Company at no cost to the Plan. These transactions are not deemed prohibited party-in-interest transactions because they are covered by the statutory or administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

SUPPLEMENTARY INFORMATION

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds				
*	PNC	IAM Bank Sweep Collateralized	\$ 2,165,380	\$ 2,165,380
		Total Cash and Cash Equivalents	2,165,380	2,165,380
Mutual Fund				
	Fidelity	500 Index Fund	6,714,388	9,017,033
Exchange Traded Funds				
ETF - Equity				
	BlackRock	iShare Core MSCI Developed Markets	4,494,070	4,842,664
	Vanguard	Vanguard Emerging Markets Government Bond	2,789,472	2,842,129
	BlackRock	iShares MSCI USA Quality Factor	1,890,638	2,814,020
	Xtrackers	Xtrackers USD High Yield	2,020,221	2,140,662
	BlackRock	iShares Core S&P Mid-Cap	1,075,423	1,880,453
	Vanguard	Vanguard FTSE Emerging Markets	1,873,446	1,852,455
	BlackRock	iShares Core S&P Small Cap	807,801	1,196,790
	Invesco	Invesco QQQ Trust	596,619	1,034,730
	WisdomTree	WisdomTree U.S. Quality Dividend Growth	376,393	589,818
		Total ETF - Equity	15,924,083	19,193,721
		Total Exchange Traded Funds	15,924,083	19,193,721
Fixed Income Securities				
Corporate Bonds				
	JPMorgan Chase & Co	Corporate Bonds, VAR% Due 04/23/2029	428,930	378,121
	Morgan Stanley	Corporate Bonds, VAR% Due 10/20/2032	425,256	368,680
	Comcast Corp	Corporate Bonds, 03.200% Due 07/15/2036	397,979	343,243
	Citigroup Inc	Corporate Bonds, VAR% Due 01/10/2028	322,608	294,072
	Goldman Sachs Group Inc	Corporate Bonds, VAR% Due 04/22/2032	332,364	293,985
	Microsoft Corp	Corporate Bonds, 03.450% Due 08/08/2036	357,091	283,384
	Prologis Lp	Corporate Bonds, 05.125% Due 01/15/2034	271,747	271,007
	MetLife Inc.	Corporate Bonds, 04.050% Due 03/01/2045	267,240	264,152
	Walt Disney Company/ The	Corporate Bonds, 02.000% Due 09/01/2029	266,813	244,538
	Subtotal (Corporate Bonds)		3,070,028	2,741,182

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 3,070,028	\$ 2,741,182
	Capital One Financial Co	Corporate Bonds, 03.750% Due 03/09/2027	267,745	244,083
	Conocophillips	Corporate Bonds, 06.500% Due 02/01/2039	244,523	240,471
	Verizon Communications	Corporate Bonds, 04.500% Due 08/10/2033	287,669	230,886
	Consolidated Edison Co	Corporate Bonds, 03.875% Due 06/15/2047	332,088	228,471
	Berkshire Hathaway Fin Com Gtd	Corporate Bonds, 04.400% Due 05/15/2042	269,484	227,150
	Sumitomo Mitsui Finl Grp	Corporate Bonds, 02.750% Due 01/15/2030	250,413	223,128
	Unitedhealth Group Inc	Corporate Bonds, 03.700% Due 08/15/2049	274,844	221,668
	Florida Power & Light Co	Corporate Bonds, 03.150% Due 10/01/2049	332,449	219,066
	Oracle Corp	Corporate Bonds, 04.300% Due 07/08/2034	292,307	216,026
	Apple Inc	Corporate Bonds, 03.850% Due 05/04/2043	267,060	207,085
	AT&T Inc	Corporate Bonds, 03.500% Due 06/01/2041	223,148	206,893
	Public Service Colorado	Corporate Bonds, 03.800% Due 06/15/2047	307,443	203,948
	Eversource Energy	Corporate Bonds, 01.650% Due 08/15/2030	239,987	203,835
	Virginia Elec & Power Co	Corporate Bonds, 03.300% Due 12/01/2049	307,356	203,082
	Home Depot Inc	Corporate Bonds, 03.125% Due 12/15/2049	296,148	200,832
	Banco Santander Sa	Corporate Bonds, 05.147% Due 08/18/2025	200,882	200,182
	CSX Corp	Corporate Bonds, 04.750% Due 11/15/2048	277,142	198,059
	Walmart Inc	Corporate Bonds, 02.650% Due 09/22/2051	322,490	197,872
	Johnson & Johnson	Corporate Bonds, 03.550% Due 03/01/2036	199,204	196,477
	Ameriprise Financial Inc	Corporate Bonds, 02.875% Due 09/15/2026	206,160	194,564
	Bank Of America Corp	Corporate Bonds, 03.248% Due 10/21/2027	209,174	192,752
	Visa Inc	Corporate Bonds, 04.150% Due 12/14/2035	244,624	189,397
	Gilead Sciences Inc	Corporate Bonds, 04.600% Due 09/01/2035	241,834	188,742
	Progressive Corp	Corporate Bonds, 04.200% Due 03/15/2048	274,038	187,751
	Anheuser-Busch Co/Inbev	Corporate Bonds, 04.700% Due 02/01/2036	232,686	184,961
	Abbott Laboratories	Corporate Bonds, 04.750% Due 11/30/2036	183,283	178,719
	Abbvie Inc	Corporate Bonds, 04.500% Due 05/14/2035	227,549	177,931
	BP Cap Markets America	Corporate Bonds, 04.989% Due 04/10/2034	171,481	170,203
	Honeywell International	Corporate Bonds, 05.000% Due 02/15/2033	163,197	159,138
	Pfizer Investment Enter	Corporate Bonds, 05.300% Due 05/19/2053	161,842	149,811
	Air Products & Chemicals	Corporate Bonds, 02.700% Due 05/15/2040	172,234	149,787
	Amgen Inc	Corporate Bonds, 05.65% Due 03/02/2053	155,218	149,229
	Bank Of Montreal	Corporate Bonds, 05.203% Due 02/01/2028	139,994	141,088
	Energy Transfer Operating	Corporate Bonds, 03.750% Due 05/15/2030	150,900	139,947
	Subtotal (Corporate Bonds)		<u>11,196,624</u>	<u>9,364,416</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 11,196,624	\$ 9,364,416
	American Honda Finance	Corporate Bonds, 05.050% Due 07/10/2031	140,049	138,625
	Westpac Banking Corp	Corporate Bonds, VAR% Due 11/15/2035	162,725	136,110
	Toyota Motor Credit Corp	Corporate Bonds, 05.400% Due 11/10/2025	135,154	136,079
	John Deere Capital Corporation	Corporate Bonds, 05.100% Due 04/11/2034	134,445	134,768
	Realty Income Corp	Corporate Bonds, 04.850% Due 03/15/2030	135,196	134,150
	Enterprise Products Oper	Corporate Bonds, 03.950% Due 01/31/2060	184,552	132,974
	Fiserv Inc	Corporate Bonds, 04.200% Due 10/01/2028	155,691	131,300
	Kroger Co	Corporate Bonds, 03.950% Due 01/15/2050	173,721	131,093
	Kinder Morgan Ener Part	Corporate Bonds, 06.950% Due 01/15/2038	131,176	130,024
	T-Mobile USA Inc.	Corporate Bonds, 04.375% Due 04/15/2040	130,568	130,022
	State Street Corp	Corporate Bonds, 04.993% Due 03/18/2027	124,260	126,040
	Burlington North Santa Fe	Corporate Bonds, 04.450% Due 01/15/2053	151,436	125,646
	Cummins Inc.	Corporate Bonds, 05.150% Due 02/20/2034	125,444	125,070
	Bank Of NY Mellon Corp	Corporate Bonds, VAR% Due 10/25/2028	119,839	123,188
	Exxon Mobil Corporation	Corporate Bonds, 04.114% Due 03/01/2046	177,318	121,667
	Bank Of America Corp	Corporate Bonds, VAR% Due 06/19/2041	121,790	121,490
	Lockheed Martin Corp	Corporate Bonds, 04.150% Due 06/15/2053	147,456	119,868
	Public Service Electric	Corporate Bonds, 03.200% Due 08/01/2049	179,011	119,277
	IBM Corp	Corporate Bonds, 03.500% Due 05/15/2029	135,056	118,454
	Nike Inc.	Corporate Bonds, 03.250% Due 03/27/2040	117,543	115,830
	Realty Income Corp	Corporate Bonds, 01.800% Due 03/15/2033	149,330	114,782
	Pepsico Inc	Corporate Bonds, 04.650% Due 02/15/2053	130,645	113,485
	KeyCorp	Corporate Bonds, VAR% Due 06/01/2033	119,873	113,477
	Westpac Banking Corp	Corporate Bonds, 02.650% Due 01/16/2030	125,560	112,827
	Midamerican Energy Co	Corporate Bonds, 03.650% Due 08/01/2048	163,164	111,155
	Boston Properties Lp	Corporate Bonds, 02.900% Due 03/15/2030	125,116	110,393
	Toyota Motor Credit Corp	Corporate Bonds, 05.100% Due 03/21/2031	109,968	110,367
	United Parcel Service	Corporate Bonds, 05.050% Due 03/03/2053	119,374	109,978
	Warnermedia Holdings Inc	Corporate Bonds, 05.050% Due 03/15/2042	110,269	108,389
	Sysco Corporation	Corporate Bonds, 06.000% Due 01/17/2034	105,806	104,822
	Kroger Co	Corporate Bonds, 05.500% Due 09/15/2054	110,364	103,606
	Paccar Financial Corp	Corporate Bonds, 05.200% Due 11/09/2026	99,923	101,367
	Texas Instruments Inc	Corporate Bonds, 05.050% Due 05/18/2063	109,084	99,121
	Duke Energy Progress Llc	Corporate Bonds, 02.900% Due 08/15/2051	159,712	98,886
	Amazon.Com Inc	Corporate Bonds, 03.950% Due 04/13/2052	124,478	98,566
	Subtotal (Corporate Bonds)		15,941,720	13,527,312

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 15,941,720	\$ 13,527,312
	Church & Dwight Co Inc	Corporate Bonds, 05.600% Due 11/15/2032	94,824	97,897
	Target Corp	Corporate Bonds, 04.000% Due 07/01/2042	117,677	96,139
	US Bancorp	Corporate Bonds, VAR% Due 02/01/2034	95,000	90,937
	Pub Svc New Hamp	Corporate Bonds, 03.600% Due 07/01/2049	136,033	90,884
	Prudential Financial Inc	Corporate Bonds, 03.700% Due 03/13/2051	132,596	90,454
	Kimberly-Clark Corp	Corporate Bonds, 02.000% Due 11/02/2031	104,565	88,568
	Caterpillar Inc	Corporate Bonds, 03.250% Due 09/19/2049	126,653	86,778
	Royal Bank Of Canada	Corporate Bonds, 03.375% Due 04/14/2025	84,969	84,716
	Novartis Capital Corp	Corporate Bonds, 03.700% Due 09/21/2042	111,281	80,515
	Kroger Co/ The	Corporate Bonds, 03.500% Due 02/01/2026	84,561	78,953
	Marathon Petroleum Corp	Corporate Bonds, 04.500% Due 04/01/2048	107,872	78,076
	US Bancorp	Corporate Bonds, 03.000% Due 07/30/2029	93,812	77,890
	Honeywell International	Corporate Bonds, 03.812% Due 11/21/2047	115,078	76,609
	Allstate Corporation	Corporate Bonds, 05.250% Due 03/30/2033	74,873	74,861
	Realty Income Corp	Corporate Bonds, 02.700% Due 02/15/2032	84,442	72,151
	San Diego G&E	Corporate Bonds, 02.950% Due 08/15/2051	109,305	70,717
	Unilever Capital Corp	Corporate Bonds, 02.625% Due 08/12/2051	113,514	69,599
	Eli Lilly & Co	Corporate Bonds, 02.500% Due 09/15/2060	96,467	66,575
	Eli Lilly & Co	Corporate Bonds, 05.050% Due 08/14/2054	64,682	60,210
	Union Pacific Corp	Corporate Bonds, 03.850% Due 02/14/2072	85,587	58,982
	KLA Corp	Corporate Bonds, 03.300% Due 03/01/2050	84,968	58,708
	Home Depot Inc	Corporate Bonds, 04.875% Due 06/25/2027	54,818	55,521
	Huntington Bancshares	Corporate Bonds, VAR% Due 08/04/2028	55,000	54,437
	Abbvie Inc	Corporate Bonds, 04.500% Due 03/15/2064	54,794	52,511
	Unitedhealth Group Inc	Corporate Bonds, 04.950% Due 05/15/2062	56,228	47,395
	Alphabet Inc	Corporate Bonds, 02.250% Due 08/15/2060	77,068	46,040
	Texas Instruments Inc	Corporate Bonds, 05.000% Due 03/14/2053	50,120	45,808
	Chevron Usa Inc	Corporate Bonds, 03.250% Due 10/15/2029	42,472	42,346
	Apple Inc	Corporate Bonds, 03.950% Due 08/08/2052	49,670	39,780
	State Street Corp	Corporate Bonds, VAR% Due 08/04/2033	40,000	37,326
	Total Corporate Bonds		<u>18,540,649</u>	<u>15,598,695</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
U.S. Treasury Securities				
	U.S. Government	Treasury Bond, 00.875% Due 11/15/2030	\$ 1,680,800	\$ 1,575,016
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2040	2,322,416	1,398,123
	U.S. Government	Treasury Bond, Zero Cpn Due 02/15/2035	1,850,287	1,351,865
	U.S. Government	Treasury Bond, 02.500% Due 02/15/2045	1,240,490	1,203,778
	U.S. Government	Treasury Bond, 02.000% Due 11/15/2026	749,186	772,607
	U.S. Government	Treasury Bond, 02.000% Due 08/15/2025	560,294	571,950
	U.S. Government	Treasury Bond, 02.875% Due 05/15/2043	509,399	469,600
	U.S. Government	Treasury Bond, 02.250% Due 11/15/2025	441,402	452,129
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2036	615,006	437,308
	U.S. Government	Treasury Bond, 03.500% Due 02/15/2033	427,032	423,282
	U.S. Government	Treasury Bond, 03.875% Due 09/30/2029	412,415	401,083
	U.S. Government	Treasury Bond, 02.250% Due 05/15/2041	475,241	369,013
	U.S. Government	Treasury Bond, 03.625% Due 02/15/2053	282,064	268,122
	U.S. Government	Treasury Bond, 01.125% Due 08/15/2040	290,062	250,433
	U.S. Government	Treasury Bond, 04.500% Due 05/15/2038	200,355	191,888
	U.S. Government	Treasury Bond, 03.750% Due 08/15/2041	190,041	184,733
	U.S. Government	Treasury Bond, 01.625% Due 02/15/2026	175,020	179,715
	U.S. Government	Treasury Bond, 04.250% Due 08/15/2054	131,977	127,848
	U.S. Government	Treasury Bond, 04.500% Due 11/15/2033	111,169	109,502
	U.S. Government	Treasury Bond, 04.500% Due 02/15/2036	87,391	84,878
		Total U.S. Treasury Securities	<u>12,752,047</u>	<u>10,822,873</u>
		Total Fixed Income Securities	<u>31,292,696</u>	<u>26,421,568</u>
		Total Investments	<u><u>\$ 56,096,547</u></u>	<u><u>\$ 56,797,702</u></u>

* Indicates party-in-interest

See independent auditor's report.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

(a) Identity of Party involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense	(g) Cost	(h) Current Value	(i) Net Gain or (Loss)
Series of Transactions:								
Fidelity	500 Index Fund	\$ 124,216 (A)	-	-	-	\$ 124,216	\$ 124,216	-
Fidelity	500 Index Fund	-	\$ 5,070,850 (B)	-	-	4,132,489	5,070,850	\$ 938,361
* PNC	IAM Bank Sweep Collateralized	4,009,748 (C)	-	-	-	4,009,748	4,009,748	-
* PNC	IAM Bank Sweep Collateralized	-	3,415,513 (D)	-	-	3,415,513	3,415,513	-

(A) Consists of 4 purchase transactions.

(B) Consists of 9 sales transactions.

(C) Consists of 13 purchase transactions.

(D) Consists of 11 sales transactions.

* Indicates party-in-interest

See independent auditor's report.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Line 26a - Schedule of Active Participant Data

Completed years of credited service as of January 1, 2024

Attained age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	2	-	-	-	-	-	-	2
35 to 39	-	-	-	4	-	-	-	-	-	-	4
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	5	-	-	-	-	-	-	5
50 to 54	-	-	-	1	-	-	-	1	-	-	2
55 to 59	-	-	-	1	-	1	7	3	1	-	13
60 to 64	-	-	-	-	-	11	6	3	9	17	46
65 to 69	-	-	-	-	-	1	1	3	2	6	13
70 & over	-	-	-	-	-	-	-	-	-	3	3
Total	-	-	-	13	-	13	14	10	12	26	88

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	4.75%	3.62%	5.01%
Second segment rate (years 5 to 19):	4.87%	4.46%	5.13%
Third segment rate (years 20 and after):	5.59%	4.52%	5.15%
Effective interest rate (current year):	5.05%	4.42%	N/A

ASC 960 discount rate (current year): 4.85%

The interest rates listed above are compounded annually.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age is 65 and is summarized in Exhibit B.

RETIREMENT

The retirement decrement assumptions for active participants are described in Exhibit A.

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit C.

DISABILITY

No disability is valued for salaried employees. The disability decrement assumptions for hourly employees are summarized in Exhibit D.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

The retirement, withdrawal, and disability assumptions are based on a review of prior experience from 2017-2020 as well as a best estimate for future expectations. We find these assumptions appear to be reasonable and reflect the early retirement options available under the plan.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Generational Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, mortality follows the Pri-2012 generational mortality table with MP-2021 mortality improvement.

MARITAL STATUS

75% of male employees and 60% of female employees are assumed to be married; male employees are assumed to be 3 years older than their spouses and female employees are assumed to be 2 years younger.

DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Other Assumptions

FORM OF PAYMENT

Payment forms are assumed to be elected according to the following probabilities:

Payment Form	Salaried	Fresno
Single Life Annuity	12%	25%
Qualified Joint and Survivor Annuity	18%	25%
Lump Sum	70%	50%

SALARY SCALE

No longer applicable as all benefits are frozen.

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$345,000 for 2024.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$275,000 for 2024.

EXPENSES

Assumed expenses are \$377,000 for 2024. The assumed expenses are based on actual expenses paid in the prior plan year and based on expected PBGC premiums for the current year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-

Changes from Prior Year and Rationale for Changes

Assumed expenses have been updated to reflect plan experience and future expectations.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2024.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is equal to the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

ASC 960 COST METHOD

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

Changes in Method from Prior Year and Rationale for Changes

The actuarial value of assets method changed from recognizing asset gains and losses over a period of two years to immediate recognition of all gains and losses using the market value of assets. This change was made to reflect a funded status closer to market value.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

Exhibit A - Retirement Rates

<u>Age</u>	<u>Salaried</u>		<u>Fresno Hourly Employees</u>	
	<u>SSNRA 66</u>	<u>SSNRA 67</u>	<u><30 YOS</u>	<u>30+ YOS</u>
51	0.00	0.00	0.00	0.10
52	0.00	0.00	0.00	0.10
53	0.00	0.00	0.00	0.10
54	0.00	0.00	0.00	0.10
55	0.00	0.00	0.10	0.10
56	0.07	0.00	0.10	0.15
57	0.07	0.07	0.10	0.15
58	0.07	0.07	0.10	0.15
59	0.10	0.07	0.10	0.15
60	0.12	0.10	0.10	0.15
61	0.20	0.12	0.10	0.15
62	0.30	0.30	0.40	0.50
63	0.30	0.30	0.10	0.30
64	0.30	0.30	0.50	0.30
65	0.45	0.30	0.50	0.30
66	0.70	0.45	0.50	0.30
67	0.45	0.70	0.50	0.30
68	0.45	0.45	0.50	0.30
69	1.00	0.30	0.50	0.30
70	1.00	1.00	1.00	1.00

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Actuarial Methods and Assumptions

Exhibit B - Weighted retirement age calculation

The weighted average retirement age rounded to the nearest whole age is 65, where (2) is the number of expected active plan participants at that age and (3) is a blended retirement rate based on the number of active plan participants at that age under which schedule listed in Exhibit A those participants fall.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	12.02	0.04	0.46	26.42
58	13.18	0.05	0.60	34.71
59	14.20	0.05	0.76	44.96
60	19.06	0.10	1.91	114.46
61	22.84	0.11	2.56	156.40
62	28.96	0.31	9.09	563.67
63	29.59	0.27	8.11	510.85
64	33.25	0.29	9.79	626.44
65	30.23	0.30	9.18	596.96
66	25.84	0.44	11.43	754.21
67	15.30	0.67	10.30	690.09
68	8.93	0.44	3.92	266.55
69	5.97	0.67	4.03	277.74
70	2.93	1.00	2.93	204.86
71	-	1.00	-	-
72	-	1.00	-	-
73	-	1.00	-	-
74	-	1.00	-	-
75	-	1.00	-	-
76	-	1.00	-	-
77	1.00	1.00	1.00	77.00
78	1.00	1.00	1.00	78.00
Total			77.0668	5,023.3144
Average				65.18

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Methods and Assumptions

Exhibit C - Sample Withdrawal Rates

<u>Age</u>	<u>Rate</u>
20	0.260
25	0.180
30	0.112
35	0.087
40	0.069
45	0.061
50	0.056
55	0.044
60	0.000

Exhibit D - Sample Fresno Hourly Disability Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.00151	0.00089
25	0.00219	0.00150
30	0.00309	0.00252
35	0.00431	0.00388
40	0.00597	0.00547
45	0.00829	0.00777
50	0.01224	0.01201
55	0.02118	0.01962
60	0.03240	0.02326

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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

1a Name of plan VITRO FLAT GLASS LLC RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/2016
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) VITRO FLAT GLASS LLC 400 GUYS RUN ROAD CHESWICK PA 15024	2b Employer Identification Number (EIN) 81-3489093
	2c Plan Sponsor's telephone number 412-820-8003
	2d Business code (see instructions) 327210

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

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

SIGN HERE	<i>Angie Vavrock</i>	10/15/25	Angela Vavrock
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">345</td> </tr> </table>	5	345																															
5	345																																	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">88</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">65</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;"></td> <td style="text-align: right;">219</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;"></td> <td style="text-align: right;">30</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;"></td> <td style="text-align: right;">314</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;"></td> <td style="text-align: right;">12</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> <td style="text-align: right;">326</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)		88	6a(2)		65	6b		219	6c		30	6d		314	6e		12	6f		326	6g(1)			6g(2)			6h		0
6a(1)		88																																
6a(2)		65																																
6b		219																																
6c		30																																
6d		314																																
6e		12																																
6f		326																																
6g(1)																																		
6g(2)																																		
6h		0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																																
7																																		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1B 1I 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

VITRO FLAT GLASS, LLC RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of Party involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense	(g) Cost	(h) Current Value	(i) Net Gain or (Loss)
Series of Transactions:								
Fidelity	500 Index Fund	\$ 124,216 (A)	-	-	-	\$ 124,216	\$ 124,216	-
Fidelity	500 Index Fund	-	\$ 5,070,850 (B)	-	-	4,132,489	5,070,850	\$ 938,361
* PNC	IAM Bank Sweep Collateralized	4,009,748 (C)	-	-	-	4,009,748	4,009,748	-
* PNC	IAM Bank Sweep Collateralized	-	3,415,513 (D)	-	-	3,415,513	3,415,513	-

(A) Consists of 4 purchase transactions.

(B) Consists of 9 sales transactions.

(C) Consists of 13 purchase transactions.

(D) Consists of 11 sales transactions.

* Indicates party-in-interest

See independent auditor's report.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan Vitro Flat Glass LLC Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Vitro Flat Glass LLC	D Employer Identification Number (EIN) 81-3489093	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	61,501,207	
b Actuarial value	2b	61,501,207	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	228	53,119,378	53,119,378
b For terminated vested participants	34	1,935,976	1,935,976
c For active participants	88	19,568,726	19,982,455
d Total	350	74,624,080	75,037,809
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.05%	
6 Target normal cost			
a Present value of current plan year accruals	6a	346	
b Expected plan-related expenses	6b	377,000	
c Target normal cost	6c	377,346	

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

SIGN HERE	Jason Melbye J M Signature of actuary	10/07/2025 Date
	Jason Melbye Type or print name of actuary	2308504 Most recent enrollment number
	October Three Consulting LLC Firm name	312-878-2413 Telephone number (including area code)
	233 South Wacker Drive, Suite 8350 Chicago IL 60606 Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	377,346	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	13,829,512	1,315,756	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,693,102	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,693,102	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,695,357	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,255	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age rounded to the nearest whole age is 65, where (2) is the number of expected active plan participants at that age and (3) is a blended retirement rate based on the number of active plan participants at that age under which schedule listed in Exhibit A those participants fall.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	12.02	0.04	0.46	26.42
58	13.18	0.05	0.60	34.71
59	14.20	0.05	0.76	44.96
60	19.06	0.10	1.91	114.46
61	22.84	0.11	2.56	156.40
62	28.96	0.31	9.09	563.67
63	29.59	0.27	8.11	510.85
64	33.25	0.29	9.79	626.44
65	30.23	0.30	9.18	596.96
66	25.84	0.44	11.43	754.21
67	15.30	0.67	10.30	690.09
68	8.93	0.44	3.92	266.55
69	5.97	0.67	4.03	277.74
70	2.93	1.00	2.93	204.86
71	-	1.00	-	-
72	-	1.00	-	-
73	-	1.00	-	-
74	-	1.00	-	-
75	-	1.00	-	-
76	-	1.00	-	-
77	1.00	1.00	1.00	77.00
78	1.00	1.00	1.00	78.00
Total			77.0668	5,023.3144
Average				65.18

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

Effective date

October 1, 2016

Plan year

January 1 to December 31, except that the first plan year begins on October 1, 2016 and ends on December 31, 2016.

Eligibility

Effective October 1, 2016, employees who were participating in a PPG Industries pension plan who changed their employment to Vitro in connection with Vitro's acquisition of the flat glass business unit of PPG Industries are eligible to participate. No employee first hired or rehired on or after October 1, 2016 shall be eligible to participate in the plan.

Continuous Service

Salaried Employees: Elapsed time from Date of hire

Hourly Employees: One month for every 125 hours worked up to 12 months per calendar year, from date of hire.

Final Average Monthly Salary (FAMS)

Average of the highest consecutive 60 months of monthly base salary out of the last 120 months.

Vesting

Participants are always 100% vested.

Salaried Employees

Accrued Benefit

The accrued benefit for salaried employees is the greater of the Regular Formula and the Alternate formula

Regular Formula

0.855% of FAMS + 0.585% of FAMS in excess of Social Security Covered Compensation multiplied up Continuous Service (maximum of 35 years)

Alternate Formula

\$36.00 per year of Continuous Service

Effective January 1, 2006, the salaried formula was frozen to new entrants. Benefits were frozen effective 12/31/2011 for active participants who had less than 60 points (age + service) as of 12/31/2011. Benefit accruals were frozen effective 12/31/2020 for active participants who had at least 60 points as of 12/31/2011.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

Normal Retirement Age

Social Security normal retirement age.

Normal Retirement Benefit

Accrued Benefit payable monthly.

Early Retirement Age

Ten years prior to Normal Retirement Age.

Early Retirement Benefit

Accrued benefit reduced 3% per year under the Regular Formula, or 5% per year under the Alternate Formula, starting from four years prior to Social Security normal retirement age.

Deferred Vested Benefit

Accrued Benefit deferred to Normal Retirement Age

Late Retirement Benefit

Accrued Benefit payable monthly at actual retirement date.

Pre-retirement Death Benefit

Survivor portion of a 50% Joint and Survivor annuity calculated as if the participant retired at earliest possible retirement date and elected the 50% J&S.

Minimum Benefit

Prior to April 1, 2000, The Regular Formula was 0.950% of FAMS + 0.650% of FAMS in excess of Social Security Covered Compensation multiplied by Continuous Service (maximum of 35 years).

Employees hired on or before April 1, 2000 will have a minimum benefit equal to (a) plus (b), with:

- a) The benefit under the old Regular Formula using FAMS at retirement and service as of April 1, 2000.
- b) the benefit under the new Regular Formula using FAMS at retirement and service since April 1, 2000.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

Early retirement factors for benefits earned under (a) are:

<u>Age</u> ¹	<u>Factor</u>
55	0.442
56	0.475
57	0.512
58	0.553
59	0.598
60	0.648
61	0.704
62	0.766
63	0.835
64	0.912
65	1.000

¹ Reduction Factors begin 10 years prior to Social Security normal retirement age. The factors shown are for age 65.

Hourly Employees

Accrued Benefit

\$25.00 per year of service for the first 18 years of Continuous Service, plus
\$27.00 per year of service for the next 10 years of Continuous Service, plus
\$29.00 per year of service for years of Continuous Service in excess of 28 years.

Effective September 29, 2011, the Fresno hourly formula was frozen to new entrants. Benefits were frozen effective 12/31/2011 for active participants who had less than 60 points (age + service) as of 12/31/2011. Benefit accruals were frozen effective 12/31/2020 for active participants who had at least 60 points as of 12/31/2011.

Normal Retirement Age

Age 65

Normal Retirement Benefit

Accrued Benefit payable monthly

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

Early Retirement Age

Earlier of:
Age 60 with 10 years of Continuous Service
Age 55 with 80 points (age + Continuous Service)

Early Retirement Benefit

Accrued Benefit reduced for each year prior to age 62. The reduction factors are:

<u>Age</u>	<u>Factor</u>
50	0.383
51	0.415
52	0.450
53	0.489
54	0.532
55	0.579
56	0.635
57	0.694
58	0.752
59	0.808
60	0.867
61	0.933
62	1.000
63	1.000
64	1.000
65	1.000

Special Early Retirement Age

Age 62 with 15 years of Continuous Service

Special Early Retirement Benefit

Accrued Benefit payable immediately plus a temporary supplement payable to age 65 calculated using \$17/\$19/\$21 benefit levels in place of \$25/\$27/\$29.

Special 30-year Retirement Age

Any age with 30 years of Continuous Service

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions

Special 30-year Retirement Benefit

Early or Normal Retirement Benefit payable immediately, subject to a minimum benefit of \$1,215 prior to 62 and \$415 after 62 and prior to age 65. If over age 56, the \$1,215 minimum is increased to \$1,515.

Deferred Vested Benefit

Accrued Benefit deferred to 65 or reduced 6.667% per year prior to age 65, after reaching early retirement eligibility.

Disability Benefit

For at participants with at least 10 years of Continuous Service, their Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to age 65 of \$14.00 per year of Continuous Service up to \$350.00, less disability payments.

Pre-retirement Death Benefit

Survivor portion of a 50% Joint and Survivor annuity calculated as if the participant retired at earliest possible retirement date and elected the 60% J&S.

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds				
*	PNC	IAM Bank Sweep Collateralized	\$ 2,165,380	\$ 2,165,380
			Total Cash and Cash Equivalents	2,165,380
Mutual Fund				
	Fidelity	500 Index Fund	6,714,388	9,017,033
Exchange Traded Funds				
ETF - Equity				
	BlackRock	iShare Core MSCI Developed Markets	4,494,070	4,842,664
	Vanguard	Vanguard Emerging Markets Government Bond	2,789,472	2,842,129
	BlackRock	iShares MSCI USA Quality Factor	1,890,638	2,814,020
	Xtrackers	Xtrackers USD High Yield	2,020,221	2,140,662
	BlackRock	iShares Core S&P Mid-Cap	1,075,423	1,880,453
	Vanguard	Vanguard FTSE Emerging Markets	1,873,446	1,852,455
	BlackRock	iShares Core S&P Small Cap	807,801	1,196,790
	Invesco	Invesco QQQ Trust	596,619	1,034,730
	WisdomTree	WisdomTree U.S. Quality Dividend Growth	376,393	589,818
			Total ETF - Equity	15,924,083
			Total Exchange Traded Funds	15,924,083
Fixed Income Securities				
Corporate Bonds				
	JPMorgan Chase & Co	Corporate Bonds, VAR% Due 04/23/2029	428,930	378,121
	Morgan Stanley	Corporate Bonds, VAR% Due 10/20/2032	425,256	368,680
	Comcast Corp	Corporate Bonds, 03.200% Due 07/15/2036	397,979	343,243
	Citigroup Inc	Corporate Bonds, VAR% Due 01/10/2028	322,608	294,072
	Goldman Sachs Group Inc	Corporate Bonds, VAR% Due 04/22/2032	332,364	293,985
	Microsoft Corp	Corporate Bonds, 03.450% Due 08/08/2036	357,091	283,384
	Prologis Lp	Corporate Bonds, 05.125% Due 01/15/2034	271,747	271,007
	MetLife Inc.	Corporate Bonds, 04.050% Due 03/01/2045	267,240	264,152
	Walt Disney Company/ The	Corporate Bonds, 02.000% Due 09/01/2029	266,813	244,538
	Subtotal (Corporate Bonds)		3,070,028	2,741,182

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 3,070,028	\$ 2,741,182
	Capital One Financial Co	Corporate Bonds, 03.750% Due 03/09/2027	267,745	244,083
	Conocophillips	Corporate Bonds, 06.500% Due 02/01/2039	244,523	240,471
	Verizon Communications	Corporate Bonds, 04.500% Due 08/10/2033	287,669	230,886
	Consolidated Edison Co	Corporate Bonds, 03.875% Due 06/15/2047	332,088	228,471
	Berkshire Hathaway Fin Com Gtd	Corporate Bonds, 04.400% Due 05/15/2042	269,484	227,150
	Sumitomo Mitsui Finl Grp	Corporate Bonds, 02.750% Due 01/15/2030	250,413	223,128
	Unitedhealth Group Inc	Corporate Bonds, 03.700% Due 08/15/2049	274,844	221,668
	Florida Power & Light Co	Corporate Bonds, 03.150% Due 10/01/2049	332,449	219,066
	Oracle Corp	Corporate Bonds, 04.300% Due 07/08/2034	292,307	216,026
	Apple Inc	Corporate Bonds, 03.850% Due 05/04/2043	267,060	207,085
	AT&T Inc	Corporate Bonds, 03.500% Due 06/01/2041	223,148	206,893
	Public Service Colorado	Corporate Bonds, 03.800% Due 06/15/2047	307,443	203,948
	Eversource Energy	Corporate Bonds, 01.650% Due 08/15/2030	239,987	203,835
	Virginia Elec & Power Co	Corporate Bonds, 03.300% Due 12/01/2049	307,356	203,082
	Home Depot Inc	Corporate Bonds, 03.125% Due 12/15/2049	296,148	200,832
	Banco Santander Sa	Corporate Bonds, 05.147% Due 08/18/2025	200,882	200,182
	CSX Corp	Corporate Bonds, 04.750% Due 11/15/2048	277,142	198,059
	Walmart Inc	Corporate Bonds, 02.650% Due 09/22/2051	322,490	197,872
	Johnson & Johnson	Corporate Bonds, 03.550% Due 03/01/2036	199,204	196,477
	Ameriprise Financial Inc	Corporate Bonds, 02.875% Due 09/15/2026	206,160	194,564
	Bank Of America Corp	Corporate Bonds, 03.248% Due 10/21/2027	209,174	192,752
	Visa Inc	Corporate Bonds, 04.150% Due 12/14/2035	244,624	189,397
	Gilead Sciences Inc	Corporate Bonds, 04.600% Due 09/01/2035	241,834	188,742
	Progressive Corp	Corporate Bonds, 04.200% Due 03/15/2048	274,038	187,751
	Anheuser-Busch Co/Inbev	Corporate Bonds, 04.700% Due 02/01/2036	232,686	184,961
	Abbott Laboratories	Corporate Bonds, 04.750% Due 11/30/2036	183,283	178,719
	Abbvie Inc	Corporate Bonds, 04.500% Due 05/14/2035	227,549	177,931
	BP Cap Markets America	Corporate Bonds, 04.989% Due 04/10/2034	171,481	170,203
	Honeywell International	Corporate Bonds, 05.000% Due 02/15/2033	163,197	159,138
	Pfizer Investment Enter	Corporate Bonds, 05.300% Due 05/19/2053	161,842	149,811
	Air Products & Chemicals	Corporate Bonds, 02.700% Due 05/15/2040	172,234	149,787
	Amgen Inc	Corporate Bonds, 05.65% Due 03/02/2053	155,218	149,229
	Bank Of Montreal	Corporate Bonds, 05.203% Due 02/01/2028	139,994	141,088
	Energy Transfer Operating	Corporate Bonds, 03.750% Due 05/15/2030	150,900	139,947
	Subtotal (Corporate Bonds)		<u>11,196,624</u>	<u>9,364,416</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 11,196,624	\$ 9,364,416
	American Honda Finance	Corporate Bonds, 05.050% Due 07/10/2031	140,049	138,625
	Westpac Banking Corp	Corporate Bonds, VAR% Due 11/15/2035	162,725	136,110
	Toyota Motor Credit Corp	Corporate Bonds, 05.400% Due 11/10/2025	135,154	136,079
	John Deere Capital Corporation	Corporate Bonds, 05.100% Due 04/11/2034	134,445	134,768
	Realty Income Corp	Corporate Bonds, 04.850% Due 03/15/2030	135,196	134,150
	Enterprise Products Oper	Corporate Bonds, 03.950% Due 01/31/2060	184,552	132,974
	Fiserv Inc	Corporate Bonds, 04.200% Due 10/01/2028	155,691	131,300
	Kroger Co	Corporate Bonds, 03.950% Due 01/15/2050	173,721	131,093
	Kinder Morgan Ener Part	Corporate Bonds, 06.950% Due 01/15/2038	131,176	130,024
	T-Mobile USA Inc.	Corporate Bonds, 04.375% Due 04/15/2040	130,568	130,022
	State Street Corp	Corporate Bonds, 04.993% Due 03/18/2027	124,260	126,040
	Burlington North Santa Fe	Corporate Bonds, 04.450% Due 01/15/2053	151,436	125,646
	Cummins Inc.	Corporate Bonds, 05.150% Due 02/20/2034	125,444	125,070
	Bank Of NY Mellon Corp	Corporate Bonds, VAR% Due 10/25/2028	119,839	123,188
	Exxon Mobil Corporation	Corporate Bonds, 04.114% Due 03/01/2046	177,318	121,667
	Bank Of America Corp	Corporate Bonds, VAR% Due 06/19/2041	121,790	121,490
	Lockheed Martin Corp	Corporate Bonds, 04.150% Due 06/15/2053	147,456	119,868
	Public Service Electric	Corporate Bonds, 03.200% Due 08/01/2049	179,011	119,277
	IBM Corp	Corporate Bonds, 03.500% Due 05/15/2029	135,056	118,454
	Nike Inc.	Corporate Bonds, 03.250% Due 03/27/2040	117,543	115,830
	Realty Income Corp	Corporate Bonds, 01.800% Due 03/15/2033	149,330	114,782
	Pepsico Inc	Corporate Bonds, 04.650% Due 02/15/2053	130,645	113,485
	KeyCorp	Corporate Bonds, VAR% Due 06/01/2033	119,873	113,477
	Westpac Banking Corp	Corporate Bonds, 02.650% Due 01/16/2030	125,560	112,827
	Midamerican Energy Co	Corporate Bonds, 03.650% Due 08/01/2048	163,164	111,155
	Boston Properties Lp	Corporate Bonds, 02.900% Due 03/15/2030	125,116	110,393
	Toyota Motor Credit Corp	Corporate Bonds, 05.100% Due 03/21/2031	109,968	110,367
	United Parcel Service	Corporate Bonds, 05.050% Due 03/03/2053	119,374	109,978
	Warnermedia Holdings Inc	Corporate Bonds, 05.050% Due 03/15/2042	110,269	108,389
	Sysco Corporation	Corporate Bonds, 06.000% Due 01/17/2034	105,806	104,822
	Kroger Co	Corporate Bonds, 05.500% Due 09/15/2054	110,364	103,606
	Paccar Financial Corp	Corporate Bonds, 05.200% Due 11/09/2026	99,923	101,367
	Texas Instruments Inc	Corporate Bonds, 05.050% Due 05/18/2063	109,084	99,121
	Duke Energy Progress Llc	Corporate Bonds, 02.900% Due 08/15/2051	159,712	98,886
	Amazon.Com Inc	Corporate Bonds, 03.950% Due 04/13/2052	124,478	98,566
	Subtotal (Corporate Bonds)		15,941,720	13,527,312

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093

PLAN NUMBER: 001

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

DECEMBER 31, 2024

(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
Corporate Bonds (Continued)				
	Balance forward (Corporate Bonds)		\$ 15,941,720	\$ 13,527,312
	Church & Dwight Co Inc	Corporate Bonds, 05.600% Due 11/15/2032	94,824	97,897
	Target Corp	Corporate Bonds, 04.000% Due 07/01/2042	117,677	96,139
	US Bancorp	Corporate Bonds, VAR% Due 02/01/2034	95,000	90,937
	Pub Svc New Hamp	Corporate Bonds, 03.600% Due 07/01/2049	136,033	90,884
	Prudential Financial Inc	Corporate Bonds, 03.700% Due 03/13/2051	132,596	90,454
	Kimberly-Clark Corp	Corporate Bonds, 02.000% Due 11/02/2031	104,565	88,568
	Caterpillar Inc	Corporate Bonds, 03.250% Due 09/19/2049	126,653	86,778
	Royal Bank Of Canada	Corporate Bonds, 03.375% Due 04/14/2025	84,969	84,716
	Novartis Capital Corp	Corporate Bonds, 03.700% Due 09/21/2042	111,281	80,515
	Kroger Co/ The	Corporate Bonds, 03.500% Due 02/01/2026	84,561	78,953
	Marathon Petroleum Corp	Corporate Bonds, 04.500% Due 04/01/2048	107,872	78,076
	US Bancorp	Corporate Bonds, 03.000% Due 07/30/2029	93,812	77,890
	Honeywell International	Corporate Bonds, 03.812% Due 11/21/2047	115,078	76,609
	Allstate Corporation	Corporate Bonds, 05.250% Due 03/30/2033	74,873	74,861
	Realty Income Corp	Corporate Bonds, 02.700% Due 02/15/2032	84,442	72,151
	San Diego G&E	Corporate Bonds, 02.950% Due 08/15/2051	109,305	70,717
	Unilever Capital Corp	Corporate Bonds, 02.625% Due 08/12/2051	113,514	69,599
	Eli Lilly & Co	Corporate Bonds, 02.500% Due 09/15/2060	96,467	66,575
	Eli Lilly & Co	Corporate Bonds, 05.050% Due 08/14/2054	64,682	60,210
	Union Pacific Corp	Corporate Bonds, 03.850% Due 02/14/2072	85,587	58,982
	KLA Corp	Corporate Bonds, 03.300% Due 03/01/2050	84,968	58,708
	Home Depot Inc	Corporate Bonds, 04.875% Due 06/25/2027	54,818	55,521
	Huntington Bancshares	Corporate Bonds, VAR% Due 08/04/2028	55,000	54,437
	Abbvie Inc	Corporate Bonds, 04.500% Due 03/15/2064	54,794	52,511
	Unitedhealth Group Inc	Corporate Bonds, 04.950% Due 05/15/2062	56,228	47,395
	Alphabet Inc	Corporate Bonds, 02.250% Due 08/15/2060	77,068	46,040
	Texas Instruments Inc	Corporate Bonds, 05.000% Due 03/14/2053	50,120	45,808
	Chevron Usa Inc	Corporate Bonds, 03.250% Due 10/15/2029	42,472	42,346
	Apple Inc	Corporate Bonds, 03.950% Due 08/08/2052	49,670	39,780
	State Street Corp	Corporate Bonds, VAR% Due 08/04/2033	40,000	37,326
	Total Corporate Bonds		<u>18,540,649</u>	<u>15,598,695</u>

VITRO FLAT GLASS, LLC RETIREMENT PLAN

EIN: 81-3489093
PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
(Continued)

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities (Continued)				
U.S. Treasury Securities				
	U.S. Government	Treasury Bond, 00.875% Due 11/15/2030	\$ 1,680,800	\$ 1,575,016
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2040	2,322,416	1,398,123
	U.S. Government	Treasury Bond, Zero Cpn Due 02/15/2035	1,850,287	1,351,865
	U.S. Government	Treasury Bond, 02.500% Due 02/15/2045	1,240,490	1,203,778
	U.S. Government	Treasury Bond, 02.000% Due 11/15/2026	749,186	772,607
	U.S. Government	Treasury Bond, 02.000% Due 08/15/2025	560,294	571,950
	U.S. Government	Treasury Bond, 02.875% Due 05/15/2043	509,399	469,600
	U.S. Government	Treasury Bond, 02.250% Due 11/15/2025	441,402	452,129
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2036	615,006	437,308
	U.S. Government	Treasury Bond, 03.500% Due 02/15/2033	427,032	423,282
	U.S. Government	Treasury Bond, 03.875% Due 09/30/2029	412,415	401,083
	U.S. Government	Treasury Bond, 02.250% Due 05/15/2041	475,241	369,013
	U.S. Government	Treasury Bond, 03.625% Due 02/15/2053	282,064	268,122
	U.S. Government	Treasury Bond, 01.125% Due 08/15/2040	290,062	250,433
	U.S. Government	Treasury Bond, 04.500% Due 05/15/2038	200,355	191,888
	U.S. Government	Treasury Bond, 03.750% Due 08/15/2041	190,041	184,733
	U.S. Government	Treasury Bond, 01.625% Due 02/15/2026	175,020	179,715
	U.S. Government	Treasury Bond, 04.250% Due 08/15/2054	131,977	127,848
	U.S. Government	Treasury Bond, 04.500% Due 11/15/2033	111,169	109,502
	U.S. Government	Treasury Bond, 04.500% Due 02/15/2036	87,391	84,878
		Total U.S. Treasury Securities	<u>12,752,047</u>	<u>10,822,873</u>
		Total Fixed Income Securities	<u>31,292,696</u>	<u>26,421,568</u>
		Total Investments	<u><u>\$ 56,096,547</u></u>	<u><u>\$ 56,797,702</u></u>

* Indicates party-in-interest

See independent auditor's report.

Vitro Flat Glass LLC Retirement Plan
 EIN / PN 81-3489093 / 001
 Schedule SB, Line 32 - Schedule of Amortization Bases

Shortfall amortization installments*	Present Value of <u>Future Installments</u>	Years <u>Remaining</u>	Amortization <u>Installments</u>
<u>Valuation Date</u>			
v. 2023	12,894,700	14	1,230,706
vi. 2024	<u>934,812</u>	15	<u>85,050</u>
vii. Total	\$13,829,512		\$1,315,756
Waiver amortization installments	\$0	0	\$0

* When the funding shortfall is zero, the shortfall and waiver amortization bases for all preceding years are reduced to zero.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Line 25 - Change in Method

Changes in Method from Prior Year and Rational for Changes

The actuarial value of assets method changed from recognizing asset gains and losses over a period of two years to immediate recognition of all gains and losses using the market value of assets. This change was made to reflect a funded status closer to market value.

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Line 24 - Change in Actuarial Assumptions

Changed from Prior Year and Rationale for Changes

Assumed expenses have been updated to reflect plan experience and future expectations.