

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> 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 <u>SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND</u> <u>SO. NEVADA GLAZIERS, ARCHITECTURAL</u> <u>METAL & GLASS WORKERS PENSION PLAN</u> <u>1055 PARK VIEW DR STE 111</u> <u>COVINA, CA 91724</u>	1c Effective date of plan <u>07/26/1963</u> 2b Employer Identification Number (EIN) <u>51-6030005</u> 2c Plan Sponsor's telephone number <u>626-279-3054</u> 2d Business code (see instructions) <u>238100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MILLER KAPLAN ARASE LLP
	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

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	3142
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	135
	6a(2)	30
	6b	1441
	6c	1237
	6d	2708
	6e	323
	6f	3031
	6g(1)	0
6g(2)	0	
6h	15	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	13

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
11

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

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

▶ **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>SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND</u>	D Employer Identification Number (EIN) <u>51-6030005</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>775530</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>930636</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>287180283</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>287180283</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>291316363</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>0</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>21734068</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>21734068</u>

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

SIGN HERE <u>CARY FRANKLIN</u> Type or print name of actuary <u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name <u>5200 LANKERSHIM BLVD STE 740</u> <u>NORTH HOLLYWOOD, CA 91601</u> Address of the firm	<u>10/07/2025</u> Date <u>23-04013</u> Most recent enrollment number <u>818-691-2002</u> Telephone number (including area code)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	775530
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2025	224018466
(2) For terminated vested participants	916	65833733
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		1464164
(c) Total active	18	1464164
(4) Total	2959	291316363
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	0.27 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2024	85582	0			
			Totals ▶	3(b)	3(c)
				85582	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	0.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	9999

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.00 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	3.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-15.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	0.0 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	825000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-608333	-49474
3	114641505	9323424
4	44856634	3648045

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	0

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	97538677
b Employer's normal cost for plan year as of valuation date.....	9b	825000

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	198654856	20189591
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		3556598
e Total charges. Add lines 9a through 9d.....	9e		122109866
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		
g Employer contributions. Total from column (b) of line 3.....	9g		85582
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	12161616	2672924
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		81257
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	273756405	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	250196198	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		2839763
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		119270103
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		2217730
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		2217730
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		119270103
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND	D Employer Identification Number (EIN) 51-6030005	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PACIFIC SOUTHWEST ADMINISTRATORS

46-4942970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 36 50	NONE	138402	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)

HORIZON ACTUARIAL SERVICES

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	164520	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33705	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)

U.S. BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	15046	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)

WOHLNER, KAPLON, CUTLER, ET AL

95-4177931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	21567	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)

SEYFARTH, SHAW, LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	77781	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)

VERUS ADVISORY, INC

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	80000	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)

INVESCO

98-0557567

(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	NONE	39182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND	D Employer Identification Number (EIN) 51-6030005

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	18868032	714696
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	854395	834505
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3018048	3593993
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	335557235	4640070
(2) U.S. Government securities	1c(2)	0	311431038
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	358297710	321214302
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	249075	88666
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11578605	9521797
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11827680	9610463
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	346470030	311603839

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)	85582	
(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)		85582
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14897298	
(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)		14897298
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-17833219	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-9389240
d Total income. Add all income amounts in column (b) and enter total	2d		-12239579

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21757110	
(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)		21757110
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)	138402	
(3) Recordkeeping fees	2i(3)	4824	
(4) IQPA audit fees	2i(4)	33705	
(5) Investment advisory and investment management fees	2i(5)	157913	
(6) Bank or trust company trustee/custodial fees	2i(6)	15046	
(7) Actuarial fees	2i(7)	164520	
(8) Legal fees	2i(8)	99348	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	255744	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		869502
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22626612

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-34866191
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562944.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan <u>SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND</u>	D Employer Identification Number (EIN) <u>51-6030005</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	
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): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
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 **ALLIANCE GLAZING TECH**

b EIN **36-3688638**

c Dollar amount contributed by employer

12856

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 **05** Day **31** Year **2026**

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) **3.81**

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

a Name of contributing employer **APEX PACIFIC INC**

b EIN **33-0843809**

c Dollar amount contributed by employer

32395

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 **05** Day **31** Year **2026**

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) **3.81**

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

a Name of contributing employer **AURORA GLAZING SOLUTIONS**

b EIN **98-1348821**

c Dollar amount contributed by employer

5144

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 **05** Day **31** Year **2026**

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) **3.81**

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

a Name of contributing employer **ELEMENT B FACADES**

b EIN **84-2461245**

c Dollar amount contributed by employer

10613

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 **05** Day **31** Year **2026**

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) **3.81**

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

a Name of contributing employer **MEL'S INC**

b EIN **46-2986168**

c Dollar amount contributed by employer

4708

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 **05** Day **31** Year **2026**

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) **3.81**

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

a Name of contributing employer **TRI-CITY GLASS OF SAN DIEGO INC**

b EIN **33-0545632**

c Dollar amount contributed by employer

15056

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 **05** Day **31** Year **2026**

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) **3.81**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer RELIABLE GLASS CO

b EIN 36-3688638 **c** Dollar amount contributed by employer 1313

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 05 Day 31 Year 2026

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) 3.81

(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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	167
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	170
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	168

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	0

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 97.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 <hr/> This Form is Open to Public Inspection
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------	----------------------------------------------------------------

Name of Plan	SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6030005	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6030005	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	51-6030005	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan
1055 Park View Drive, Suite 111
Covina, California 91724

Members of the Board:

Opinion

We have audited the accompanying financial statements of Southern California, Arizona, Colorado, and Southern Nevada Glaziers, Architectural Metal and Glass Workers Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of January 1, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 9, 2025



**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

ASSETS	December 31, 2024	December 31, 2023
CASH		
Checking Accounts (Overdraft)	\$ 192,157	\$ (37,371,236)
Lockbox Account	522,539	56,239,268
TOTAL CASH	\$ 714,696	\$ 18,868,032
INVESTMENTS - AT FAIR VALUE	316,071,108	335,557,235
TOTAL INVESTMENTS AND CASH	316,785,804	354,425,267
EMPLOYER CONTRIBUTIONS RECEIVABLE	13,369	33,259
ALTERNATIVE WITHDRAWAL LIABILITY RECEIVABLE	821,136	821,136
OTHER ASSETS		
Prepaid Benefits	1,269,205	1,234,868
Due from Southern California Glaziers, Architectural Metal and Glass Workers Health and Welfare Plan	2,112	12,554
Interest Receivable	2,277,540	1,743,083
Prepaid Insurance	41,792	24,199
Other Receivables	3,344	3,344
TOTAL OTHER ASSETS	3,593,993	3,018,048
TOTAL ASSETS	321,214,302	358,297,710
 LIABILITIES		
Accounts Payable	88,666	249,075
Benefit Tax Withholdings (Refund)	(53,181)	10,580,117
Payable to PBGC for Special Financial Assistance Refund	9,389,240	-
Unclaimed Benefit Liability	185,738	998,488
TOTAL LIABILITIES	9,610,463	11,827,680
NET ASSETS AVAILABLE FOR BENEFITS	\$ 311,603,839	\$ 346,470,030

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023	
ADDITIONS			
NET INVESTMENT INCOME (LOSS)			
Interest Income	\$ 14,897,298	\$ 5,658,318	
Net (Depreciation) of Investments	(17,833,219)	-	
Less: Investment Expenses	(157,913)	(91,832)	\$ 5,566,486
CONTRIBUTIONS			
Employer Contributions	78,976	212,159	
PBGC	-	5,405,300	
PBGC Special Financial Assistance (Refund)	(9,389,240)	436,256,550	
Alternative Withdrawal Liability	-	(399,160)	
Liquidated Damages	6,606	1,560	441,476,409
TOTAL ADDITIONS	(12,397,492)		447,042,895
DEDUCTIONS			
BENEFITS			
Pension Benefits	21,757,110		101,956,610
ADMINISTRATIVE EXPENSES			
Administrative Fees	138,402	155,894	
Special Financial Application Project	-	174,200	
PBGC Premiums	116,471	117,600	
Legal Fees	99,348	120,104	
Actuary Fees	164,520	676,310	
Accounting and Audit Fees	33,705	24,995	
Payroll Compliance Fees	4,824	3,544	
Bank Charges	15,046	22,941	
Stationery, Postage and Office Supplies	27,425	40,582	
Insurance Expenses	96,927	46,836	
Storage Expenses	5,119	5,670	
Miscellaneous Expenses	9,802	9,312	1,397,988
TOTAL DEDUCTIONS	22,468,699		103,354,598
NET (DECREASE) INCREASE FOR THE YEAR	(34,866,191)		343,688,297
NET ASSETS AVAILABLE FOR BENEFITS			
BALANCE, BEGINNING OF YEAR	346,470,030		2,781,733
BALANCE, END OF YEAR	\$ 311,603,839		\$ 346,470,030

(Attached notes are an integral part of this statement)

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
JANUARY 1, 2024**

ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

VESTED BENEFITS:

Participants Currently Receiving Payments	\$ 220,998,218
Other Participants	<u>66,182,065</u>

TOTAL VESTED BENEFITS	287,180,283
-----------------------	-------------

NONVESTED BENEFITS

-

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS

\$ 287,180,283

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
JANUARY 1, 2023 TO JANUARY 1, 2024

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2023		\$	131,560,199
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:			
Net Benefits Accumulated and Net Liability Gain or Loss	\$	864,094	
Plan Amendments		114,641,505	
Plan Amendments - Makeup Payments		94,797,004	
Benefits Paid		(101,956,610)	
Change in Actuarial Assumptions		44,856,634	
Interest		2,417,457	
		<u> </u>	
NET INCREASE			<u>155,620,084</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1, 2024		\$	<u>287,180,283</u>

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Southern California, Arizona, Colorado, and Southern Nevada Glaziers, Architectural Metal and Glass Workers Pension Plan (the "Plan") is a multiemployer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Employers participating in the Plan are located and conduct their business activities in the Western part of the United States. The disbursements of the Plan are under the joint control of union and employer trustees.

The Plan documents include detailed rules for each situation. Participants should refer to the Plan agreement and any amendments regarding specific provisions of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. 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 the reported amounts and disclosures. Actual results may differ from those estimates.

C. Employer Contributions

Employer contributions as reported are contributions made by employers on behalf of employees for the hours worked during the year. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for estimated uncollectible accounts.

D. Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

E. Investment Valuation and Income Recognition

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market.

Level 1 – Inputs are quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investment Valuation and Income Recognition (Continued)

Level 3 – Inputs are generally unobservable and typically reflects management estimates and assumptions that market participants would use in pricing the asset or liability.

The following table represents the Plan’s fair value hierarchy for its financial assets measured at fair value on the recurring basis:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 4,640,070	\$ -	\$ -	\$ 4,640,070
Government Debt Securities	311,431,038	-	-	311,431,038
Total Assets in Fair Value Hierarchy	<u>\$ 316,071,108</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 316,071,108</u>
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 335,557,235	\$ -	\$ -	\$ 335,557,235
Total Assets in Fair Value Hierarchy	<u>\$ 335,557,235</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 335,557,235</u>

Level 1 investments consist of a money market fund valued at amortized cost, which approximates fair value and government debt securities recorded at fair value based on quoted market prices.

Realized and unrealized gains and losses on the sale of investments are reported on the accrual basis. Realized and unrealized gains and losses are computed using investments’ costs for financial statement purposes. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemption of investments and the market value of the investments at the beginning of the year, for those investments on hand at the beginning of the year or the purchase price of investments acquired during the year. Interest income is recorded on the accrual basis.

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 401(a) and the state of California under Revenue and Taxation Code Section 17501.

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

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

G. Actuarial Present Value of Accumulated Plan Benefits (Continued)

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, (c) present participants or their beneficiaries. For certain years, benefits under the Plan are based primarily on the participants' total credited service, which is the sum of (a) past service credits and (b) future service credits. For other years, benefits under the Plan are based primarily on employer contributions. Benefits payable are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by actuaries from Horizon Actuarial Services and is the amount that results from applying actuarial assumptions and methods to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used at January 1, 2024 were: (a) assumed average rate of return of 3.0% compounded annually, (b) life expectancy of participants (Pre-Retirement: Pri-2012 Blue Collar Employee Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012; Post-Retirement: Pri-2012 Blue Collar Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012; Disabled Retirees: Pri-2012 Blue Collar Disabled Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012), (c) assumed retirement age for active participants is age 55 with 10 years of service, and (d) other assumptions and methods for surviving spouse benefit, operating expenses and asset valuation.

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

NOTE 3 - ADMINISTRATION

Pacific Southwest Administrators (PSWA) provides monthly administrative services to the Plan as follows:

	January 1, 2024 to <u>December 31, 2024</u>	January 1, 2023 to <u>December 31, 2023</u>
General Administration:		
Per reported lives per month	\$10.33	\$9.27
Benefits Administration:		
Per pension check issued	\$1.86	\$1.77

NOTE 4 - ACTUARIAL STUDY

The latest actuarial valuation of the Plan was prepared by Horizon Actuarial Services as of January 1, 2024. As of that date, the Plan had an unfunded vested benefit liability of \$286,404,753 (market value basis). The actuary is of the opinion that the anticipated contributions will not be adequate to maintain the Plan with the current benefits based upon the actuary's best estimate of experience under the Plan.

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FUNDING POLICY

The Board of Trustees has established a funding policy and method in order to promote the purpose of the Plan and to ensure compliance with ERISA. Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement, or such other agreements as are approved by the Board of Trustees. Employer contributions are based on hourly contribution rates and are collected on a monthly basis throughout the year.

In addition to contributions made by employers pursuant to their collective bargaining agreement, many employers have withdrawn from the Plan and have made special withdrawal liability payments pursuant to Alternative Withdrawal Liability Agreements. See Note 9 for further information regarding these Agreements.

NOTE 6 - PLAN TERMINATION

Under current law, the Plan may be terminated in accordance with the provisions of ERISA (as amended) and related regulations. The Plan may be terminated by an amendment which provides that participants will receive no credit for any purpose under the Plan for service with an employer after a specified date, or which causes the Plan to become a defined contribution plan; withdrawal of every employer, or through proceedings instituted by the PBGC when one of certain conditions exists with respect to the Plan.

If the Plan is terminated by the withdrawal of all employers and if the value of nonforfeitable (vested) benefits exceeds the value of Plan assets, the Board of Trustees must amend the Plan to reduce benefits, but only to the extent necessary to pay all of the nonforfeitable benefits when due and to reduce accrued benefits only to the extent that those benefits are not eligible for the guarantee of the PBGC. If, after implementation of the reduction in benefits, the Plan's available resources are not sufficient to pay benefits when due for the Plan year, the Plan will be considered insolvent.

Plan benefits are guaranteed by the PBGC only if the Plan is insolvent to the point where it cannot pay the amount of benefits guaranteed by the PBGC. The PBGC, however, will not guarantee benefits or benefit increases in effect for fewer than 60 months before the first day of the plan year in which a plan amendment to reduce benefits is taken into account in determining the minimum contribution requirements for the plan year in accordance with the provisions set forth in ERISA.

NOTE 7 - RISKS AND UNCERTAINTIES

Plan investments are exposed to various risks such as interest rate, market fluctuations, and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - FUNDING DEFICIENCY

As determined by actuaries from Horizon Actuarial Services, the minimum funding requirement under ERISA for the Plan year ended December 31, 2024 is \$119,356,755. The contributions with interest for the Plan year through December 31, 2024 were \$86,652. Accordingly, there is a projected shortfall as of December 31, 2024 of \$119,270,103 (without funding waivers of SFA Assets).

NOTE 9 - ALTERNATIVE WITHDRAWAL LIABILITY AGREEMENTS

Because of the financial status of the Plan, and other concerned parties - the Union, the Plan, the International Painters and Allied Trades Industry Fund (the "IUPAT Fund"), and a group of contributing employers, the "Executing Employers" - worked on Alternative Withdrawal Liability Agreements (the "Agreements"), which were intended to bring additional monies into the Plan. The agreements were approved by the PBGC, a federal government agency. The agreements were not effective until certain conditions were satisfied, including the final condition that the Executing Employers reach settlement agreements with the Internal Revenue Service to address the excise taxes they owe with respect to the Plan. This final condition was satisfied in mid 2006, and the agreements became effective retroactive to January 1, 2005.

The agreements and the related documents provided all of the then contributing employers with the option to withdraw from the Plan in exchange for (a) making payments to the Plan, which are based on prior hourly contribution rates, and (b) making hourly contributions to the IUPAT Fund on behalf of Plan participants so that the participants can resume earning retirement benefits. The Plan's total withdrawal liability as of December 31, 2004 was approximately \$154.8 million. Employers representing a significant majority of the Plan's unvested benefit liabilities executed agreements. The execution and finalization of these agreements resulted in a withdrawal of substantially all employers from the Plan.

As stated above, the agreements were effective January 1, 2005, but the final condition of the agreements was not expected to be satisfied until mid 2006. Because the agreements would become effective retroactively, the parties entered into Escrow Agreements. The Escrow Agreements generally provide that for the period between the effective date of the agreements and the date the final condition of the agreements is satisfied, the Executing Employers will pay additional amounts to the IUPAT Fund. The IUPAT Fund will hold such payments in escrow accounts. Upon determination that the conditions necessary for the agreements to become effective were met, and the IUPAT Fund transferred the amount due to the Plan from the Executing Employers under the agreements. Although the final condition of the agreements was reached in mid 2006, the parties continued to make payments according to the Escrow Agreements for the entire 2006 and 2007 calendar years, and certain Locals for the entire 2008 and 2009 calendar years. Also, as part of the agreement, each employer must pay to the Plan the greater of (1) an agreed upon amount referred to as their minimum obligation, or (2) the hourly amount that employer is required to pay under its contribution agreement. Some of these amounts were paid by the IUPAT Fund out of the escrow accounts, but any balance is now owed by the employers. In addition, after the agreements became final, time was needed to calculate the amounts due from the escrow accounts to the Plan for each year. As of completion of these financial statements, the cumulative total paid from the escrow accounts and the employers for the years 2005 to 2009 was \$9,148,506. Additionally, there were employer payments for the years 2010 to 2017 totaling \$776,658. The term of the Alternative Withdrawal Liability Agreements ended December 31, 2019.

If collections of any remaining amounts due under the Agreements are successful, such amounts will be paid to the Plan.

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 9 - ALTERNATIVE WITHDRAWAL LIABILITY AGREEMENTS (Continued)

Employers who did not execute the agreements will be liable for the full amount of statutory withdrawal liability if they experience a withdrawal from the Plan. In addition, whether or not these employers withdraw, they are liable to the Internal Revenue Service for the full amount of their excise taxes due as a result of the Plan's funding deficiency.

In 2020, \$948,674 of Alternative Withdrawal Liabilities was deemed not collectible and were written off. In 2022, \$133,736 of Alternative Withdrawal Liabilities was collected from two employers. In 2023, \$399,160 of Alternative Withdrawal Liabilities were deemed not collectible and were written off. The "Back End Credit" is a clause within the Alternative Withdrawal Liability agreement that allows contributions to be credited back to the employers who pass steps of eligibility based on certain criteria. For the credit to apply to an employer for a specific year, both the employer and employer group must have experienced an increase in hours they were obligated to contribute to the Plan each year, based on the prior 3 years for the credit. The eligible employers' hours for each eligible year were calculated based on hourly rates to arrive at their credit amount. Twenty-three employers were eligible for a Back End Credit for a total of \$7,380,968; the credits were paid in the first quarter of 2021.

NOTE 10 - PBGC SPECIAL FINANCIAL ASSISTANCE FUNDING

On August 25, 2023, the PBGC approved the Plan's application for receipt of Special Financial Assistance (SFA), under the American Rescue Plan of 2021 (ARP), in the total amount of \$569,062,846. As required by the ARP, \$132,806,296 of the total SFA payment was deducted by the PBGC to repay monies, plus interest, that the Plan borrowed from the PBGC to pay guaranteed benefits during the Plan's insolvency. The PBGC paid the net payment of \$436,256,550 to the Plan on September 21, 2023.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 9, 2025, the date on which the financial statements were available to be issued. Except as discussed below, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

Several employers that owed money to the Plan under the Alternative Withdrawal Liability Agreements have gone out of business. Until final collections are made from these employers, the change in the receivable is unknown.

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500
SCHEDULE H, PART IV, LINE 4
E.I.N 51-6030005; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan
1055 Park View Drive, Suite 111
Covina, California 91724

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 9, 2025

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Money Market Fund</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 4,640,070	First American Government Obligations Fund Class Z	N/A	Var.	<u>\$ 4,640,070</u>	<u>\$ 4,640,070</u>
<u>Government Debt Securities</u>					
\$ 1,836,000	U S Treasury Bill	01/23/25	N/A	\$ 1,831,447	\$ 1,792,753
1,638,000	U S Treasury Bill	03/20/25	N/A	1,623,372	1,590,040
1,617,000	U S Treasury Bill	04/17/25	N/A	1,597,386	1,563,803
2,323,000	U S Treasury Bond	02/15/38	4.38%	2,259,234	2,407,309
6,434,000	U S Treasury Bond	05/15/38	4.50%	6,331,313	6,749,191
2,216,000	U S Treasury Bond	02/15/39	3.50%	1,942,346	2,077,595
9,886,000	U S Treasury Bond	05/15/39	4.25%	9,376,673	10,177,282
2,254,000	U S Treasury Note	08/15/39	4.50%	2,193,976	2,350,508
1,979,000	U S Treasury Bond	11/15/39	4.38%	1,896,733	2,036,291
2,143,000	U S Treasury Note	02/15/40	4.63%	2,109,676	2,265,561
1,623,000	U S Treasury Bond	11/15/42	2.75%	1,212,933	1,298,343
1,813,000	U S Treasury Bond	02/15/43	3.13%	1,432,143	1,530,222
1,540,000	U S Treasury Bond	05/15/43	2.88%	1,166,427	1,249,391
1,841,000	U S Treasury Bond	08/15/43	3.63%	1,559,474	1,665,034
1,508,000	U S Treasury Bond	11/15/43	3.75%	1,298,478	1,388,721
1,713,000	U S Treasury Bond	02/15/44	3.63%	1,445,378	1,548,599
1,428,000	U S Treasury Bond	05/15/44	3.38%	1,157,351	1,239,744
1,744,000	U S Treasury Bond	08/15/44	3.13%	1,354,425	1,454,135
1,400,000	U S Treasury Bond	11/15/44	3.00%	1,062,516	1,141,060
1,613,000	U S Treasury Note	02/15/45	2.50%	1,119,132	1,204,023
1,315,000	U S Treasury Bond	05/15/45	3.00%	993,575	1,067,056
1,633,000	U S Treasury Bond	08/15/45	2.88%	1,204,452	1,295,435
1,283,000	U S Treasury Bond	11/15/45	3.00%	964,765	1,037,431
1,501,000	U S Treasury Note	02/15/46	2.50%	1,026,444	1,106,583
1,198,000	U S Treasury Bond	05/15/46	2.50%	815,766	881,517
1,519,000	U S Treasury Bond	08/15/46	2.25%	980,606	1,060,933
1,162,000	U S Treasury Bond	11/15/46	2.88%	844,193	911,675
1,384,000	U S Treasury Bond	02/15/47	3.00%	1,025,544	1,107,746
1,077,000	U S Treasury Bond	05/15/47	3.00%	795,903	860,464
1,405,000	U S Treasury Bond	08/15/47	2.75%	988,080	1,069,721
1,043,000	U S Treasury Bond	11/15/47	2.75%	<u>731,852</u>	<u>793,010</u>
<u>Forward</u>				<u>\$ 54,341,593</u>	<u>\$ 57,921,176</u>

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity</u> <u>Date</u>	<u>Interest</u> <u>Rate (%)</u>	<u>Fair</u> <u>Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 54,341,593	\$ 57,921,176
\$ 1,274,000	U S Treasury Bond	02/15/48	3.00%	934,543	1,012,437
958,000	U S Treasury Bond	05/15/48	3.13%	717,609	777,518
1,293,000	U S Treasury Note	08/15/48	3.00%	944,342	1,024,556
926,000	U S Treasury Bond	11/15/48	3.38%	723,234	785,512
1,172,000	U S Treasury Bond	02/15/49	3.00%	852,677	926,663
12,885,000	U S Treasury Bond	05/15/49	2.88%	9,133,790	10,116,008
830,000	U S Treasury Note	11/15/49	2.38%	527,407	576,302
1,790,000	U S Treasury Note	02/15/50	2.00%	1,039,399	1,139,447
1,067,000	U S Treasury Note	08/15/50	1.38%	520,290	572,679
2,193,000	U S Treasury Bond	08/15/40	1.13%	1,307,620	1,406,604
1,915,000	U S Treasury Bond	05/15/40	1.13%	1,151,738	1,237,726
702,000	U S Treasury Bond	11/15/50	1.63%	366,030	402,666
1,871,000	U S Treasury Bond	11/15/40	1.38%	1,158,037	1,240,203
942,000	U S Treasury Bond	02/15/51	1.88%	523,837	576,096
2,044,000	U S Treasury Note	02/15/41	1.88%	1,369,296	1,467,456
620,000	U S Treasury Bond	05/15/51	2.38%	389,868	427,706
1,777,000	U S Treasury Bond	05/15/41	2.25%	1,261,030	1,346,570
951,000	U S Treasury Bond	08/15/51	2.00%	543,411	598,205
2,063,000	U S Treasury Bond	08/15/41	1.75%	1,335,854	1,428,394
587,000	U S Treasury Note	11/15/51	1.88%	323,754	357,063
1,742,000	U S Treasury Bond	11/15/41	2.00%	1,169,614	1,253,362
838,000	U S Treasury Bond	02/15/52	2.25%	508,029	558,484
1,916,000	U S Treasury Bond	02/15/42	2.38%	1,363,924	1,459,536
510,000	U S Treasury Bond	05/15/52	2.88%	356,658	390,969
1,649,000	U S Treasury Bond	05/15/42	3.25%	1,341,280	1,430,128
1,324,000	U S Treasury Bond	08/15/52	3.00%	949,930	1,041,466
1,939,000	U S Treasury Bond	08/15/42	3.38%	1,600,548	1,708,676
754,000	U S Treasury Bond	02/15/53	3.50%	612,617	670,621
17,383,000	U S Treasury Bond	05/15/53	3.63%	14,130,641	15,457,359
13,761,000	U S Treasury Bond	08/15/53	4.13%	12,256,097	13,386,390
13,527,000	U S Treasury Bond	11/15/53	5.00%	13,382,126	14,602,345
15,347,000	U S Treasury Bond	02/15/54	4.25%	14,000,301	15,266,130
22,434,000	U S Treasury Bond	05/15/54	4.75%	21,796,874	23,934,353
8,020,000	U S Treasury Bond	05/15/44	4.63%	7,775,069	8,453,613
3,413,000	U S Treasury Note	09/30/27	0.38%	3,071,256	3,053,313
1,305,000	U S Treasury Note	12/31/27	0.63%	1,171,903	1,168,591
1,635,000	U S Treasury Note	01/31/28	0.75%	1,469,080	1,466,141
	<u>Forward</u>			\$ 176,421,306	\$ 190,642,464

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 176,421,306	\$ 190,642,464
\$ 3,307,000	U S Treasury Note	03/31/28	1.25%	3,003,450	3,008,348
1,191,000	U S Treasury Note	06/30/28	1.25%	1,073,115	1,077,208
1,571,000	U S Treasury Note	07/31/28	1.00%	1,398,567	1,404,511
3,144,000	U S Treasury Note	08/15/31	1.25%	2,565,756	2,635,077
1,765,000	U S Treasury Note	08/31/28	1.13%	1,574,239	1,582,645
1,473,000	U S Treasury Note	10/31/28	1.38%	1,319,322	1,329,790
2,758,000	U S Treasury Note	11/15/31	1.38%	2,253,727	2,318,132
1,462,000	U S Treasury Note	11/30/28	1.50%	1,313,066	1,324,714
1,430,000	U S Treasury Note	01/31/29	1.75%	1,291,304	1,304,824
3,008,000	U S Treasury Note	02/15/32	1.88%	2,529,999	2,610,157
1,691,000	U S Treasury Note	02/28/29	1.88%	1,531,556	1,551,036
1,442,000	U S Treasury Note	04/30/29	2.88%	1,357,297	1,380,382
2,674,000	U S Treasury Note	05/15/32	2.88%	2,401,519	2,486,831
1,389,000	U S Treasury Note	05/31/29	2.75%	1,298,673	1,320,694
1,442,000	U S Treasury Note	07/31/29	2.63%	1,337,801	1,361,737
3,037,000	U S Treasury Note	08/15/32	2.75%	2,693,303	2,789,425
1,707,000	U S Treasury Note	08/31/29	3.13%	1,616,853	1,649,728
1,462,000	U S Treasury Note	10/31/29	4.00%	1,437,395	1,470,172
2,664,000	U S Treasury Note	11/15/32	4.13%	2,598,252	2,699,381
1,303,000	U S Treasury Note	12/31/29	3.88%	1,272,979	1,302,700
1,523,000	U S Treasury Note	01/31/30	3.50%	1,461,136	1,494,569
2,935,000	U S Treasury Note	02/15/33	3.50%	2,730,401	2,839,624
1,642,000	U S Treasury Note	02/28/30	4.00%	1,611,607	1,652,012
1,445,000	U S Treasury Note	04/30/30	3.50%	1,382,793	1,417,348
2,623,000	U S Treasury Note	05/15/33	3.38%	2,410,485	2,511,328
1,316,000	U S Treasury Note	05/31/30	3.75%	1,273,743	1,307,575
1,465,000	U S Treasury Note	06/30/25	4.63%	1,468,531	1,463,746
1,534,000	U S Treasury Note	07/31/30	4.00%	1,501,817	1,542,755
2,986,000	U S Treasury Note	08/15/33	3.88%	2,841,836	2,965,600
1,544,000	U S Treasury Note	09/30/30	4.63%	1,558,344	1,605,887
1,553,000	U S Treasury Note	09/30/25	5.00%	1,561,107	1,560,098
1,538,000	U S Treasury Note	10/31/30	4.88%	1,571,944	1,622,716
2,619,000	U S Treasury Note	11/15/33	4.50%	2,607,136	2,725,203
1,261,000	U S Treasury Note	12/31/30	3.75%	1,214,936	1,250,759
1,557,000	U S Treasury Note	01/31/31	4.00%	1,519,087	1,567,650
2,897,000	U S Treasury Note	02/15/34	4.00%	2,773,472	2,900,520
1,534,000	U S Treasury Note	03/31/31	4.13%	1,505,805	1,555,099
	<u>Forward</u>			\$ 243,283,659	\$ 259,232,445

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 243,283,659	\$ 259,232,445
\$ 1,531,000	U S Treasury Note	04/30/31	4.63%	1,543,937	1,598,226
10,585,000	U S Treasury Note	05/15/34	4.38%	10,422,309	11,023,176
2,758,000	U S Treasury Note	06/30/31	4.25%	2,723,332	2,816,726
7,360,000	U S Treasury Note	06/30/29	4.25%	7,319,226	7,549,750
3,450,000	U S Treasury Note	09/30/26	1.63%	3,299,270	3,272,525
3,166,000	U S Treasury Note	12/31/26	1.75%	3,016,723	2,998,188
1,922,000	U S Treasury Note	07/31/25	2.88%	1,907,047	1,888,822
1,801,000	U S Treasury Note	07/31/26	1.88%	1,736,434	1,722,277
1,573,000	U S Treasury Note	03/31/27	0.63%	1,452,272	1,438,993
1,596,000	U S Treasury Note	04/30/27	0.50%	1,463,979	1,451,243
3,211,000	U S Treasury Note	06/30/27	0.50%	2,927,597	2,906,206
1,617,000	U S Treasury Note	10/31/25	3.00%	1,600,587	1,587,445
3,381,000	U S Treasury Note	12/31/25	2.63%	3,329,440	3,298,335
1,561,000	U S Treasury Note	03/31/26	2.25%	1,523,302	1,509,663
1,609,000	U S Treasury Note	04/30/26	2.38%	1,570,014	1,557,593
1,480,000	U S Treasury Note	06/30/26	1.88%	1,429,769	1,416,816
5,523,000	U S Treasury Bond Strip	08/15/34	N/A	3,496,280	3,664,069
5,264,000	U S Treasury Bond Strip	02/15/35	N/A	3,249,414	3,417,862
5,213,000	U S Treasury Bond Strip	08/15/35	N/A	3,140,363	3,307,492
18,733,000	U S Treasury Bond Strip	02/15/36	N/A	<u>10,996,084</u>	<u>11,606,405</u>
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 311,431,038</u>	<u>\$ 329,264,257</u>
	<u>TOTAL INVESTMENTS</u>			<u>\$ 316,071,108</u>	<u>\$ 333,904,327</u>

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 51-6030005; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

Identity of Party Involved	Description of Asset	Maturity Date	Interest Rate (%)	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
U.S. Bank, N.A.	First American Governmental Obligation Funds Class Z	N/A	Var.	\$ 28,491,319	\$ - 359,408,484	\$ 28,491,319 359,408,484	\$ - -
U.S. Government	Treasury Bond	05/15/54	4.75%	23,934,353	-	23,934,353	-

**Southern California, Arizona, Colorado, and
 Southern Nevada Glaziers, Architectural
 Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 8b(2)
 Schedule of Active Participant Data
 EIN: 51-6030005
 PN: 001

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

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Years of Credited Service										
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 - 29	-	-	-	-	-	-	-	-	-	-	-
30 - 34	-	-	-	-	-	-	-	-	-	-	-
35 - 39	-	-	-	-	-	-	-	-	-	-	-
40 - 44	-	-	-	-	-	-	-	-	-	-	-
45 - 49	-	-	-	-	-	1	-	-	-	-	1
50 - 54	-	-	-	1	1	1	-	3	-	-	6
55 - 59	-	-	-	-	-	1	-	1	1	-	3
60 - 64	-	-	-	-	2	3	2	-	-	-	7
65 - 69	-	-	-	-	-	1	-	-	-	-	1
70 +	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	1	3	7	2	4	1	-	18

Schedule MB, line 6 - Summary of Actuarial Assumptions and Methods

1. Valuation of Assets

The actuarial value of assets was changed to the "Expected Value" Asset Valuation Method as of January 1, 1998. The assets are calculated as follows:

- a. A preliminary expected value is determined based on the prior year's actuarial asset value, plus contributions, less payments, plus estimated interest using the plan's actuarial valuation rate.
- b. The actuarial asset value is 20% of market value, plus 80% of the preliminary value calculated in step a.
- c. The actuarial asset value is then subject to the allowable 80% - 120% corridor around market value, per IRS rules.

2. Actuarial Basis

For valuation purposes, age last birthday has been used to reference the tables of probabilities of death, termination, age retirement and disability retirement. The assumptions employed are described below.

a. Rate of Return on Investments

3% per annum, compounded annually, net of investment expense for determining all costs and liabilities (including unfunded vested benefits).

The highest rate within the IRS allowable range for determining Current Liability, but not more than the valuation rate. For January 1, 2024, the highest rate is 3.29% which is more than the 3% valuation rate. Therefore, 3% was used to determine Current Liability.

b. Covered Hours Assumption

For calculating benefits to be earned after the valuation date, we assumed the number of covered hours worked by an active participant would equal the average number of hours worked during the 3-year period ending before the valuation date.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 51-6030005
PN: 001

c. Mortality Assumptions

Pre-Retirement: Pri-2012 Blue Collar Employee Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Post-Retirement: Pri-2012 Blue Collar Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Disabled Retirees: Pri-2012 Blue Collar Disabled Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

The mortality assumptions used in the prior valuation were:

Pre-Retirement: The 1971 Group Annuity Mortality Table.

Post-Retirement: The table used for “healthy lives” was the same as for Pre-Retirement.

The 1965 Railroad Board Disabled Mortality Table (ultimate) was used for male disabled lives and a 5-year age set back was applied for female disabled lives.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

d. Termination and Disability

None assumed.

e. Retirement Rates

Retirements from the Plan are assumed to occur at the earliest eligible retirement age.

f. Provision for Operating Expenses

Operating expenses are assumed to be \$825,000 per year. The prior year operating expense assumption was \$500,000 per year.

g. Percent Married

80% of nonretired participants are assumed to be married.

h. Age of Spouse

It is assumed that husbands are three years older than wives for nonretired participants.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 51-6030005
PN: 001

i. Vested Inactive Participants

It is assumed that vested inactive participants who have not applied for pension benefits by age 86 will not do so.

The prior valuation assumed that vested inactive participants who have not applied for pension benefits by age 75 will not do so.

j. Unknown Dates of Birth

Participants with unknown dates of birth are assumed to enter the plan at age 31.

3. Actuarial Cost Method

The Unit Credit Cost Method was used.

4. Changes in Actuarial Assumptions Since the Prior Valuation

• **Change in Mortality Assumption:**

Pre-Retirement: Pri-2012 Blue Collar Employee Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Post-Retirement: Pri-2012 Blue Collar Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Disabled Retirees: Pri-2012 Blue Collar Disabled Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

The mortality assumptions used in the prior valuation were:

Pre-Retirement: The 1971 Group Annuity Mortality Table.

Post-Retirement: The table used for “healthy lives” was the same as for Pre-Retirement.

The 1965 Railroad Board Disabled Mortality Table (ultimate) was used for male disabled lives and a 5-year age set back was applied for female disabled lives.

The mortality assumption was changed to reflect the more recently published experience for blue collar workers. The prior assumption is outdated.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods
EIN: 51-6030005
PN: 001

- **Change in Operating Expense Assumption:**

Operating expenses are assumed to be \$825,000 per year. The prior year operating expense assumption was \$500,000 per year.

The operating expense assumption was changed to reflect anticipated expenses for an ongoing plan. The prior assumption assumed expenses for an insolvent plan.

- **Change in Vested Inactive Participants:**

It is assumed that vested inactive participants who have not applied for pension benefits by age 86 will not do so.

The prior valuation assumed that vested inactive participants who have not applied for pension benefits by age 75 will not do so.

The vested inactive participant assumption was updated to better reflect anticipated experience.

There were no other changes in actuarial assumptions or methods since the prior valuation.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB
Statement by Enrolled Actuary
EIN: 51-6030005
PN: 001

Schedule MB - Statement by Enrolled Actuary

Plan Sponsor: Board of Trustees, Southern California, Arizona, Colorado and Southern Nevada Glaziers, Architectural Metal and Glass Workers

EIN: 51-6030005

Plan Number: 001

Plan Name: Southern California, Arizona, Colorado and Southern Nevada Glaziers, Architectural Metal and Glass Workers Pension Plan

Valuation Date: January 1, 2024

Enrolled Actuary: Cary Franklin

Enrollment Number: 23-04013

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amount of contributions paid shown in Line 3 of the Schedule MB were listed in reliance on information provided by the Plan auditor. Contributions were made throughout the year.

Attached as separate exhibits are:

- Line 4b – Illustration Supporting Actuarial Certification of Status
- Line 4f – Cash Flow Projections
- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Actuarial Certification of Plan Status 2024

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____


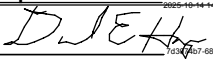
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>SO. CA, AZ, CO, & SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BOARD OF TRUSTEES, CALIFORNIA, ARIZONA, COLORADO, AND SO. NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN 1055 PARK VIEW DR STE 111 COVINA, CA 91724</p>	<p>1c Effective date of plan 07/26/1963</p> <p>2b Employer Identification Number (EIN) 51-6030005</p> <p>2c Plan Sponsor's telephone number 626-279-3054</p> <p>2d Business code (see instructions) 238100</p>

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

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

SIGN HERE	 <small>Nintex AssureSign® 90cb2255-3fab-41b8-e996-b3750185bc27</small>	10/13/2025	Sammy Alvarez
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 <small>Nintex AssureSign® 10af207-683e-42b3-913e-b3750185bc27</small>	10/14/2025	Daniel E. Hope
	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 51-6030005 3c Administrator's telephone number 626-279-3054
----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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%;">5</td> <td style="text-align: right;">3142</td> </tr> </table>	5	3142
5	3142		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">135</td> </tr> </table>	6a(1)	135
6a(1)	135		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">30</td> </tr> </table>	6a(2)	30
6a(2)	30		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">1441</td> </tr> </table>	6b	1441
6b	1441		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">1237</td> </tr> </table>	6c	1237
6c	1237		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">2708</td> </tr> </table>	6d	2708
6d	2708		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td style="text-align: right;">323</td> </tr> </table>	6e	323
6e	323		
f Total. Add lines 6d and 6e.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td style="text-align: right;">3031</td> </tr> </table>	6f	3031
6f	3031		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(1)	0
6g(1)	0		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td style="text-align: right;">0</td> </tr> </table>	6g(2)	0
6g(2)	0		
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%;">6h</td> <td style="text-align: right;">15</td> </tr> </table>	6h	15
6h	15		
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%;">7</td> <td style="text-align: right;">13</td> </tr> </table>	7	13
7	13		

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 11

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (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	(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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 _____

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**
FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 51-6030005; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

Identity of Party Involved	Description of Asset	Maturity Date	Interest Rate (%)	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
U.S. Bank, N.A.	First American Governmental Obligation Funds Class Z	N/A	Var.	\$ 28,491,319	\$ - 359,408,484	\$ 28,491,319 359,408,484	\$ - -
U.S. Government	Treasury Bond	05/15/54	4.75%	23,934,353	-	23,934,353	-

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

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

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

A Name of plan Southern California, Arizona, Colorado and Southern Nevada Glaziers, Architectural Metal & Glass Workers Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees	D Employer Identification Number (EIN) 51-6030005	

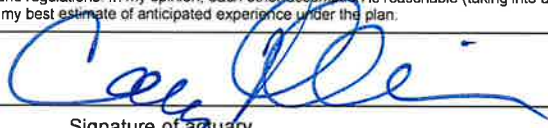
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	775,530
(2) Actuarial value of assets for funding standard account.....	1b(2)	930,636
c (1) Accrued liability for plan using immediate gain methods	1c(1)	287,180,283
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	287,180,283
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	291,316,363
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	21,734,068
(3) Expected plan disbursements for the plan year	1d(3)	21,734,068

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/7/2025</u>
	Signature of actuary	Date 2304013
	Cary Franklin	Most recent enrollment number
	Type or print name of actuary	818-691-2002
	Horizon Actuarial Services, LLC	Telephone number (including area code)
	Firm name	
	5200 Lankershim Blvd, Suite 740 North Hollywood CA 91601	
	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

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

**Schedule MB (Form 5500) 2024
v. 240311**

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.00 %
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females.....	6c(2)	9FP
d Valuation liability interest rate.....	6d	3.00 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	-15.0 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	0 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	825,000
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-608,333	-49,474
3	114,641,505	9,323,424
4	44,856,634	3,648,045

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	97,538,677
b Employer's normal cost for plan year as of valuation date	9b	825,000
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	198,654,856
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	3,556,598
e Total charges. Add lines 9a through 9d	9e	122,109,866
Credits to funding standard account:		
f Prior year credit balance, if any	9f	
g Employer contributions. Total from column (b) of line 3	9g	85,582
h Amortization credits as of valuation date:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	273,756,405
(2) "RPA '94" override (90% current liability FFL)	9j(2)	250,196,198
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	2,839,763
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	119,270,103
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	2,217,730
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	2,217,730
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	119,270,103
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, lines 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 51-6030005
PN: 001

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

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Expected Benefit Payments

Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	73,417	4,144,571	17,495,595	21,713,583
2025	74,010	3,615,359	17,002,739	20,692,109
2026	75,877	3,727,619	16,490,648	20,294,145
2027	75,888	3,852,397	15,960,693	19,888,978
2028	86,518	3,925,957	15,421,131	19,433,606
2029	82,686	3,741,654	14,866,141	18,690,482
2030	82,399	3,716,778	14,314,239	18,113,416
2031	81,307	3,678,000	13,757,788	17,517,095
2032	80,210	3,614,728	13,198,176	16,893,115
2033	78,636	3,582,861	12,636,562	16,298,058
2034	77,283	3,529,592	12,073,936	15,680,812
2035	75,844	3,458,280	11,511,187	15,045,310
2036	74,340	3,371,915	10,949,100	14,395,355
2037	72,749	3,285,393	10,388,331	13,746,473
2038	71,065	3,183,151	9,829,487	13,083,703
2039	69,282	3,078,871	9,273,209	12,421,362
2040	67,392	2,965,635	8,720,212	11,753,240
2041	65,390	2,845,651	8,171,415	11,082,456
2042	63,269	2,720,527	7,627,957	10,411,754
2043	61,027	2,591,542	7,091,133	9,743,702
2044	58,665	2,458,686	6,562,487	9,079,838
2045	56,184	2,323,553	6,043,777	8,423,514
2046	53,591	2,185,480	5,536,879	7,775,951
2047	50,895	2,045,906	5,043,814	7,140,614
2048	48,106	1,905,763	4,566,683	6,520,552

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

**2024 Schedule MB, lines 8b(1)
Schedule of Projection of Expected
Benefit Payments
EIN: 51-6030005
PN: 001**

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Expected Benefit Payments

Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	45,237	1,766,068	4,107,688	5,918,993
2050	42,302	1,627,839	3,669,148	5,339,290
2051	39,318	1,492,192	3,253,380	4,784,889
2052	36,303	1,360,137	2,862,499	4,258,940
2053	33,281	1,232,634	2,498,277	3,764,192
2054	30,283	1,110,530	2,162,059	3,302,872
2055	27,343	994,528	1,854,650	2,876,521
2056	24,495	885,193	1,576,351	2,486,039
2057	21,772	782,946	1,326,975	2,131,693
2058	19,197	688,063	1,105,842	1,813,102
2059	16,788	600,706	911,909	1,529,404
2060	14,557	520,915	743,817	1,279,289
2061	12,510	448,628	599,882	1,061,020
2062	10,652	383,685	478,170	872,507
2063	8,979	325,808	376,585	711,372
2064	7,492	274,627	292,907	575,026
2065	6,185	229,718	224,911	460,814
2066	5,053	190,622	170,426	366,100
2067	4,085	156,866	127,390	288,341
2068	3,268	127,976	93,897	225,141
2069	2,587	103,469	68,225	174,281
2070	2,023	82,866	48,850	133,739
2071	1,561	65,705	34,458	101,724
2072	1,187	51,553	23,942	76,682
2073	888	40,006	16,387	57,281

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

**2024 Schedule MB, lines 8b(3)
Schedule of Projection of Expected
Benefit Payments
EIN: 51-6030005
PN: 001**

Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$189,353	\$0	\$189,353
2025	\$189,353	\$0	\$189,353
2026	\$189,353	\$0	\$189,353
2027	\$189,353	\$0	\$189,353
2028	\$189,353	\$0	\$189,353
2029	\$189,353	\$0	\$189,353
2030	\$189,353	\$0	\$189,353
2031	\$189,353	\$0	\$189,353
2032	\$189,353	\$0	\$189,353
2033	\$189,353	\$0	\$189,353

Note: Projected employer contributions are based on the assumptions used for determining the Plan's Zone Status Certification shown on line 4b.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

**2024 Schedule MB, line 4f – Cash Flow
Projections
EIN: 51-6030005
PN: 001**

Schedule MB, line 4f - Cash Flow Projections

Plan Year Ending	Beginning Market Value of Assets	Employer Contributions	Withdrawal Liability Payments	Benefit Payments	Operating Expenses	Net Investment Return	Ending Market Value of Assets
12/31/2024	\$ 346,470,030	\$ 189,353	\$ -	\$ (21,713,584)	\$ (825,000)	\$ 10,058,862	\$ 334,179,662
12/31/2025	\$ 334,179,662	189,353	-	(20,692,108)	(10,201,415)	9,564,827	313,040,319
12/31/2026	\$ 313,040,319	189,353	-	(20,294,144)	(866,766)	9,076,636	301,145,399
12/31/2027	\$ 301,145,399	189,353	-	(19,888,978)	(888,435)	8,725,541	289,282,880
12/31/2028	\$ 289,282,880	189,353	-	(19,433,607)	(910,646)	8,376,163	277,504,143
12/31/2029	\$ 277,504,143	189,353	-	(18,690,481)	(933,412)	8,033,606	266,103,210
12/31/2030	\$ 266,103,210	189,353	-	(18,113,416)	(956,747)	7,699,884	254,922,284
12/31/2031	\$ 254,922,284	189,353	-	(17,517,095)	(980,666)	7,373,042	243,986,919
12/31/2032	\$ 243,986,919	189,353	-	(16,893,114)	(1,005,182)	7,053,973	233,331,950
12/31/2033	\$ 233,331,950	189,353	-	(16,298,058)	(1,030,312)	6,742,873	222,935,806
12/31/2034	\$ 222,935,806	189,353	-	(15,680,810)	(1,056,070)	6,439,861	212,828,141
12/31/2035	\$ 212,828,141	189,353	-	(15,045,310)	(1,082,471)	6,145,768	203,035,481
12/31/2036	\$ 203,035,481	189,353	-	(14,395,354)	(1,109,533)	5,861,331	193,581,278
12/31/2037	\$ 193,581,278	189,353	-	(13,746,474)	(1,137,272)	5,587,022	184,473,908
12/31/2038	\$ 184,473,908	189,353	-	(13,083,702)	(1,165,703)	5,323,316	175,737,173
12/31/2039	\$ 175,737,173	189,353	-	(12,421,362)	(1,194,846)	5,070,712	167,381,030
12/31/2040	\$ 167,381,030	189,353	-	(11,753,239)	(1,224,717)	4,829,602	159,422,030
12/31/2041	\$ 159,422,030	189,353	-	(11,082,456)	(1,255,335)	4,600,434	151,874,026
12/31/2042	\$ 151,874,026	189,353	-	(10,411,754)	(1,286,718)	4,383,584	144,748,491
12/31/2043	\$ 144,748,491	189,353	-	(9,743,703)	(1,318,886)	4,179,356	138,054,612

Notes

- The Market Value of Assets above reflect Special Financial Assistance (SFA) Assets and non-SFA assets, as reported in the December 31, 2023 audited financial statements.
- The Operating Expense amount for the Plan Year Ending 12/31/2025 includes \$9.36M repayment of SFA assets in connection with a death audit.

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

Part I – Basic Plan Information

1a. Name of plan SOUTHERN CALIFORNIA, ARIZONA, COLORADO, & SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name BOARD OF TRUSTEES OF THE SO. CA, AZ, CO & SO. NV GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS PENSION PLAN	1d. Employer identification number (EIN) 51-6030005
1e. Plan sponsor's telephone number 626-279-3054	1f. Plan sponsor's address, city, state, ZIP code 1055 PARK VIEW DR, SUITE 111, COVINA, CA 91724

Part II – Plan Actuary's Information

2a. Plan actuary's name CARY FRANKLIN	2b. Plan actuary's firm name HORIZON ACTUARIAL SERVICES, LLC
2c. Plan actuary's firm address, city, state, ZIP code 5200 LANKERSHIM BLVD, SUITE 740, NORTH HOLLYWOOD, CA 91601	
2d. Plan actuary's enrollment number 23-04013	2e. Plan actuary's telephone number 818-691-2002

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input checked="" type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 04/01/2024
-------------------------	--------------------

Schedule MB, line 6 - Summary of Plan Provisions

The Benefit Provisions of the Plan in effect on January 1, 2024 are summarized below.

1. Normal Retirement Benefit

Participants are eligible to retire with a 5-year certain and life pension when they have attained age 60 and (a) have earned at least one year of Future Service Credit or (b) have reached the fifth anniversary of their participation in the Plan. The pension amount is the sum of the Past Service Benefits, if any, and the Future Service Benefit. This latter benefit is broken into two parts:

- Future Service Benefits earned through December 31, 1980, and
- Future Service Benefits earned on and after January 1, 1981.

Benefit for Past Service

The benefit is \$4.00 per month for each year of Past Service, up to a maximum of 15 years.

Benefit for Future Service through December 31, 1980

The benefit for this portion of the Future Service is based on the highest contribution rate paid to January 1, 1981. Examples of monthly benefits, for each year of Future Service Credit, corresponding to contribution rates are as follows:

<u>CONTRIBUTION RATE</u>	<u>Monthly Benefit</u>
\$.40	\$10.75
\$1.00	\$23.50
\$1.45	\$30.00
\$1.45	\$32.50 (Local 1399)
\$2.00	\$40.00
\$3.00	\$59.00

Benefit for Future Service from January 1, 1981 through April 30, 2000

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 51-6030005
PN: 001

For Future Service Credits from January 1, 1981 to December 31, 1985, the monthly pension is 2.25% of the contributions paid on behalf of a participant.

For Future Service Credits from January 1, 1986 to December 31, 1992, the monthly pension is 2.5% of the contributions paid on behalf of a participant.

For Future Service Credits from January 1, 1993 through April 30, 2000, the monthly pension is 2.0% of the contributions paid on behalf of a participant if additional contributions of \$0.15 per hour for a liberalized early retirement benefit are being made on behalf of the participant, and 2.5% of the contributions paid if surcharge contributions are not being made.

Benefit for Future Service on and after May 1, 2000

No additional benefit accruals.

On January 1, 2009, benefits were reduced to the resource benefit level.

Beginning January 1, 2010, benefits were reduced to the PBGC guaranteed amounts.

On September 21, 2023, the Plan received special financial assistance from the PBGC under the American Rescue Plan Act.

Beginning September 1, 2023, benefits were reinstated to the amounts calculated before the 1/1/2009 reduction. In addition, the plan paid each participant and beneficiary that was in pay status as of September 21, 2023 the aggregate amount of their benefits that were not paid because of the reduction to the resource benefit level and the reduction to the PBGC guaranteed amounts.

2. Early Retirement

An active participant with 10 years of vesting service for whom an additional contribution of \$0.15 per hour is made for at least 17,500 Covered Hours* for a liberalized early retirement benefit is eligible to retire at or after age 55 with a Permanent Unreduced Retirement Benefit. An active participant for whom an additional contribution has been made for 1,750 Covered Hours but less than 17,500 Covered Hours will be eligible for a partial Permanent Unreduced Retirement Benefit.

*Participants with a Surcharge Contribution date prior to January 1, 1993 will be deemed to have satisfied the 17,500 Covered Hours requirement.

An inactive participant for whom additional contributions have been made for a liberalized early retirement benefit as outlined above is eligible for a Permanent Unreduced Retirement Benefit provided the number of his/her accumulated one year breaks-in-service does not exceed the number of accumulated hours for which surcharge contributions have been paid divided by 1,750.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 51-6030005
PN: 001

For all other participants with 10 years of vesting service, the early retirement eligibility age is 55 and the early retirement benefit is the earned benefit reduced by 0.5% for each month by which the retirement age precedes age 60.

As of January 1, 2009, benefits were reduced to the resource benefit level.
Beginning January 1, 2010, benefits will reduce to the PBGC guaranteed amounts.

3. Disability Benefit

None.

4. Pre-Retirement Death Benefit

Upon a participant's death prior to retirement, the participant's spouse is eligible to receive a lifetime monthly benefit equal to 50% of the participant's accrued normal retirement benefit. If there is no surviving spouse, the participant's child is eligible to receive a monthly benefit until age 21 (equal to 50% of the participant's accrued normal retirement benefit). If there are no surviving spouse or children, the beneficiary is eligible to receive a single sum payment equal to 50 times the participant's vested normal monthly retirement benefit. Effective May 1, 2000, death benefits for non-surviving spouse beneficiaries are eliminated.

5. Post-Retirement Death Benefit

None.

6. Joint and Survivor "Pop-Up"

If an age/disabled retiree elects a reduced Joint and Survivor benefit option and his/her spouse predeceases him/her, then the benefit increases to the amount he/she would have received under the normal life and 60 months certain form.

7. Vested Benefits

Earned benefits are 50% vested after the accumulation of five Vesting Service Years. The vesting proportion increases by 10% for each additional Vesting Service Year. A participant is fully vested with 10 Vesting Service Years. Effective January 1, 1999, participants with at least one hour of service on or after January 1, 1999 are 100% vested after five Vesting Service Years.

8. Pension Credits

One year of Past Service Credit is granted for each year of covered employment prior to a Participant's Contribution Date up to a maximum of 15 years. Subsequent to his/her Contribution Date, 1/1750 of Future Service Credit is granted for each covered hour.

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 6
Summary of Plan Provisions
EIN: 51-6030005
PN: 001

9. Temporary \$60 Monthly Supplement to Participants in Pay Status

This supplement is payable to retirees with Normal and Early Retirement Benefits less than \$300 per month. For all other retirees, the supplement is discontinued on and after July 1, 1999.

10. Changes to Plan Provisions

The plan provisions were changed as follows:

Beginning September 1, 2023, benefits were reinstated to the amounts calculated before the 1/1/2009 reduction. In addition, the plan paid each participant and beneficiary that was in pay status as of September 21, 2023 the aggregate amount of their benefits that were not paid because of the reduction to the resource benefit level and the reduction to the PBGC guaranteed amounts.

There were no other changes in Plan Provisions since the prior valuation.

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

Par Value	<u>Money Market Fund</u>	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
\$ 4,640,070	First American Government Obligations Fund Class Z	N/A	Var.	\$ 4,640,070	\$ 4,640,070
<u>Government Debt Securities</u>					
\$ 1,836,000	U S Treasury Bill	01/23/25	N/A	\$ 1,831,447	\$ 1,792,753
1,638,000	U S Treasury Bill	03/20/25	N/A	1,623,372	1,590,040
1,617,000	U S Treasury Bill	04/17/25	N/A	1,597,386	1,563,803
2,323,000	U S Treasury Bond	02/15/38	4.38%	2,259,234	2,407,309
6,434,000	U S Treasury Bond	05/15/38	4.50%	6,331,313	6,749,191
2,216,000	U S Treasury Bond	02/15/39	3.50%	1,942,346	2,077,595
9,886,000	U S Treasury Bond	05/15/39	4.25%	9,376,673	10,177,282
2,254,000	U S Treasury Note	08/15/39	4.50%	2,193,976	2,350,508
1,979,000	U S Treasury Bond	11/15/39	4.38%	1,896,733	2,036,291
2,143,000	U S Treasury Note	02/15/40	4.63%	2,109,676	2,265,561
1,623,000	U S Treasury Bond	11/15/42	2.75%	1,212,933	1,298,343
1,813,000	U S Treasury Bond	02/15/43	3.13%	1,432,143	1,530,222
1,540,000	U S Treasury Bond	05/15/43	2.88%	1,166,427	1,249,391
1,841,000	U S Treasury Bond	08/15/43	3.63%	1,559,474	1,665,034
1,508,000	U S Treasury Bond	11/15/43	3.75%	1,298,478	1,388,721
1,713,000	U S Treasury Bond	02/15/44	3.63%	1,445,378	1,548,599
1,428,000	U S Treasury Bond	05/15/44	3.38%	1,157,351	1,239,744
1,744,000	U S Treasury Bond	08/15/44	3.13%	1,354,425	1,454,135
1,400,000	U S Treasury Bond	11/15/44	3.00%	1,062,516	1,141,060
1,613,000	U S Treasury Note	02/15/45	2.50%	1,119,132	1,204,023
1,315,000	U S Treasury Bond	05/15/45	3.00%	993,575	1,067,056
1,633,000	U S Treasury Bond	08/15/45	2.88%	1,204,452	1,295,435
1,283,000	U S Treasury Bond	11/15/45	3.00%	964,765	1,037,431
1,501,000	U S Treasury Note	02/15/46	2.50%	1,026,444	1,106,583
1,198,000	U S Treasury Bond	05/15/46	2.50%	815,766	881,517
1,519,000	U S Treasury Bond	08/15/46	2.25%	980,606	1,060,933
1,162,000	U S Treasury Bond	11/15/46	2.88%	844,193	911,675
1,384,000	U S Treasury Bond	02/15/47	3.00%	1,025,544	1,107,746
1,077,000	U S Treasury Bond	05/15/47	3.00%	795,903	860,464
1,405,000	U S Treasury Bond	08/15/47	2.75%	988,080	1,069,721
1,043,000	U S Treasury Bond	11/15/47	2.75%	731,852	793,010
<u>Forward</u>				\$ 54,341,593	\$ 57,921,176

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity</u> <u>Date</u>	<u>Interest</u> <u>Rate (%)</u>	<u>Fair</u> <u>Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 54,341,593	\$ 57,921,176
\$ 1,274,000	U S Treasury Bond	02/15/48	3.00%	934,543	1,012,437
958,000	U S Treasury Bond	05/15/48	3.13%	717,609	777,518
1,293,000	U S Treasury Note	08/15/48	3.00%	944,342	1,024,556
926,000	U S Treasury Bond	11/15/48	3.38%	723,234	785,512
1,172,000	U S Treasury Bond	02/15/49	3.00%	852,677	926,663
12,885,000	U S Treasury Bond	05/15/49	2.88%	9,133,790	10,116,008
830,000	U S Treasury Note	11/15/49	2.38%	527,407	576,302
1,790,000	U S Treasury Note	02/15/50	2.00%	1,039,399	1,139,447
1,067,000	U S Treasury Note	08/15/50	1.38%	520,290	572,679
2,193,000	U S Treasury Bond	08/15/40	1.13%	1,307,620	1,406,604
1,915,000	U S Treasury Bond	05/15/40	1.13%	1,151,738	1,237,726
702,000	U S Treasury Bond	11/15/50	1.63%	366,030	402,666
1,871,000	U S Treasury Bond	11/15/40	1.38%	1,158,037	1,240,203
942,000	U S Treasury Bond	02/15/51	1.88%	523,837	576,096
2,044,000	U S Treasury Note	02/15/41	1.88%	1,369,296	1,467,456
620,000	U S Treasury Bond	05/15/51	2.38%	389,868	427,706
1,777,000	U S Treasury Bond	05/15/41	2.25%	1,261,030	1,346,570
951,000	U S Treasury Bond	08/15/51	2.00%	543,411	598,205
2,063,000	U S Treasury Bond	08/15/41	1.75%	1,335,854	1,428,394
587,000	U S Treasury Note	11/15/51	1.88%	323,754	357,063
1,742,000	U S Treasury Bond	11/15/41	2.00%	1,169,614	1,253,362
838,000	U S Treasury Bond	02/15/52	2.25%	508,029	558,484
1,916,000	U S Treasury Bond	02/15/42	2.38%	1,363,924	1,459,536
510,000	U S Treasury Bond	05/15/52	2.88%	356,658	390,969
1,649,000	U S Treasury Bond	05/15/42	3.25%	1,341,280	1,430,128
1,324,000	U S Treasury Bond	08/15/52	3.00%	949,930	1,041,466
1,939,000	U S Treasury Bond	08/15/42	3.38%	1,600,548	1,708,676
754,000	U S Treasury Bond	02/15/53	3.50%	612,617	670,621
17,383,000	U S Treasury Bond	05/15/53	3.63%	14,130,641	15,457,359
13,761,000	U S Treasury Bond	08/15/53	4.13%	12,256,097	13,386,390
13,527,000	U S Treasury Bond	11/15/53	5.00%	13,382,126	14,602,345
15,347,000	U S Treasury Bond	02/15/54	4.25%	14,000,301	15,266,130
22,434,000	U S Treasury Bond	05/15/54	4.75%	21,796,874	23,934,353
8,020,000	U S Treasury Bond	05/15/44	4.63%	7,775,069	8,453,613
3,413,000	U S Treasury Note	09/30/27	0.38%	3,071,256	3,053,313
1,305,000	U S Treasury Note	12/31/27	0.63%	1,171,903	1,168,591
1,635,000	U S Treasury Note	01/31/28	0.75%	1,469,080	1,466,141
	<u>Forward</u>			\$ 176,421,306	\$ 190,642,464

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 176,421,306	\$ 190,642,464
\$ 3,307,000	U S Treasury Note	03/31/28	1.25%	3,003,450	3,008,348
1,191,000	U S Treasury Note	06/30/28	1.25%	1,073,115	1,077,208
1,571,000	U S Treasury Note	07/31/28	1.00%	1,398,567	1,404,511
3,144,000	U S Treasury Note	08/15/31	1.25%	2,565,756	2,635,077
1,765,000	U S Treasury Note	08/31/28	1.13%	1,574,239	1,582,645
1,473,000	U S Treasury Note	10/31/28	1.38%	1,319,322	1,329,790
2,758,000	U S Treasury Note	11/15/31	1.38%	2,253,727	2,318,132
1,462,000	U S Treasury Note	11/30/28	1.50%	1,313,066	1,324,714
1,430,000	U S Treasury Note	01/31/29	1.75%	1,291,304	1,304,824
3,008,000	U S Treasury Note	02/15/32	1.88%	2,529,999	2,610,157
1,691,000	U S Treasury Note	02/28/29	1.88%	1,531,556	1,551,036
1,442,000	U S Treasury Note	04/30/29	2.88%	1,357,297	1,380,382
2,674,000	U S Treasury Note	05/15/32	2.88%	2,401,519	2,486,831
1,389,000	U S Treasury Note	05/31/29	2.75%	1,298,673	1,320,694
1,442,000	U S Treasury Note	07/31/29	2.63%	1,337,801	1,361,737
3,037,000	U S Treasury Note	08/15/32	2.75%	2,693,303	2,789,425
1,707,000	U S Treasury Note	08/31/29	3.13%	1,616,853	1,649,728
1,462,000	U S Treasury Note	10/31/29	4.00%	1,437,395	1,470,172
2,664,000	U S Treasury Note	11/15/32	4.13%	2,598,252	2,699,381
1,303,000	U S Treasury Note	12/31/29	3.88%	1,272,979	1,302,700
1,523,000	U S Treasury Note	01/31/30	3.50%	1,461,136	1,494,569
2,935,000	U S Treasury Note	02/15/33	3.50%	2,730,401	2,839,624
1,642,000	U S Treasury Note	02/28/30	4.00%	1,611,607	1,652,012
1,445,000	U S Treasury Note	04/30/30	3.50%	1,382,793	1,417,348
2,623,000	U S Treasury Note	05/15/33	3.38%	2,410,485	2,511,328
1,316,000	U S Treasury Note	05/31/30	3.75%	1,273,743	1,307,575
1,465,000	U S Treasury Note	06/30/25	4.63%	1,468,531	1,463,746
1,534,000	U S Treasury Note	07/31/30	4.00%	1,501,817	1,542,755
2,986,000	U S Treasury Note	08/15/33	3.88%	2,841,836	2,965,600
1,544,000	U S Treasury Note	09/30/30	4.63%	1,558,344	1,605,887
1,553,000	U S Treasury Note	09/30/25	5.00%	1,561,107	1,560,098
1,538,000	U S Treasury Note	10/31/30	4.88%	1,571,944	1,622,716
2,619,000	U S Treasury Note	11/15/33	4.50%	2,607,136	2,725,203
1,261,000	U S Treasury Note	12/31/30	3.75%	1,214,936	1,250,759
1,557,000	U S Treasury Note	01/31/31	4.00%	1,519,087	1,567,650
2,897,000	U S Treasury Note	02/15/34	4.00%	2,773,472	2,900,520
1,534,000	U S Treasury Note	03/31/31	4.13%	1,505,805	1,555,099
	<u>Forward</u>			\$ 243,283,659	\$ 259,232,445

**SOUTHERN CALIFORNIA, ARIZONA, COLORADO, AND
SOUTHERN NEVADA GLAZIERS, ARCHITECTURAL
METAL AND GLASS WORKERS PENSION PLAN**

FORM 5500

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

E.I.N. 51-6030005; PLAN NO. 001

DECEMBER 31, 2024

<u>Par Value</u>	<u>Government Debt Securities</u> (Continued)	<u>Maturity Date</u>	<u>Interest Rate (%)</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>			\$ 243,283,659	\$ 259,232,445
\$ 1,531,000	U S Treasury Note	04/30/31	4.63%	1,543,937	1,598,226
10,585,000	U S Treasury Note	05/15/34	4.38%	10,422,309	11,023,176
2,758,000	U S Treasury Note	06/30/31	4.25%	2,723,332	2,816,726
7,360,000	U S Treasury Note	06/30/29	4.25%	7,319,226	7,549,750
3,450,000	U S Treasury Note	09/30/26	1.63%	3,299,270	3,272,525
3,166,000	U S Treasury Note	12/31/26	1.75%	3,016,723	2,998,188
1,922,000	U S Treasury Note	07/31/25	2.88%	1,907,047	1,888,822
1,801,000	U S Treasury Note	07/31/26	1.88%	1,736,434	1,722,277
1,573,000	U S Treasury Note	03/31/27	0.63%	1,452,272	1,438,993
1,596,000	U S Treasury Note	04/30/27	0.50%	1,463,979	1,451,243
3,211,000	U S Treasury Note	06/30/27	0.50%	2,927,597	2,906,206
1,617,000	U S Treasury Note	10/31/25	3.00%	1,600,587	1,587,445
3,381,000	U S Treasury Note	12/31/25	2.63%	3,329,440	3,298,335
1,561,000	U S Treasury Note	03/31/26	2.25%	1,523,302	1,509,663
1,609,000	U S Treasury Note	04/30/26	2.38%	1,570,014	1,557,593
1,480,000	U S Treasury Note	06/30/26	1.88%	1,429,769	1,416,816
5,523,000	U S Treasury Bond Strip	08/15/34	N/A	3,496,280	3,664,069
5,264,000	U S Treasury Bond Strip	02/15/35	N/A	3,249,414	3,417,862
5,213,000	U S Treasury Bond Strip	08/15/35	N/A	3,140,363	3,307,492
18,733,000	U S Treasury Bond Strip	02/15/36	N/A	<u>10,996,084</u>	<u>11,606,405</u>
	<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 311,431,038</u>	<u>\$ 329,264,257</u>
	<u>TOTAL INVESTMENTS</u>			<u>\$ 316,071,108</u>	<u>\$ 333,904,327</u>

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 4b
Illustration Supporting Actuarial Certification of Status
EIN: 51-6030005
PN: 001

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

The Plan received special financial assistance under ERISA section 4262, and is deemed to be in critical status for the 2024 plan year and ending with the last plan year ending in 2051 in accordance with Code section 432(b)(7).

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 51-6030005
PN: 001

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

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024 Period	Outstanding at 1/1/2024 Balance	Annual Payment
Assumption	1/1/1995	30.00	\$ 6,329,700	1.00	\$ 415,814	\$ 415,814
Amendment	1/1/1999	30.00	646,388	5.00	184,700	39,154
Exper Loss	1/1/2010	15.00	2,202,476	1.00	193,309	193,309
Exper Loss	1/1/2013	15.00	4,012,067	4.00	1,286,774	336,094
Exper Loss	1/1/2014	15.00	2,080,522	5.00	809,922	171,701
Assumption	1/1/2014	15.00	8,941,298	5.00	3,480,769	737,904
Assumption	1/1/2015	15.00	45,699,477	6.00	20,737,493	3,716,591
Exper Loss	1/1/2016	15.00	10,989,312	7.00	5,735,210	893,725
Exper Loss	1/1/2017	15.00	2,967,397	8.00	1,744,876	241,329
Exper Loss	1/1/2018	15.00	1,084,284	9.00	707,187	88,181
Exper Loss	1/1/2019	15.00	341,392	10.00	243,941	27,764
Exper Loss	1/1/2020	15.00	2,389,715	11.00	1,852,174	194,348
Exper Loss	1/1/2021	15.00	214,966	12.00	179,241	17,483
Exper Loss	1/1/2022	15.00	1,779,539	13.00	1,585,307	144,725
Assumption	1/1/2024	15.00	44,856,634	15.00	44,856,634	3,648,045
Amendment	1/1/2024	15.00	114,641,505	15.00	114,641,505	9,323,424
Total Charges					\$ 198,654,856	\$ 20,189,591

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases
EIN: 51-6030005
PN: 001

**Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases
(continued)**

Credits				[Schedule MB, Line 9h]		
Type	Date Established	Initial Period	Initial Balance	<i>Outstanding at 1/1/2024</i>		Annual Payment
				Period	Balance	
Assumption	1/1/1996	30.00	\$ 68,468	2.00	\$ 8,667	\$ 4,395
Assumption	1/1/1997	30.00	91,990	3.00	16,837	5,779
Assumption	1/1/1998	30.00	232,721	4.00	54,783	14,310
Amendment	1/1/1999	30.00	33,759,258	5.00	9,646,021	2,044,904
Exper Gain	1/1/2011	15.00	3,942,129	2.00	671,208	340,560
Exper Gain	1/1/2012	15.00	660,741	3.00	163,740	56,201
Exper Gain	1/1/2015	15.00	1,702,023	6.00	772,344	138,420
Exper Gain	1/1/2023	15.00	232,165	14.00	219,683	18,881
Exper Gain	1/1/2023	15.00	608,333	15.00	608,333	49,474
Total Credits					\$ 12,161,616	\$ 2,672,924
Net Total					\$ 186,493,240	\$ 17,516,667

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method, or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

**Southern California, Arizona, Colorado, and
Southern Nevada Glaziers, Architectural
Metal and Glass Workers Pension Plan**

2024 Schedule MB, line 11
Justification for Change in Actuarial Assumptions
EIN: 51-6030005
PN: 001

The following changes in actuarial assumptions were made as of January 1, 2024:

- **Change in Mortality Assumption:**

Pre-Retirement: Pri-2012 Blue Collar Employee Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Post-Retirement: Pri-2012 Blue Collar Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

Disabled Retirees: Pri-2012 Blue Collar Disabled Retiree Sex Distinct Table, using scale MP-2019 generational mortality improvement from the year 2012

The mortality assumptions used in the prior valuation were:

Pre-Retirement: The 1971 Group Annuity Mortality Table.

Post-Retirement: The table used for “healthy lives” was the same as for Pre-Retirement.

The 1965 Railroad Board Disabled Mortality Table (ultimate) was used for male disabled lives and a 5-year age set back was applied for female disabled lives.

The mortality assumption was changed to reflect the more recently published experience for blue collar workers. The prior assumption is outdated.

- **Change in Operating Expense Assumption:**

Operating expenses are assumed to be \$825,000 per year. The prior year operating expense assumption was \$500,000 per year.

The operating expense assumption was changed to reflect anticipated expenses for an ongoing plan. The prior assumption assumed expenses for an insolvent plan.

- **Change in Vested Inactive Participants:**

It is assumed that vested inactive participants who have not applied for pension benefits by age 86 will not do so.

The prior valuation assumed that vested inactive participants who have not applied for pension benefits by age 75 will not do so.

The vested inactive participant assumption was updated to better reflect anticipated experience.