

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 07/01/2023

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOPES WINDOWS</u></p> <p><u>84 HOPKINS AVE, P.O. BOX 580</u> <u>JAMESTOWN, NY 14701-2223</u></p>	<p>1c Effective date of plan <u>05/30/1960</u></p> <p>2b Employer Identification Number (EIN) <u>16-1184041</u></p> <p>2c Plan Sponsor's telephone number <u>716-665-5124</u></p> <p>2d Business code (see instructions) <u>332300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/20/2025	PETER MORGANTE
	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	272
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)	113
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 07/01/2023

▶ **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>HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOPE'S WINDOWS</u>	D Employer Identification Number (EIN) <u>16-1184041</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>5772617</u>
	b Actuarial value	2b	<u>5772617</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>104</u>	<u>3188381</u>
	b For terminated vested participants	<u>55</u>	<u>723282</u>
	c For active participants	<u>113</u>	<u>1703738</u>
	d Total	<u>272</u>	<u>5615401</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.30 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>78791</u>
	b Expected plan-related expenses	6b	<u>31952</u>
	c Target normal cost	6c	<u>110743</u>

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

SIGN HERE		
	Signature of actuary	<u>01/26/2024</u>
	<u>DANIEL G. MCCARTHY, ASA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08718</u>
	<u>DEFINITI LLC</u>	Most recent enrollment number
	Firm name	<u>860-851-6257</u>
	<u>2201 TIMBERLOCH PLACE</u> <u>SUITE 150</u> <u>THE WOODLANDS, TX 77380</u>	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	476343
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	476343
10	Interest on line 9 using prior year's actual return of <u>-0.29</u> %	0	-1381
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		22544
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		1233
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		23777
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	474962

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.86 %
15	Adjusted funding target attainment percentage	15	102.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code).....	21b	0	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c).....	31a	110743	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance		Installment
a	Net shortfall amortization installment	346273	32284	
b	Waiver amortization installment	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	143027	
		Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	143027	143027
36	Additional cash requirement (line 34 minus line 35).....	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	0	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **06/01/2023** and ending **07/01/2023**

A Name of plan HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE'S WINDOWS	D Employer Identification Number (EIN) 16-1184041	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MANNING & NAPIER ADVISORS, INC.

16-0995735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	-16271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **06/01/2023** and ending **07/01/2023**

A Name of plan HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 HOPE'S WINDOWS	D Employer Identification Number (EIN) 16-1184041

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10298	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	262494	0
(2) U.S. Government securities	1c(2)	1413278	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2247088	0
(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)	1839459	0
(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	5772617	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5772617	0

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)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2499	
(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)		2499
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6909	
(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)		6909
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5646879	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5422972	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		223907
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-149961	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-149961

		(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		16271
d Total income. Add all income amounts in column (b) and enter total	2d		99625

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28408	
(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)		28408
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)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2075	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2075
j Total expenses. Add all expense amounts in column (b) and enter total	2j		30483

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		69142
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5841759

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: **BUFFAMANTE WHIPPLE BUTTAFARO, P.C.**

(2) EIN: **16-1117932**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
IRONWORKERS NATIONAL PENSION PLAN	52-6122274	001

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 531741.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 07/01/2023

A Name of plan <u>HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOPE'S WINDOWS</u>	D Employer Identification Number (EIN) <u>16-1184041</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 82-1667008

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	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

REPORT ON AUDITED FINANCIAL STATEMENTS

**FOR THE PERIOD ENDED
JULY 1, 2023
AND THE YEAR ENDED
MAY 31, 2023**

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator

***The Hope's Windows Pension Plan for
Employees Within the Bargaining Units
Represented by Shopmen's
Local No. 470, AFL, CIO
Jamestown, New York***

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

We have performed audits of the accompanying financial statements of ***The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO***, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of July 1, 2023 and May 31, 2023 and of accumulated plan benefits as of July 1, 2023 and June 1, 2023, and the related statements of changes in net assets available for benefits for the period ended July 1, 2023 and the year ended May 31, 2023, and of changes in accumulated plan benefits for the period ended July 1, 2023 and the year ended June 1, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ***The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO*** financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the period ended July 1, 2023 and the year ended May 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO*** and to meet our ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Merger

As discussed in Note 8, the Plan was merged into the Ironworkers National Pension Plan effective July 1, 2023. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about *The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO* ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO* 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 Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO's* ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions as of and for the period ended July 1, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Buffamante Whipple Buttafaro P.C.

BUFFAMANTE WHIPPLE BUTTAFARO, P.C.

**Jamestown, New York
January 22, 2024**

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

As of	July 1, 2023	May 31, 2023
Assets		
Investments, at fair value:		
Cash management fund	\$ -	\$ 262,494
U.S. government	-	1,413,278
Common stocks	-	2,247,088
Mutual funds	-	1,839,459
	-	5,762,319
Other:		
Accrued income	-	10,298
	-	10,298
Net assets available for benefits	\$ -	\$ 5,772,617

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

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<i>Period ended July 1, and year ended May 31,</i>	July 1, 2023	May 31, 2023
Additions to net assets:		
Investment income:		
Net realized and unrealized gains on investments	\$ 73,946	\$ -
Dividends, interest and capital gains	9,408	161,028
Other income	16,271	-
Contributions from Hope's Windows, Inc.	-	150,000
Total additions to net assets	99,625	311,028
Deductions from net assets:		
Net realized and unrealized losses on investments	-	127,494
Benefits paid to participants	28,408	337,381
Custodian and other fees	2,075	56,427
PBGC fees	-	35,064
Total deductions from net assets	30,483	556,366
Total change in net assets	69,142	(245,338)
Net assets available for benefits, at beginning of period	5,772,617	6,017,955
Plan Merger - transfer to Ironworkers National Pension Plan	(5,841,759)	-
Net assets available for benefits, at end of period	\$ -	\$ 5,772,617

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
STATEMENTS OF ACCUMULATED PLAN BENEFITS**

As of	July 1, 2023	June 1, 2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ --	\$ 3,016,575
Other participants	--	2,352,972
Total vested benefits	--	5,369,547
Nonvested benefits	--	29,942
Total actuarial present value of accumulated plan benefits	\$ --	\$ 5,399,489

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

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Period ended July 1, and year ended May 31,

	July 1, 2023	May 31, 2023
Valuation Date	July 1, 2023	June 1, 2023
Actuarial present value of accumulated plan benefits at beginning of period	\$ 5,399,489	\$ 5,495,709
Increase (decrease) during the year attributable to:		
Benefits accumulated and change in plan experience	(5,395,764)	(51,052)
Decrease in discount period	24,683	292,213
Benefits paid	(28,408)	(337,381)
Assumption changes	--	--
Net decrease	(5,399,489)	(96,220)
Actuarial present value of accumulated plan benefits at end of period	\$ --	\$ 5,399,489

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

NOTES TO FINANCIAL STATEMENTS

PERIOD ENDED JULY 1, 2023 AND YEAR ENDED MAY 31, 2023

Page 8

**NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF
SIGNIFICANT ACCOUNTING POLICIES**

The following brief description of the *The Hope's Windows Pension Plan for Employees Within the Bargaining Units Represented by Shopmen's Local No. 470, AFL, CIO* is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a defined benefit pension plan covering substantially all members covered by a collective bargaining agreement between Hope's Windows, Inc. (Plan Sponsor) and the Shopmen's Local Union No. 470. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides for retirement, disability and death benefits. The provisions of the Plan provide for 100% vesting at the end of 5 years of service. Pension benefit payments are made from Plan assets by the Plan Sponsor upon the direction of the Plan's Administrative Committee.

Effective January 31, 2018, no additional employees of the Correctional division shall be eligible to participate in the Plan. The accrued benefit of any employee of the Correctional division currently accruing a benefit under the Plan shall be frozen effective January 31, 2018, and no further benefits shall accrue under the Plan.

As discussed in Note 8, the Plan was merged into the Ironworkers National Pension Plan effective July 1, 2023. The following is a summary of the significant accounting policies prior to the merger.

Contributions - The Plan Sponsor has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan Sponsor makes sufficient contributions to at least meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA) and to fund the Plan's current service costs on a current and past service costs plus interest thereon.

Pension Benefits – At normal retirement age (65), an eligible employee of Hope's Windows, Inc. will begin to receive monthly benefit payments equal to the benefit rate currently in effect at the termination of his employment, or the date on which they ceased to qualify as an eligible employee, if earlier, multiplied by the number of years of credited service (between 30 to 40 years based on respective union contract). The plan permits early retirement at ages 55-64 and at least 10 years of vested service. If participants terminate before rendering 5 years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. That portion of forfeited accrued benefits will be used only to reduce future costs of the plan.

**NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF
SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Death and Disability Benefits – If an active participant dies at normal retirement age or older or dies after completing at least 5 years of vested service, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who attain the age of 50, complete at least 10 years of vested service and become totally disabled are eligible for benefit payments equal to their accrued benefits as of their termination of employment.

Funding Policy - The employer's policy is to fund pension costs computed by the Plan's actuary as accrued. ERISA minimum funding requirements have been met for the period ended July 1, 2023 and the year ended May 31, 2023.

Termination - The Plan Sponsor has the right under the Plan to discontinue contributions at any time and terminate the Plan. Should the Plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

Basis of Accounting - The accounting records of the Plan are maintained on the accrual basis.

Valuation of Investments and Income Recognition - Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Dividends and capital gains from mutual funds are recorded on the settlement date. Net realized and unrealized gains (losses) on investments include the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
NOTES TO FINANCIAL STATEMENTS
PERIOD ENDED JULY 1, 2023 AND YEAR ENDED MAY 31, 2023**

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NOTE 1 - DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (continued)

employees who have died, and (c) present employees or their beneficiaries. Benefits for employees or their beneficiaries are based on employees' credited years of service. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are considered attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2023 and June 1, 2023 were:

Actuarial cost method	Entry age normal with frozen initial liability
Mortality basis	Combined Static Mortality Tables for males and females
Employee turnover and disability	In accordance with Crocker Sarason Straight Table T-7
Retirement	At the later of age 65 or 5 years of service
Discount rate	5.5%

The actuarial assumptions are based on the presumption that the Plan will continue, were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial present value of accumulated plan benefits. As discussed in Note 8, the plan was merged into the Ironworkers National Pension Plan and as such all related accumulated plan benefits were transferred.

Change in Assumptions – There were no changes in actuarial assumptions since the prior valuation.

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

PBGC Premiums – During the year ended May 31, 2023, the Plan paid premium fees to the Pension Benefit Guaranty Corporation (PBGC) in the amount of \$35,064. No amounts were paid during the period ended July 1, 2023.

NOTE 2 - INVESTMENTS

The Plan's investments, which are held by a bank-administered trust fund, are summarized as follows at July 1, 2023 and May 31, 2023:

	<u>July 1, 2023</u>	<u>May 31, 2023</u>
Fair value as determined by quoted market price:		
Cash management fund	\$ -	\$ 262,494
U.S. government	-	1,413,278
Common stocks	-	2,247,088
Mutual funds	-	1,839,459
	<u>\$ -</u>	<u>\$ 5,762,319</u>

NOTE 3 - SUMMARY OF FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

The investment assets of the Plan are held in a trust fund administered by Exeter Trust Company. The following financial data is based on information certified by Exeter Trust Company as of July 1, 2023 and May 31, 2023, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	<u>July 1, 2023</u>	<u>May 31, 2023</u>
Plan Assets:		
Investments	\$ -	\$ 5,762,319
Accrued income	-	10,298
Investment income:		
Dividends, interest and capital gains	9,408	161,028
Net realized and unrealized gains (losses) on investments	73,946	(127,494)

NOTE 4 – RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Manning and Napier Advisors, Inc., which totaled \$1,839,459 as of May 31, 2023. Manning and Napier Advisors, Inc. is an investment manager of the Plan and, therefore, these transactions qualify as party-in-interest transactions under ERISA. Fees paid (received) by the Plan for the Manning and Napier investment management services amounted to (\$16,271) during the period ended July 1, 2023 and \$43,514 during the year ended May 31, 2023. The fees reimbursed from Manning and Napier during the period ended July 1, 2023 was the result of a credit paid to the plan which was reported as other income on the statements of changes in net assets available for benefits.

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

NOTES TO FINANCIAL STATEMENTS

PERIOD ENDED JULY 1, 2023 AND YEAR ENDED MAY 31, 2023

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**NOTE 4 - RELATED PARTY TRANSACTIONS
(CONTINUED)**

As of July 1, 2023 and May 31, 2023 BNY Mellon, N.A. is a sub-custodian for the Plan. The Plan invested in a BNY Mellon money market account which totaled \$262,494 as of May 31, 2023, and qualifies as a party-in-interest transaction under ERISA.

In addition, the Plan pays custodian fees to Exeter Trust Company out of the Plan's assets. Custodian fees totaled \$787 and \$5,744 to Exeter Trust Company during the period ended July 1, 2023 and year ended May 31, 2023, respectively. Further, the Plan paid \$5,936 of service fees to Definiti, LLC. during the year ended May 31, 2023.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA. All other administrative fees are paid by the Plan Sponsor, Hope's Windows, Inc.

NOTE 5 - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated January 26, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The Plan's Form 5500 is subject to examination by the Internal Revenue Service; plan years that remain open for examination include May 31, 2020 and later.

NOTE 6 - RISKS AND UNCERTAINTIES

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

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

NOTE 7 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's money market funds, U.S. government, common stocks, mutual funds, and corporate bonds have been valued at the closing price reported in the active market in which the individual security is traded. There have been no changes in the methodologies used at for the period ended July 1, 2023 and year ended May 31, 2023.

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO**

NOTES TO FINANCIAL STATEMENTS

PERIOD ENDED JULY 1, 2023 AND YEAR ENDED MAY 31, 2023

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NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of July 1, 2023 and May 31, 2023:

	Level 1 July 1, 2023	Level 1 May 31, 2023
Money market funds	\$ -	\$ 262,494
U.S. government	-	1,413,278
Common stocks	-	2,247,088
Mutual funds	-	1,839,459
Total	<u>\$ -</u>	<u>\$ 5,762,319</u>

NOTE 8 – TRANSFERS TO OTHER PLAN

Effective July 1, 2023, the Plan merged into the Ironworkers National Pension Plan. As a result of this merger, the Plan has been terminated and net assets and accumulated plan benefits were transferred out of the Plan to the Ironworkers National Pension Plan. Total net assets transferred to the Ironworkers National Pension Plan were \$5,841,759.

NOTE 9 – SUBSEQUENT EVENTS

Subsequent events were evaluated by management through January 22, 2024, which is the date that the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
EMPLOYER ID #16-1184041; PLAN #004
FORM 5500, SCHEDULE H, ITEM 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
PERIOD ENDED JULY 1, 2023**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 1 - Single Reportable Transactions								
Identity of party involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Manning & Napier Fund, Inc.	75,514.814 shares Unconstrained Class S	N/A	\$ 727,963	N/A	N/A	\$ 787,129	\$ 727,963	\$ (59,166)
Manning & Napier Fund, Inc.	52,976.92 shares Core Bond Series	N/A	\$ 492,685	N/A	N/A	\$ 593,720	\$ 492,685	\$ (101,035)
United States Treasury	Note 1.625% 05/15/2031, \$449,000 par value	N/A	\$ 384,491	N/A	N/A	\$ 413,418	\$ 384,491	\$ (28,927)
United States Treasury	Note 2.875% 05/15/2028, \$352,000 par value	N/A	\$ 334,579	N/A	N/A	\$ 366,786	\$ 334,579	\$ (32,207)

See accompanying independent auditor's report.

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
EMPLOYER ID #16-1184041; PLAN #004
FORM 5500, SCHEDULE H, ITEM 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
PERIOD ENDED JULY 1, 2023**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 3 - Series of transactions in same security exceeds 5% of value								
Identity of party involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Manning & Napier Fund, Inc.	Unconstrained Class S	\$ 2,476	\$ 727,963	N/A	N/A	\$ 787,129	\$ 730,439	\$ (59,166)
Manning & Napier Fund, Inc.	Core Bond Series	\$ 1,589	\$ 492,685	N/A	N/A	\$ 593,720	\$ 494,274	\$ (101,035)
United States Treasury	Note 1.625% 05/15/2031, \$449,000 par value	N/A	\$ 384,491	N/A	N/A	\$ 413,418	\$ 384,491	\$ (28,927)
United States Treasury	Note 2.875% 05/15/2028, \$352,000 par value	N/A	\$ 334,579	N/A	N/A	\$ 366,786	\$ 334,579	\$ (32,207)

See accompanying independent auditor's report.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470
EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year
Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Service									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	6	6	0	0	0	0	0	0	0	0
25-29	1	3	1	0	0	0	0	0	0	0
30-34	4	6	2	1	0	0	0	0	0	0
35-39	5	0	4	0	3	0	0	0	0	0
40-44	1	3	1	4	1	1	0	0	0	0
45-49	2	3	2	4	2	3	0	0	0	0
50-54	2	2	3	1	1	3	1	0	0	0
55-59	1	0	2	1	2	3	1	0	0	0
60-64	1	4	2	1	2	1	2	0	0	4
65-69	0	0	1	0	1	0	1	1	0	0
70+	0	0	0	0	0	0	0	0	0	0

Average salaries are provided only for age/service cells containing 20 or more participants

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year

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

Economic Assumptions

Interest Rates:

- PPA Funding Target for MRC – Current
 - 4.75% - 1st Segment Rate
 - 5.00% - 2nd Segment Rate
 - 5.74% - 3rd Segment Rate
 - 5.30% - Effective Rate
- PPA Funding Target – Prior
 - 4.75% - 1st Segment Rate
 - 5.18% - 2nd Segment Rate
 - 5.92% - 3rd Segment Rate
 - 5.47% - Effective Rate
- ASC 960 Discount Rate
 - Discount Rate 5.50% per annum

Salary Scale

Not applicable.

Demographic Assumptions

- Mortality Rates
 - Funding Target
 - The mortality is based on small plan combined static mortality tables for males and females as prescribed in §1.430(h)(3)-1 for the current plan year.
 - ASC 960
 - Mortality is based on Pri-2012 Blue Collar Dataset Headcount-Weighted Mortality with separate tables for Employees, Retirees, Disabled, and Contingent Survivors with Mortality Improvement Scale with generational projection using Scale MP-2021.
 - Disability
 - The rates of mortality for disabled lives are based on the Disability Mortality Table per Revenue Ruling 96-7.

Turnover Rates:

Withdrawal prior to retirement is assumed to occur in accordance with Crocker Sarason Straight Table T-7, with sample rates shown below:

<u>Age</u>	<u>Rate</u>
25	9.6742%
40	7.7543%
55	1.5488%

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year

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

Disability Rates: Rates varying by age according to Disability Incidence Sarason/UAW 55 (Code 109 in FDP), with sample rates shown below:

<u>Age</u>	<u>Rates</u>
25	0.03%
40	0.07%
55	0.36%

Retirement Age: Age 65 or present age if greater

Maximum Benefit Limitations

Under IRC Sec. 415(b) \$265,000 for 2023 (\$245,000 in prior year).

Other Assumptions

Marriage Assumptions 80% of male and female participants are assumed to be married. Males are assumed to be three years older than their spouses.

Administrative Expenses Administrative expenses of the latest actuarial and audit fees paid plus the current year's PBGC premium calculation are expected to be paid from the Trust. Administrative expenses changed from \$48,052 in the prior year to \$31,952 for the current year.

Form of Payment All active and terminated vested participants are assumed to elect the normal form of payment, which is a life annuity.

Late Retirement The benefit earned after normal retirement for active participants and deferred vested participants reflects additional accruals due to the increase in benefit service, but not less than the Age 65 benefit increased for late retirement.

Changes in Assumptions There have been no changes in actuarial assumptions since the prior valuation except for the adjustments to the Funding Target interest rates and mortality table as prescribed by IRS guidelines. The Administrative Expenses assumption decreased from \$48,052 to \$31,952 based on expenses expected to be paid during 2023.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470
EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Methods

Valuation Date	June 1, 2023 (first day of the plan year)
Asset Valuation Method	The value of plan assets is equal to the fair value (including discounted receivable contributions).
Projected Unit Credit Actuarial Cost Method	The <u>Projected Unit Credit Actuarial Cost Method</u> is used as a component in the development of the maximum deductible contribution limit. Under this method, the service cost is the actuarial present value of projected benefit allocated to the valuation year based on current year service and projected pay. The projected benefit obligation is the actuarial present value of projected benefits allocated to all periods prior to the valuation year, based on accumulated service and projected pay.
Unit Credit Actuarial Cost Method	The <u>Unit Credit Actuarial Cost Method</u> is used to determine the Funding Target (FT) for PPA funding purposes and the Present Value of Accumulated Benefits (PVAB) for ASC 960 purposes. The normal cost for each employee is the present value of the benefit which accrues during that current year. The total normal cost is the sum of the normal costs for all active participants. For PPA funding, the Target Normal Cost includes an estimate of the annual administrative expenses expected to be paid from the Trust. The FT and PVAB measures are the present value of the benefits accrued as of the valuation date for all active participants, plus the present value of all benefits for inactive participants.
Changes in Methods	There were no changes in methods during the current year.

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
EMPLOYER ID #16-1184041; PLAN #004
FORM 5500, SCHEDULE H, ITEM 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS
PERIOD ENDED JULY 1, 2023**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 1 - Single Reportable Transactions								
Identity of party involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Manning & Napier Fund, Inc.	75,514,814 shares Unconstrained Class S	N/A	\$ 727,963	N/A	N/A	\$ 787,129	\$ 727,963	\$ (59,166)
Manning & Napier Fund, Inc.	52,976.92 shares Core Bond Series	N/A	\$ 492,685	N/A	N/A	\$ 593,720	\$ 492,685	\$ (101,035)
United States Treasury	Note 1.625% 05/15/2031, \$449,000 par value	N/A	\$ 384,491	N/A	N/A	\$ 413,418	\$ 384,491	\$ (28,927)
United States Treasury	Note 2.875% 05/15/2028, \$352,000 par value	N/A	\$ 334,579	N/A	N/A	\$ 366,786	\$ 334,579	\$ (32,207)

See accompanying independent auditor's report.

**THE HOPE'S WINDOWS PENSION PLAN
FOR EMPLOYEES WITHIN THE BARGAINING
UNITS REPRESENTED BY SHOPMEN'S
LOCAL NO. 470, AFL, CIO
EMPLOYER ID #16-1184041; PLAN #004
FORM 5500, SCHEDULE H, ITEM 4(j)
SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
PERIOD ENDED JULY 1, 2023**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Category 3 - Series of transactions in same security exceeds 5% of value								
Identity of party involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
Manning & Napier Fund, Inc.	Unconstrained Class S	\$ 2,476	\$ 727,963	N/A	N/A	\$ 787,129	\$ 730,439	\$ (59,166)
Manning & Napier Fund, Inc.	Core Bond Series	\$ 1,589	\$ 492,685	N/A	N/A	\$ 593,720	\$ 494,274	\$ (101,035)
United States Treasury	Note 1.625% 05/15/2031, \$449,000 par value	N/A	\$ 384,491	N/A	N/A	\$ 413,418	\$ 384,491	\$ (28,927)
United States Treasury	Note 2.875% 05/15/2028, \$352,000 par value	N/A	\$ 334,579	N/A	N/A	\$ 366,786	\$ 334,579	\$ (32,207)

See accompanying independent auditor's report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 07/01/2023

▶ **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 HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hope's Windows	D Employer Identification Number (EIN) 16-1184041	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2023</u>			
2	Assets:			
	a Market value	2a	5772617	
	b Actuarial value	2b	5772617	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	104	3188381	3188381
	b For terminated vested participants	55	723282	723282
	c For active participants	113	1703738	1732265
	d Total	272	5615401	5643928
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.30	%
6	Target normal cost			
	a Present value of current plan year accruals	6a	78791	
	b Expected plan-related expenses	6b	31952	
	c Target normal cost	6c	110743	

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		1/26/2024
	Signature of actuary	Date
	DANIEL G. MCCARTHY, ASA, EA, MAAA	23-08718
	Type or print name of actuary	Most recent enrollment number
	DEFINITI LLC	
	Firm name	Telephone number (including area code)
	2201 TIMBERLOCH PLACE	
	SUITE 150	
	THE WOODLANDS, TX 77380	
	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 SB (Form 5500) 2023
v. 230728

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	476343
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	476343
10	Interest on line 9 using prior year's actual return of <u>-0.29</u> %	0	-1381
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		22544
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		1233
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		23777
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	474962

Part III Funding Percentages			
14	Funding target attainment percentage	14	93.86 %
15	Adjusted funding target attainment percentage	15	102.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	110743
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	346273	32284
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	143027
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	143027
		Total balance
36 Additional cash requirement (line 34 minus line 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

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

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

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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OMB No. 1210-0110

2023

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A Name of plan HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hope's Windows	D Employer Identification Number (EIN) 16-1184041	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

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SIGN HERE		1/26/2024
	Signature of actuary	Date
	DANIEL G. MCCARTHY, ASA, EA, MAAA	23-08718
	Type or print name of actuary	Most recent enrollment number
	DEFINITI LLC	
	Firm name	Telephone number (including area code)
	2201 TIMBERLOCH PLACE	
	SUITE 150	
	THE WOODLANDS, TX 77380	
	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

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Schedule SB (Form 5500) 2023
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c	Total available at beginning of current plan year to add to prefunding balance		23777
d	Portion of (c) to be added to prefunding balance		0
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17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
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Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....		21b	0
22 Weighted average retirement age		22	65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

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

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28 Unpaid minimum required contributions for all prior years		28	0
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Part VIII Minimum Required Contribution For Current Year			
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a Net shortfall amortization installment	346273	32284	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	143027
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	143027	143027
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years		40	0

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

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470
EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at age 65, the Normal Retirement Age of the Plan.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

Established effective May 30, 1960, and most recently restated June 1, 2016, and last amended January 31, 2018. Effective July 1, 2023, the Plan is merged into the National Union Plan.

Eligibility

Employees of Hope’s Architectural Products, Inc. covered by the Shopmen’s Local No. 470, AFL-CIO bargaining agreement participate in the plan as of hire date. Effective June 1, 1996, employees of Hope’s Specialty Products, Inc. covered by the Shopmen’s Local No. 470, AFL-CIO bargaining agreement participate in the plan. Effective January 31, 2018, no additional employees of the Correctional (Specialty) Division shall be eligible to participate in the Plan.

Vesting Service

The total number of Plan Years during which an Employee has been credited with at least 1,000 hours. If a participant completes less than 1,000 hours but at least 400 hours during the plan year, he shall be credited with a fraction of a year of Credited Service in accordance with the following schedule:

Hours of Service	Vesting Service
800-999	0.50 years
400-799	0.25 years
Less than 400	0 years

Credited Service

The total number of Plan Years during which an Employee has been credited with at least 1,560 hours. If a participant completes less than 1,560 hours but at least 400 hours during the plan year, he shall be credited with a fraction of a year of Credited Service in accordance with the following schedule:

Hours of Service	Credited Service
1200-1559	0.75 years
1040-1199	0.60 years
800-1039	0.50 years
400-799	0.25 years
Less than 400	0 years

Effective January 31, 2018, no employees of the Correctional (Specialty) Division shall accrue any addition credited service.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

Monthly Accrued Benefit	The accrued benefit at any time is determined as for normal retirement considering service and benefit multiplier only to the date of determination.
Benefit Upon Termination	A participant is fully vested upon completion of five years of vesting service or upon attainment of age 65. If a participant terminates prior to the completion of 5 years of vesting service for any reason other than death, disability, or retirement, he will be entitled to no benefit from the plan.
Disability Retirement Benefit	A participant is eligible for a disability retirement benefit upon the age of 50 if he has completed at least 10 years of Credited Service and is receiving Social Security disability payments. The disability benefit is based on service at the time of disability with no reduction.
Pre-Retirement Death Benefit	Upon the death of an active participant eligible for early retirement but prior to normal retirement, the surviving spouse will receive 50% of the accrued benefit reduced for early retirement and a 50% joint and survivor annuity. The Retirement Equity Act (REA) requires the plan to allow a pre-retirement spouse's benefit for a vested participant prior to eligibility for early retirement. The surviving spouse will receive 50% of the accrued benefit the participant had accrued on the day before his death reduced for the 50% joint and survivor form of payment. This death benefit is payable on the date in which the participant would have been eligible for early retirement and is subject to an early retirement reduction on that date.
Retirement Dates:	
• Normal:	The first day of the month coinciding with or next following the date in which the participant attains age 65 and 5 years of vesting service.
• Early:	Early retirement is permitted upon the attainment of age 55 and 10 years of vesting service.
• Late:	The actual retirement date which the commencement of retirement benefits was deferred to due to the participant remaining in active employment after his normal retirement date.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470

EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year

Schedule SB, Part V – Summary of Plan Provisions

Retirement Benefits:

- Normal:

The monthly retirement benefit is equal to the applicable benefit multiplier in effect as of termination, retirement, death, or disability, multiplied by Years of Credited Service, up to a maximum of 35 years. Effective June 30, 2014, the maximum Years of Credited Service is 40 years for Architectural Products, Inc Participants. The negotiated benefit multipliers for Hope’s Architectural Products, Inc. are as follows:

Effective Date	Benefit Multiplier
June 25, 2006	\$18.00
June 24, 2007	\$18.25
May 5, 2008	\$18.50
June 21, 2009	\$18.75
June 21, 2010	\$19.00
June 30, 2011	\$19.75
June 30, 2014	\$20.00
November 1, 2017	\$19.00

The accrued benefit of any employee of the Correctional (Specialty) Division shall be frozen effective January 31, 2018 and no further benefits shall accrue under the plan. The negotiated benefit multipliers for Hope’s Correctional Products, Inc. (Specialty) are as follows:

Effective Date	Benefit Multiplier
June 1, 2011	\$11.75
June 1, 2012	\$12.50
June 1, 2013	\$12.75
June 1, 2014	\$13.00
June 1, 2015	\$13.25
June 1, 2016	\$13.50
June 1, 2017	\$14.00

- Early:

The Accrued Benefit calculated as of Early Retirement is reduced by 0.5% for each month early retirement precedes normal retirement.

- Late:

The greater of the Accrued Benefit considering compensation and service to date of actual retirement and the actuarial equivalent of the accrued benefit as of the normal retirement date.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470
EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year
Schedule SB, Part V – Summary of Plan Provisions

Form of Pension	The normal form of pension is a life annuity payable for the participant's lifetime.
Mandatory Cash-Out Distribution Threshold	Benefit is paid immediately to a participant as a lump sum if the Actuarial Equivalent of the monthly benefit at Normal Retirement Date payable as a Life Annuity is less than \$1,000.
Actuarial Equivalence	UP-1984 Unisex Mortality Table and 7.0% interest rate per annum.
Optional Benefit Forms	The following actuarially equivalent forms of benefit are available: <ol style="list-style-type: none">(1) 50%, 75% or 100% joint & survivor annuity.(2) Life annuity with term certain of 120 months(3) Straight Life Annuity
Changes in Plan Provisions	Effective July 1, 2023, the Plan is merged into the National Union Plan.

HOPES WINDOWS, INC. PENSION PLAN FOR SHOPMENS LOCAL 470
EIN: 16-1184041 / PLAN NO: 004

6/1/2023 – 7/1/2023 Plan Year
Schedule SB, Line 32 – Schedule of Shortfall Amortization Bases

	Shortfall Base Exemption Percentage	Shortfall Amortization Base^{1, 2, 3}	Remaining Amortization Period	Shortfall Amortization Factor	Shortfall Amortization Installment
2023 Plan Year	102.3%	\$217,563	15	10.9193	\$19,925
2022 Plan Year	106.0%	\$128,710	14	10.4143	\$12,359
2021 Plan Year	122.2%	\$0	13	9.8839	\$0
Funding Shortfall		\$346,273			
Shortfall Amortization Charge					\$32,284

Notes:

1. If the Shortfall Base Exemption Percentage is at least 100% then no amortization base is required to be established for the current plan year.
2. When no Funding Shortfall exists, all prior Shortfall Amortization Bases are eliminated.
3. ARP amortization relief first applied for the 2021 plan year. As a result, all prior bases were eliminated and a new base equal to the funding shortfall was established with the 15 year amortization period.