

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan): BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN
2b Employer Identification Number (EIN): 91-6033485
2c Plan Sponsor's telephone number: 206-329-1120
2d Business code (see instructions): 331500

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2194
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)	802
	6a(2)	710
	6b	534
	6c	719
	6d	1963
	6e	133
	6f	2096
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	3

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

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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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>NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN</u>	D Employer Identification Number (EIN) <u>91-6033485</u>	

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

1a Enter the valuation date: Month 04 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>86866788</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>86740059</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>86965124</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>86965124</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>115239468</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>253200</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>5792413</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>5706609</u>

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

SIGN HERE		<u>01/05/2026</u>
	Signature of actuary	Date
	<u>JOSH GOODWIN</u>	<u>23-08050</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>206-504-5538</u>
	Firm name	Telephone number (including area code)
	<u>1301 FIFTH AVENUE SUITE 3800 SEATTLE, WA 98101-2605</u>	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	86866788
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	677	61568976
(2) For terminated vested participants	723	36032746
(3) For active participants:		
(a) Non-vested benefits		1004307
(b) Vested benefits		16633439
(c) Total active	613	17637746
(4) Total	2013	115239468
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2024	381659	0			
10/31/2024	631496	0			
Totals ▶			3(b)	1013155	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 381659

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	99.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.99 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.9 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	323023	31377

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	250410

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	9869519	1753592
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	120240
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e Total charges. Add lines 9a through 9d.....

9e	2124242
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	3648490
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g Employer contributions. Total from column (b) of line 3.....

9g	1013155
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	5995964	1934585

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	363759
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	4371403	
9j(2)	15786807	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
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(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	6959989
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	4835747
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485	

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

ARTISAN PARTNERS L.P.

30-0551775

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

DODGE & COX FUNDS

94-1441976

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

GMO LLC

72-1566419

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

PACIFIC INVESTMENT MGMT CO LLC

95-2632339

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

THE VANGUARD GROUP, INC.

23-1945930

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

FIDELITY

P.O. BOX 770001
CINCINNASTI, OH 45277-0050

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

FIRST AMERICAN FUNDS

800 NICOLLET MALL
MINNEAPOLIS, MN 55402

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

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

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

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

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

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

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

WELFARE & PENSION ADMIN SVC, INC

91-1363171

(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 12 13 14 15 50	NONE	193722	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)

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 34 50	NONE	134868	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)

RV KUHNS & ASSOCIATES

93-0910652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	58262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARLOW & COUGHRAN, P.S.

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	29065	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 68	NONE	24202	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23347	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BANK OF AMERICA

94-1687665

(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?
18 50	NONE	10298	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN	D Employer Identification Number (EIN) 91-6033485

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	542688	437912
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	65835	59650
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	64722	47665
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	23580	6191744
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	86245651	80902099
(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	86942476	87639070
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	75688	44142
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	75688	44142
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	86866788	87594928

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)	631496	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	381659	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1013155
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	223762	
(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)		223762
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2262472	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2262472
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		3051284
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6550673

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5179581	
(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)		5179581
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)	174924	
(3) Recordkeeping fees	2i(3)	748	
(4) IQPA audit fees	2i(4)	23347	
(5) Investment advisory and investment management fees	2i(5)	82464	
(6) Bank or trust company trustee/custodial fees	2i(6)	10298	
(7) Actuarial fees	2i(7)	134868	
(8) Legal fees	2i(8)	29065	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	30339	
(11) Other expenses.....	2i(11)	156899	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		642952
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5822533

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		728140
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566014.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan <u>NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN</u>	D Employer Identification Number (EIN) <u>91-6033485</u>	

Part I	Distributions
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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): _____

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	6
--	---	---

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

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 TRAVIS PATTERN AND FOUNDRY

b EIN 91-0873570 **c** Dollar amount contributed by employer 557471

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 07 Day 31 Year 2027

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) 1.15

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

a Name of contributing employer SPOKANE STEEL FOUNDRY

b EIN 91-0572717 **c** Dollar amount contributed by employer 69551

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 10 Day 31 Year 2025

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) 1.15

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

a Name of contributing employer CONTINUOUS CASTING CO., INC

b EIN 91-1442085 **c** Dollar amount contributed by employer 4474

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 10 Day 30 Year 2026

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

(1) Contribution rate (in dollars and cents) 1.00

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	133
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	132
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	132

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	1.01
b The corresponding number for the second preceding plan year.....	15b	1.01

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	0
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: 50.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.9 %
 High-Yield Debt: 0.9 % Real Assets: 0.1 % Cash or Cash Equivalents: 3.5 % Other: 14.9 %

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 _____.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED MARCH 31, 2025 AND 2024



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**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
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YEARS ENDED MARCH 31, 2025 AND 2024**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Northwest Glass, Molders, Pottery, Plastics
and Allied Workers' Pension Plan
Seattle, Washington

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Northwest Glass, Molders, Pottery, Plastics and Allied Workers' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of March 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Northwest Glass, Molders, Pottery, Plastics and Allied Workers' Pension Plan as of March 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Northwest Glass, Molders, Pottery, Plastics and Allied Workers' Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Northwest Glass, Molders, Pottery, Plastics
and Allied Workers' Pension Plan

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

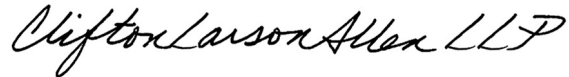
Board of Trustees
Northwest Glass, Molders, Pottery, Plastics
and Allied Workers' Pension Plan

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended March 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



CliftonLarsonAllen LLP

Lake Oswego, Oregon
December 15, 2025

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MARCH 31, 2025 AND 2024**

	2025	2024
ASSETS		
INVESTMENTS (at Fair Value)		
Short-Term Funds	\$ 6,191,744	\$ 23,580
Mutual Funds	<u>80,902,099</u>	<u>86,245,651</u>
Total Investments at Fair Value	87,093,843	86,269,231
RECEIVABLES		
Employer Contributions	59,650	65,835
Accrued Interest and Dividends	<u>606</u>	<u>17,690</u>
Total Receivables	60,256	83,525
PREPAID EXPENSES	47,059	47,032
CASH	<u>437,912</u>	<u>542,688</u>
Total Assets	87,639,070	86,942,476
LIABILITIES		
ACCOUNTS PAYABLE	<u>44,142</u>	<u>75,688</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 87,594,928</u></u>	<u><u>\$ 86,866,788</u></u>

See accompanying Notes to Financial Statements.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED MARCH 31, 2025 AND 2024**

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Interest and Dividends	\$ 2,486,234	\$ 2,174,740
Net Appreciation in Fair Value of Investments	3,051,284	8,150,288
Total Investment Income	5,537,518	10,325,028
Less: Investment Expenses	(92,762)	(88,878)
Net Investment Income	5,444,756	10,236,150
OTHER INCOME	-	1,056
CONTRIBUTIONS		
Employer Contributions	631,496	626,134
Withdrawal Liability Payment	381,659	-
Total Contributions	1,013,155	626,134
 Total Additions	 6,457,911	 10,863,340
DEDUCTIONS:		
BENEFITS PAID DIRECTLY TO PARTICIPANTS	5,179,581	5,106,950
ADMINISTRATIVE EXPENSES		
Administration Fees	174,924	171,215
Audit Fees	24,095	34,187
Legal Fees	29,065	21,610
Actuarial Fees	134,868	114,191
Insurance	49,727	49,728
PBGC Insurance	81,178	75,845
Office Supplies	13,372	15,577
Trustee Travel and Meeting Expense	30,339	24,520
Benefit Check Processing Expense	12,622	12,019
Total Administrative Expenses	550,190	518,892
 Total Deductions	 5,729,771	 5,625,842
NET INCREASE	728,140	5,237,498
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	86,866,788	81,629,290
End of Year	\$ 87,594,928	\$ 86,866,788

See accompanying Notes to Financial Statements.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF PLAN

The following description of the Northwest Glass, Molders, Pottery, Plastics and Allied Workers' Pension Plan (the Plan) is provided for general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan became effective April 1, 1961, as a result of collective bargaining between the International Molders and Allied Workers Union, AFL-CIO, Local No. 158 and Washington Metal Trades, Inc. Currently, the Plan covers employees of four employers, signatory to bargaining agreements with locals or district lodge of Glass, Molders, Pottery, Plastics and Allied Workers International Union, AFL-CIO, CLC. The Plan is a defined benefit pension plan covering those bargaining unit employees of employers under the collective bargaining agreement. The Plan was most recently restated effective April 1, 2014 and amended April 1, 2024. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Board of Trustees. The Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Pension Benefits

The Plan provides for retirement, disability, and death benefits to qualified participating employees based upon credited service as specified in the Plan. Upon the attainment of age 65, participants with five or more years of credited service while an active participant in the Plan are entitled to normal retirement benefits. The Plan also permits early retirement for participants who have attained age 55 with five or more years of credited future service. The monthly benefit amount is reduced by one-quarter of 1% for each month the early retirement precedes the participant's 60th birthday.

Beginning with hours worked April 1, 2024, Plan benefits will be earned under a sustainable income pension benefit formula. This design allows for participants' monthly benefits earned under this formula to adjust with the Plan's investment returns.

Death and Disability Benefits

The Plan also provides for a disability retirement for a total and permanent disability incurred prior to termination from the Plan. A death benefit of at least \$5,000 is provided to the beneficiary of an unmarried participant who had at least five years of credited service and had not received any retirement income payment.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Funding Policy

The collective bargaining agreements presently call for contributions by participating employers on covered employees.

Employer contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA. Contributions received by the Plan are deposited in a trust account where they are invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for plan benefits.

Vesting

Currently, a participant receives one year of credited service for each Plan year during which he completes 375 or more covered hours of employment. A participant's accrued benefit will vest according to the following schedule:

<u>Years of Credited Service</u>	<u>Vesting Percentage</u>
Less Than 5 Years	0%
5 or More Years	100%

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, accumulated plan benefits, and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 4 for discussion of fair value measurements.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Employer Contributions

Contributions from employers are accrued based upon reported hours worked during the year by covered employees.

Employer Contributions Receivable

Contributions due but not paid prior to year-end are recorded as contributions receivable. Contributions are due from employers as specified in the collective bargaining or participation agreement. In general, contributions are due on the 15th day of each month following the work month. Delinquent contributions and payroll audit findings are individually analyzed for collectability. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of March 31, 2025 and 2024, the allowance for credit losses was insignificant.

Payment of Benefits

Benefits are recorded upon distribution.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified to conform with the 2025 presentation. These reclassifications do not affect net assets available for benefits as previously reported.

Subsequent Events

The Plan has evaluated subsequent events through December 15, 2025, the date the financial statements were available to be issued.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable, under the Plan's provisions, to the service employees have already worked. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are based on vesting service, as defined in the Plan agreement, ending on the date as of which the benefit information is presented (March 31, 2024). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided through annuity contracts are excluded from Plan assets and are also excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by the consulting actuary, Milliman, using the "traditional unit credit actuarial cost method." This method defines the annual normal cost as the actuarial present value of all benefits expected to be earned during the Plan year. For active employees, these earned benefits are generally due to an additional year of service. The actuarial accrued liability as of the valuation date is the actuarial present value of all benefits accrued to date, generally based on service to date.

The significant actuarial assumptions used in the valuation as of March 31, 2024 were:

- a) Life expectancy of participants (Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using scale MP-2021 on a generational basis).
- b) Retirement age assumptions (participants are assumed to retire at the age of 61).
- c) Investment return (6.00%).

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

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

The following is a summary of actuarial present value of accumulated plan benefits as of March 31, 2024:

Vested Benefits:	
Participants and Beneficiaries Currently Receiving Benefits	\$ 47,397,678
Other Participants	<u>31,987,258</u>
Total Vested Benefits	79,384,936
Nonvested Benefits	699,351
Reserve for Future Expenses	<u>6,880,837</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 86,965,124</u>

The changes in actuarial present value of accumulated plan benefits for the year ended March 31, 2024, are summarized as follows:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 87,890,414
Increase (Decrease) Attributable to:	
Benefits Accumulated	445,846
Change in Discount Period	5,107,107
Benefits Paid	(5,625,842)
Actuarial Loss	<u>(852,401)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 86,965,124</u>

The computations of the actuarial present value of accumulated plan benefits were made as of April 1. Had the valuations been performed as of March 31, there would be no material differences.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy 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.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 market 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at March 31, 2025 and 2024.

Short-Term Funds and Mutual Funds – Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of March 31:

	2025			Total
	Level 1	Level 2	Level 3	
Short-Term Funds	\$ 6,191,744	\$ -	\$ -	\$ 6,191,744
Mutual Funds	80,902,099	-	-	80,902,099
Total Investments at Fair Value	<u>\$ 87,093,843</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 87,093,843</u>
	2024			
	Level 1	Level 2	Level 3	Total
Short-Term Funds	\$ 23,580	\$ -	\$ -	\$ 23,580
Mutual Funds	86,245,651	-	-	86,245,651
Total Investments at Fair Value	<u>\$ 86,269,231</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 86,269,231</u>

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 5 PLAN TERMINATION

The Plan may only be terminated as provided in the trust agreement. On termination of the Plan, no part of the Fund shall revert to any employer or be used or diverted to purposes other than the exclusive purposes of providing benefits to participants and their beneficiaries and of defraying the reasonable expenses of administering the Plan and such termination. On termination of the Plan, each participant's right to benefits accrued hereunder shall be 100% vested and nonforfeitable. On termination of the Plan, the trust shall continue until the Fund has been allocated by the Board on an actuarial basis among participants and their beneficiaries in the manner prescribed by Title IV of ERISA. Except as otherwise provided in ERISA, after such termination no employer, union, or any other person shall have any liability or obligation to provide benefits hereunder in excess of the value of the Fund. On such termination, the participants and their beneficiaries shall obtain benefits solely from the Fund. A more complete discussion of the priority order of participants' claims to the assets of the Plan upon plan termination and benefits guaranteed by the Pension Benefit Guarantee Corporation (PBGC) is located in the Plan booklet. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits.

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

NOTE 6 TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated September 16, 2015, that the Plan and related trust, as then designed, was in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

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

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 7 PENSION PROTECTION ACT FUNDING STATUS

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of April 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of April 1, 2024, adjusted for subsequent events and projected to March 31, 2024, and estimated asset information as of March 31, 2025, as well as industry activity assumptions provided by the trustees.

For the Plan year ended March 31, 2025, the Plan was certified to be neither endangered nor critical (the Green Zone) and the funded percentage was 100%. The Plan's funding status as of March 31, 2024 was 99%.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in a variety of investments. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements 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 9 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by U.S. Bank. U.S. Bank is the custodian of the investments as defined by the Plan and, therefore, fees paid to U.S. Bank qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are part-in-interest transactions under ERISA.

NOTE 10 CONCENTRATIONS

The plan has a concentration of revenue with contributions from one employer representing 90% of employer contributions for the Plan year ended March 31, 2025 and a concentration of revenues with two employers representing 99% of total contributions for the Plan year ended March 31, 2024.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2025 AND 2024**

NOTE 11 WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980, which imposes withdrawal liability on a contributing employer that partially or totally withdraws from the Plan while there are unfunded vested benefits. A portion of the Plan's unfunded vested benefit liability is allocated to a withdrawing employer based on certain comparisons of the employer's contributions to the Plan compared to total Plan contributions.

Under these provisions, employers withdrawing from the Plan in 2025 and 2024, will be subject to employer withdrawal liability unless the amount is de minimis. For financial accounting purposes, the Plan recognizes withdrawal liability income when due and collectible.

During the Plan year ended March 31, 2025, one employer withdrew from the Plan and paid their withdrawal liability assessment of \$381,659 in full.

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
E.I.N. 91-6033485, PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MARCH 31, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value		Cost	Current Value
<u>Short-Term Funds:</u>				
First Am Govt Ob Fd CI Z	Variable Interest Rate		\$ 6,191,744	\$ 6,191,744
<u>Mutual Funds:</u>				
Artisan Global Equity Institutional		612,376	9,755,305	12,694,568
Dodge & Cox Global Stk Fd		909,184	10,715,882	13,228,630
Dodge & Cox Income Fd		787,780	10,245,606	9,926,278
GMO Benchmark Free Allocation		333,828	8,874,271	8,986,703
PIMCO Total Return Fd		1,150,981	11,381,246	9,990,520
Vanguard Total World Stk Idx Fd		26,008	4,575,808	6,150,926
Vanguard Total Bond Market Idx Fd		1,153,097	12,388,137	11,127,387
Fidelity Total Market Idx Fd		57,344	5,981,899	8,797,087
Total Mutual Funds			<u>73,918,154</u>	<u>80,902,099</u>
Total Investment Assets			<u>\$ 80,109,898</u>	<u>\$ 87,093,843</u>

**NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS
AND ALLIED WORKERS' PENSION PLAN
E.I.N. 91-6033485, PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED MARCH 31, 2025**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
<u>Category (i) - A Single Transaction in Excess of 5% of Plan Assets</u>						
Pimco	Pimco All Assets All Auth Is	\$ -	\$ 4,589,378	\$ 6,085,304	\$ 4,589,378	\$ (1,495,926)
Vanguard	Vanguard Treasury Money Market Fund	6,050,700	-	6,050,700	6,050,700	-
<u>Category (iii) - Series of Transactions</u>						
First Am Govt Ob Fd Cl Z	Variable Rate	4,830,402	-	4,830,402	4,830,402	-
First Am Govt Ob Fd Cl Z	Variable Rate	-	4,734,776	4,734,776	4,734,776	-
Pimco All Assets All Auth Is	Variable Rate	-	5,459,378	7,437,658	5,459,378	(1,978,280)
Artisan Global Equity Institutional	Variable Rate	-	4,653,709	2,532,173	4,653,709	2,121,536
Vanguard	Vanguard Treasury Money Market Fund	6,050,700	-	6,050,700	6,050,700	-

There were no category (ii) or (iv) reportable transactions during the Plan year ended March 31, 2025.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Exhibit 5

Active Participants by Age and Service

The number of active participants summarized by attained age and years of credited service as of April 1, 2024 is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	49	1	-	-	-	-	-	-	-	-	50
25-29	-	184	7	1	-	-	-	-	-	-	-	192
30-34	-	32	18	10	-	-	-	-	-	-	-	60
35-39	-	38	9	13	6	-	-	-	-	-	-	66
40-44	-	22	11	12	7	4	1	-	-	-	-	57
45-49	-	24	10	9	8	5	3	1	-	-	-	60
50-54	-	15	12	7	3	4	1	5	-	-	-	47
55-59	-	12	3	10	4	7	5	4	2	-	-	47
60-64	-	4	5	4	3	5	3	1	3	-	-	28
65-69	-	-	1	-	2	-	2	-	-	-	-	5
70+	-	-	-	1	-	-	-	-	-	-	-	1
Total	-	380	77	67	33	25	15	11	5	-	-	613

Appendix A Summary of Actuarial Assumptions

The following details the principal actuarial assumptions used in our valuation. The rationale for all significant economic assumptions is noted below. All significant demographic assumptions are based on analysis of the Plan's experience, in particular, an informal experience study based on data from the plan year ending March 31, 2021 and the four preceding plan years. Additionally, we analyze each additional year's experience to determine if changes should be considered.

Investment Return (Interest)

Funding: 6.00% per year, net of investment expenses (adopted April 1, 2021). The investment return assumption was selected based on the Plan's target asset allocation as of the valuation date and capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgment the selected investment return assumption is reasonable and is not expected to have any significant bias.

Current Liability: 2.99% per year (adopted April 1, 2024), based on 90% of the four-year average 30-year Treasury Rates as required by law.

Expense Reserve

An expense reserve of \$5.25 million was established on April 1, 2005. Each year, the expense reserve is brought forward with interest and is reduced by administrative expenses for the year. The current reserve is \$6.88 million.

Rates for Active Participants

Death: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis. Sample male life expectancies are shown in the following table (adopted April 1, 2021):

Age	Sex	Table	Future Life Expectancy (in years)				
			2010	2020	2030	2040	2050
65	Male	Employee	21.3	21.7	22.4	23.0	23.6
65	Male	Retiree	19.1	19.5	20.3	21.1	21.8

Rates for Active Participants (continued)

Withdrawal: Sample termination rates are shown in the following table (adopted April 1, 2021).

Duration from Hire	Termination Rate
0	35.00%
1	35.00
2	33.00
3	30.00
4	20.00
7	13.00
12	8.00
17	6.00
22	4.00
30+	2.00

Retirement: Sample retirement rates are shown in the following table (adopted April 1, 2021). The weighted average retirement age for active participants is 61.

Age	Retirement
55	10.00%
56	5.00
57	5.00
58	5.00
59	5.00
60	5.00
61	5.00
62	35.00
63	20.00
64	20.00
65	100.00

Rates for Active Participants (continued)

Disability: Rates based on 50% of the unisex rates for Class 1 from the 1985 Pension Disability Study. Sample rates are shown in the following table.

Age	Disability
20	0.0150%
25	0.0215
30	0.0320
35	0.0490
40	0.0790
45	0.1295
50	0.2240
55	0.4225
60	0.6020
64	0.7265

Marriage: Survivor benefits are provided for all Plan participants. 80% of active and terminated vested participants are assumed to be married. Wives are assumed to be three years younger than husbands.

Lump Sum: A lump-sum distribution option is provided upon retirement for benefits valued under \$5,000. However, there is no explicit assumption for this. These benefits are valued as annuities.

Form of Payment

All in-pay benefits are valued based on the form of payment elected.

All non-retired participants are assumed to elect the single life annuity with a five-year certain period. A 1.9% load is applied to non-retired benefit amounts to account for the free pop-up provided on all Joint and Survivor elections and the differences in Joint and Survivor conversion factors compared to actuarial assumptions.

Mortality Rates after Leaving Active Participation

Healthy Lives: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis.

Disabled Lives: Pri-2012 Sex Distinct Blue Collar Benefit Weighted Mortality Tables with employee rates before commencement and retiree rates after commencement, projected forward using Scale MP-2021 on a generational basis.

Mortality for Current Liability

Non-Annuitant and Annuitant Static Mortality Tables sex-distinct as prescribed by IRC Section 430(h)(3)(A).

Postretirement Benefit Increases

Benefits earned on and after April 1, 2024 adjust based on the SIP plan design. This valuation reflects 0.95% $[(1 + \text{investment return assumption}) / (1 + \text{hurdle rate})]$ increases in all future years.

Benefits earned prior to April 1, 2024 do not adjust.

Retirement Age of Terminated Participants

Terminated vested participants are assumed to commence benefits at the following rates:

Age	Retirement
55	10.00%
56	2.00
57	2.00
58	2.00
59	2.00
60	2.00
61	7.00
62	15.00
63	20.00
64	20.00
65	100.00

Inflation

No explicit assumption.

Employee Contributions

Employee contributions are credited with 6.00% in all future years.

Records with No Birth Date

Participants with missing dates of birth are assumed to be age 25 on their hire date.

Benefits Not Valued

Non-vested participants who have yet to experience a permanent break in service are not assumed to vest in their benefits. Non-vested participants who still have employee contributions credited to their account are not valued.

Material Modifications to Participant Data Provided

The participant data provided by the administrator includes a number of newly active records that have less than 375 hours worked in the most recent plan year. Per the plan document, a participant that works less than 375 hours in a plan year incurs a break in service for that plan year. For valuation purposes newly active participants who worked less than 375 hours in the most recent plan year are not included.

Contribution Assumption

To determine expected costs for benefits earned during the next year, and in future years, an assumption must be made regarding how much contribution will be received annually on behalf of all active participants. We call this the contribution assumption and it is made up of two factors:

- Expected industry activity is developed with input from the Board of Trustees. Currently, the expectation is that 690,000 contributory hours will be worked each plan year.
- The average contribution rate is developed using the participant data and the contribution rates provided in that data. Currently, the average contribution rate is \$0.87 per hour.

Based on the factors above, the contribution assumption is \$600,300 annually. This amount is allocated to each active participant in proportion to the contributions received on that individual's behalf in the preceding plan year. If an active participant had hours reported but no contribution in the preceding plan year a hypothetical contribution of hours worked, multiplied by the average contribution rate, multiplied by 50% is used for allocation purposes. The 50% factor is included to ensure that more of the contribution assumption is allocated to participants that did have contributions made on their behalf in the prior plan year.

Cap on Variable Annuity Pension Plan Increases

The impact of the 6.0% cap on increases in the unit price in any given year is not specifically valued. This is a provision for adverse deviation. Three reasons for this are: (1) A provision for adverse deviation is consistent with one of the primary purposes of the SIP design which is to avoid the need for future contributions to fund SIP benefits after they are earned. (2) The caps are intended to help finance future plan amendments such as shore-up payments (3) If the cap was specifically valued it would lower liabilities and the Plan would experience losses in any year in which the cap was not exceeded. This is an undesirable result for a plan intended to be robustly funded in all markets and at all maturity levels.

Appendix C Summary of Actuarial Cost Methods

Background

Before we explain our cost method, we must first define the term "actuarial present value".

An actuarial present value is the value, on a given date, of a series of future benefit payments, future compensation payments or future contributions, where each amount in the series is:

- adjusted for the probability of increase (or decrease) due to such events as death, changes in marital status, etc.;
- multiplied by the probability of the event occurring on which the payment is conditioned, such as the probability of survival, retirement, death, disability, termination of employment, etc.; and
- discounted at an assumed rate of investment return.

Our actuarial assumptions estimate these probabilities and the investment return.

Actuarial Cost Method

The actuarial cost method used to calculate the funding requirements of the Plan is called the traditional unit credit actuarial cost method.

The actuarial cost method is used to calculate the normal cost and unfunded actuarial accrued liability, which in turn determine the funding requirements of the Plan (minimum amount required and maximum amount deductible). The cost method allocates the total cost of the Plan over time: the normal cost is that portion of the cost allocated to the current year, and the actuarial accrued liability is the actuarial present value of costs allocated to prior years. The unfunded actuarial accrued liability is equal to the excess, if any, of the actuarial accrued liability over the actuarial value of assets.

Under the traditional unit credit cost method, the normal cost is the actuarial present value of all benefits expected to be earned during the plan year; for active employees, these earned benefits are generally due to additional covered hours worked. The actuarial accrued liability is the actuarial present value of all benefits accrued to date, generally based on service to date.

Funding Requirements

Each year contributions must fund the normal cost and amortize a portion of the unfunded actuarial accrued liability. IRS minimum and maximum funding rules specify amortization schedules for the unfunded actuarial accrued liability, depending on the source of increase or decrease (Plan improvements, assumption changes, gains/losses, etc.).

Another factor can also affect funding requirements. The excess, if any, of past contributions over the accumulated minimum required amount creates a credit balance, which may be used to offset the minimum required contribution.

Asset Valuation Method

The actuarial value of assets is the asset value used to determine funding requirements. The actuarial asset method is a part of the Plan's cost method and may include smoothing to reduce large year-to-year swings in funding requirements due to asset gains and losses.

The method used recognizes market value gains and losses in relation to the investment return assumption over the ten-year periods following the occurrence of the gains or losses. However, this method cannot produce an asset value that varies from market value more than 20%.

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

- Experience gains and losses. After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.
- Method changes. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

NORTHWEST GLASS, MOLDERS, POTTERY,
PLASTICS AND ALLIED WORKERS PENSION PLAN
EIN 91-6033485 PN 001 FYE 3/31/2025

Schedule H, line 4j - Schedule of Reportable Transactions - included in the Accountant's
audit report attachment.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

▶ **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
NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOT, N.W. GMP & ALLIED WORKERS PENSION PLAN

D Employer Identification Number (EIN)
91-6033485

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

1a Enter the valuation date: Month 04 Day 01 Year 2024

b Assets

(1) Current value of assets **1b(1)** 86,866,788

(2) Actuarial value of assets for funding standard account..... **1b(2)** 86,740,059

c (1) Accrued liability for plan using immediate gain methods **1c(1)** 86,965,124

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases **1c(2)(a)**

(b) Accrued liability under entry age normal method..... **1c(2)(b)**

(c) Normal cost under entry age normal method **1c(2)(c)**

(3) Accrued liability under unit credit cost method..... **1c(3)** 86,965,124

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... **1d(1)**

(2) "RPA '94" information:

(a) Current liability **1d(2)(a)** 115,239,468

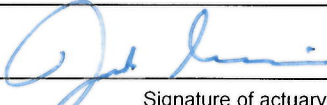
(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 253,200

(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 5,792,413

(3) Expected plan disbursements for the plan year **1d(3)** 5,706,609

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

1/5/2026
Date
2308050

Josh Goodwin
Type or print name of actuary

Most recent enrollment number
206-504-5538

MILLIMAN, INC.
Firm name

Telephone number (including area code)

1301 FIFTH AVENUE SUITE 3800
SEATTLE WA 98101-2605
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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	86,866,788
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	677	61,568,976
(2) For terminated vested participants	723	36,032,746
(3) For active participants:		
(a) Non-vested benefits		1,004,307
(b) Vested benefits		16,633,439
(c) Total active	613	17,637,746
(4) Total	2,013	115,239,468
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/30/2024	381,659	0			
10/31/2024	631,496	0			
Totals ▶		3(b)		1,013,155	3(c)
					3(d)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 381,659

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." <input type="checkbox"/>	4f	

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |
- j** If box h is checked, enter period of use of shortfall method **5j**

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.99%
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 6.00% | 6.00% |
| e Salary scale | 6e % <input checked="" type="checkbox"/> N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) <input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 4.6% | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h 12.9% | |
| i Expense load included in normal cost reported in line 9b | 6i <input checked="" type="checkbox"/> N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) <input type="checkbox"/> | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	323,023	31,377

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	250,410
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	9,869,519
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	120,240
e Total charges. Add lines 9a through 9d.....	9e	2,124,242
Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	3,648,490
g Employer contributions. Total from column (b) of line 3.....	9g	1,013,155
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	5,995,964
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	363,759
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	4,371,403
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	15,786,807
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	6,959,989
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	4,835,747
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments in each of the next fifty years starting with the current plan year assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, (3) no new entrants are covered by the plan, and (4) benefits are paid in the form assumed for valuation purposes. Expected expenses are not included.

Note: Numbers may not sum to total due to rounding.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$113,620	\$784,164	\$4,977,280	\$5,875,064
2025	208,225	945,893	4,798,697	5,952,815
2026	292,531	1,069,023	4,649,725	6,011,279
2027	382,108	1,175,721	4,491,806	6,049,635
2028	444,206	1,279,714	4,339,711	6,063,631
2029	521,488	1,300,775	4,185,623	6,007,885
2030	586,652	1,363,236	4,033,376	5,983,263
2031	638,717	1,451,539	3,877,861	5,968,118
2032	682,732	1,561,011	3,719,133	5,962,875
2033	728,831	1,601,484	3,557,284	5,887,600
2034	763,207	1,658,715	3,392,482	5,814,404
2035	797,422	1,694,579	3,224,997	5,716,998
2036	825,062	1,735,509	3,055,202	5,615,773
2037	845,823	1,760,425	2,883,568	5,489,817
2038	863,456	1,780,162	2,710,641	5,354,260
2039	881,502	1,798,259	2,537,017	5,216,778
2040	898,107	1,811,460	2,363,364	5,072,931
2041	918,108	1,819,659	2,190,424	4,928,191
2042	931,275	1,803,854	2,019,002	4,754,132
2043	941,549	1,785,733	1,849,977	4,577,258
2044	948,874	1,759,945	1,684,287	4,393,106
2045	952,055	1,749,260	1,522,915	4,224,230
2046	940,957	1,734,952	1,366,888	4,042,797
2047	929,303	1,707,416	1,217,251	3,853,970
2048	918,808	1,672,260	1,075,050	3,666,118
2049	903,739	1,634,142	941,275	3,479,157
2050	887,849	1,591,936	816,800	3,296,584
2051	871,936	1,539,115	702,324	3,113,375
2052	848,635	1,479,380	598,307	2,926,322
2053	824,608	1,421,162	504,952	2,750,722

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	803,746	1,356,303	422,203	2,582,252
2055	778,132	1,294,844	349,766	2,422,742
2056	745,526	1,227,931	287,147	2,260,604
2057	716,036	1,160,644	233,690	2,110,370
2058	679,588	1,090,673	188,615	1,958,875
2059	644,569	1,021,012	151,072	1,816,652
2060	605,759	953,328	120,172	1,679,258
2061	570,319	886,089	95,022	1,551,430
2062	535,435	821,600	74,770	1,431,805
2063	500,116	758,504	58,620	1,317,240
2064	468,720	698,040	45,854	1,212,614
2065	435,901	640,204	35,842	1,111,946
2066	404,664	585,168	28,033	1,017,865
2067	374,602	532,869	21,965	929,436
2068	345,310	483,411	17,255	845,976
2069	317,133	436,747	13,591	767,471
2070	290,406	392,854	10,730	693,991
2071	265,073	351,694	8,485	625,252
2072	241,151	313,225	6,711	561,087
2073	218,649	277,411	5,300	501,360

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

The following table provides the projected employer contributions and withdrawal liability payments expected to be received for the entire plan year. This projection is consistent with the details underlying the April 1, 2024 actuarial certification. Please refer to the formal certification for a summary of the data, methods and assumptions on which these are based.

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$627,900	\$0	\$627,900
2025	627,900	0	627,900
2026	627,900	0	627,900
2027	627,900	0	627,900
2028	627,900	0	627,900
2029	627,900	0	627,900
2030	627,900	0	627,900
2031	627,900	0	627,900
2032	627,900	0	627,900
2033	627,900	0	627,900

Appendix B Summary of Basic Benefit Structure

The summary provided here is based on the 2014 plan restatement through amendment 4 and action taken by the board of trustees to move to a Sustainable Income Plan (SIP) on a go forward basis beginning April 1, 2024. Please see the plan document for complete plan provisions.

Plan Identification

EIN: 91-6033485

Plan Number: 001

Plan Year: April 1 to March 31

Normal Retirement Benefits

Benefits: Future service benefit plus past service benefit.

\$70.00 multiplied by the participant's years of credited service earned prior to April 1, 1976 (a maximum of 25 years).

Current future service formula: 0.87% of contributions made on behalf of participant as a monthly benefit denominated in SIP units.

Effective Date	Description
April 1, 1976	Initial future service benefit is established at 9.75% x contributions made for the participant as a monthly benefit.
April 1, 2002	Monthly benefits earned for future contributions changed from 9.75% of contributions to 7.60% of contributions.
April 1, 2007	Monthly benefits earned for future contributions changed from 7.60% of contributions to 5.60% of contributions.
July 1, 2009	Monthly benefits earned for future contributions changed from 5.60% of contributions to 2.00% of contributions.
April 1, 2016	Monthly benefits earned for future contributions changed from 2.00% of contributions to 2.30% of contributions.
August 1, 2020	Monthly benefits earned for future contributions changed from 2.30% of contributions to 1.00% of contributions.
April 1, 2021	Monthly benefits earned for future contributions changed from 1.00% of contributions to 2.30% of contributions.
August 1, 2023	Monthly benefits earned for future contributions changed from 2.30% of contributions to 1.20% of contributions.
April 1, 2024	Monthly benefits earned for future contributions changed from 1.20% of contributions to 0.87% of contributions. Benefits are now denominated in SIP units.

Eligibility: Normal Retirement Age is age 65.

Unreduced Retirement Benefits

Benefits: The normal retirement benefit (based on contributions to date).

Eligibility: Only applies to benefits earned on and after April 1, 2024. Age 62 with 30 years of credited service and meets the Recency Test.

Recency Test: To meet the recency test, a participant must work at least 375 hours in at least two of the three most recent years before retirement. The year of retirement is only included as one of the three if at least 375 hours are worked; if less than 375 hours are worked in the year of retirement, the previous three full years are used.

Early Retirement Benefits

Benefits: The normal retirement benefit (based on contributions to date) reduced by age according to the following tables based on when benefits were earned.

Benefits earned prior to April 1, 2016.

Age at Retirement	Retiring from Active Status	Retiring from Terminated Vested Status
63	1.0000	1.0000
62	1.0000	0.9700
61	1.0000	0.9400
60	1.0000	0.9100
59	0.9700	0.8800
58	0.9400	0.8500
57	0.9100	0.8200
56	0.8800	0.7900
55	0.8500	0.7600

Benefits earned between April 1, 2016 and March 31, 2024.

Age at Retirement	Meets Recency Test	Does not Meet Recency Test
65	1.0000	1.0000
64	1.0000	0.9400
63	1.0000	0.8800
62	1.0000	0.8200
61	0.9400	0.7600
60	0.8800	0.7000
59	0.8200	0.6400
58	0.7600	0.5800
57	0.7000	0.5200
56	0.6400	0.4600
55	0.5800	0.4000

Benefits earned on and after April 1, 2024. Note that this portion of the benefit is eligible for the Unreduced Retirement Benefit if the participant is age 62 with 30 years of credited service and meets the Recency Test.

Age at Retirement	Reduction Factor
65	1.0000
64	0.9300
63	0.8700
62	0.8100
61	0.7600
60	0.7100
59	0.6600
58	0.6200
57	0.5800
56	0.5400
55	0.5100

Eligibility: Age 55 with five years of credited service (one year of which must be credited future service).

Recency Test: To meet the recency test, a participant must work at least 375 hours in at least two of the three most recent years before retirement. The year of retirement is only included as one of the three if at least 375 hours are worked; if less than 375 hours are worked in the year of retirement, the previous three full years are used.

Credited Service

On or after April 1, 1976, a participant shall be entitled to one year of credited service for each Plan Year during which 375 or more covered hours of employment are worked.

Vesting (Withdrawal before Retirement)

A participant who leaves with five years of credited service is 100% vested in his normal and early retirement benefits. Prior to April 1, 1992, a graded vesting schedule applied, with benefits vested 50% after five years, increasing 10% per year to 100% after 10 years.

Participants may also become vested under reciprocal service arrangements with other plans.

Disability Benefits

Benefits: The normal retirement benefit with no reduction for early commencement. The disability benefit is converted to a normal retirement benefit at age 65, and the preretirement death benefits are payable in the event of death before age 65.

Eligibility: “Total and permanent disability” under age 55 with five service credits (one of which must be credited to future service).

Death Benefits

Death with Spouse: If the participant is vested at death, the spouse receives benefits assuming the participant had elected the 100% survivor option the day before death, or at age 55, if later.

Without Spouse: If at time of death, the participant has five years of service, a lump-sum equal to \$5,000 in addition to any employee contributions, plus interest thereon at a rate determined by the Internal Revenue Service from year to year.

Forms of Pension Payment

The normal form of payment for a single employee is a life annuity with a five-year certain period. A participant may elect to receive a reduced benefit payable for life with 50%, 75%, or 100% of such reduced benefit continued to his or her spouse upon the death of the employee. If one of these optional forms is elected and the spouse predeceases the participant, the benefit reverts back to the amount the participant would have received had the optional form not been elected. This feature is provided at no cost to the participant.

Variable Annuity Formula Features

Benefits earned for hours worked on or after April 1, 2024 are earned under a variable annuity formula (also referred to as the Sustainable Income Plan, or SIP, formula). The features of the variable annuity benefit structure are summarized below:

- **Hurdle Rate** – The hurdle rate is 5.0%. Under the Sustainable Income Plan (SIP) design the hurdle rate is used to determine the change in the SIP unit price each year.
- **Cap** – The cap is 6.0%. The increase to the unit price in any given year is capped at 6.0%. Returns above 11.30% (the investment return that produces a 6.0% increase to the unit price) are used to build the stabilization reserve.
- **SIP Unit Price** – The SIP unit price for the 2024/25 plan year is \$10.0000. The SIP unit price is adjusted annually on April 1 by a factor of $(1 + \text{investment return}) / (1 + \text{hurdle rate})$ but not in excess of $(1 + \text{cap})$. The “investment return” is the return implied by the audited financial statements from the second plan year preceding the adjustment date (i.e., the April 1, 2030 adjustment is based on audited financial statements from the 2028/29 plan year).

Based on the investment return for the 2023/24 plan year, the SIP unit price will be \$10.6000 for the 2025/26 plan year.

- **SIP Units and Accrued Benefits** – Benefits are earned as SIP units. Each year’s SIP units are determined by the following formula:

$\text{Contributions} \times \text{Accrual Rate} / \text{SIP Unit Price}$

For example, if a participant’s employer contributes \$2,000 to the Plan on their behalf during the 2024/25 plan year the SIP units earned that year are: $\$2,000 \times 0.87\% / \$10.0000 = 1.7400$.

A participant’s accrued benefit is the sum of all SIP units they have earned to date, which can be converted into a dollar benefit at any time by multiplying by the current SIP unit price. A participant’s total number of SIP units is adjusted at retirement for timing and form of benefit.

Actuarial Equivalence

Actuarial Equivalence is a method of adjusting benefits differing in time, period, and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Benefits earned prior to April 1, 2024:

Interest: 5.75% per annum, compounded annually.

Mortality: 1994 Group Annuity Reserving Table, projected to 2002. Unisex table used for participants and beneficiaries.

Benefits earned on and after April 1, 2024:

Interest: 5.00% per annum, compounded annually.

Mortality: Applicable mortality under 417(e).

Plan Changes Since Prior Valuation

- Beginning April 1, 2024, future benefits are earned in a variable annuity style pension plan called a sustainable income plan. The accrual rate is 0.87% with a hurdle rate of 5.0%. Part of the new design are new unreduced retirement provisions and early retirement factors.

NORTHWEST GLASS, MOLDERS, POTTERY,
PLASTICS AND ALLIED WORKERS PENSION PLAN
EIN 91-6033485 PN 001 FYE 3/31/2025

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - included in the
Accountant's audit report attachment.

Withdrawal Liability Amounts

The following provides supplemental information on the withdrawal liability amounts included in the contributions on line 3 of the schedule MB.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/30/2024	n/a	\$381,659	\$381,659

Exhibit 11

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning April 1, 2024 are determined below.

1. Charges as of April 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	April 1, 1995	Plan amendment	\$74,208	1	\$74,208
b.	April 1, 1997	Change in assumptions	87,887	3	249,018
c.	April 1, 1997	Plan amendment	35,200	3	99,735
d.	April 1, 1998	Change in assumptions	246,163	4	904,163
e.	April 1, 1998	Plan amendment	331,170	4	1,216,388
f.	April 1, 1999	Change in assumptions	31,114	5	138,927
g.	April 1, 1999	Plan amendment	143,372	5	640,175
h.	April 1, 2011	Actuarial loss	6,145	2	11,942
i.	April 1, 2012	Actuarial loss	24,298	3	68,844
j.	April 1, 2013	Actuarial loss	34,271	4	125,878
k.	April 1, 2014	Actuarial loss	30,229	5	134,975
l.	April 1, 2015	Actuarial loss	26,881	6	140,117
m.	April 1, 2016	Actuarial loss	17,677	7	104,603
n.	April 1, 2017	Actuarial loss	4,244	8	27,935
o.	April 1, 2020	Actuarial loss	172,342	11	1,440,794
p.	April 1, 2021	Actuarial loss	12,108	12	107,602
q.	April 1, 2021	Change in assumptions	323,607	12	2,875,849
r.	April 1, 2022	Change in assumptions	20,857	13	195,715
s.	April 1, 2023	Actuarial loss	100,442	14	989,628
t.	April 1, 2024	Actuarial loss	<u>31,377</u>	15	<u>323,023</u>
u.	Total		1,753,592		9,869,519

2. Credits as of April 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	July 1, 2009	Plan amendment	\$51,005	0.24	\$51,005
b.	April 1, 2010	Actuarial gain	1,334,046	1	1,334,046
c.	April 1, 2018	Actuarial gain	2,787	9	20,099
d.	April 1, 2019	Actuarial gain	341,163	10	2,661,649
e.	April 1, 2022	Actuarial gain	<u>205,584</u>	13	<u>1,929,165</u>
f.	Total		1,934,585		5,995,964

3.	Net outstanding balance [(1u) - (2f)]				3,873,555
4.	Credit Balance as of April 1, 2024				3,648,490
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				225,065
7.	Unfunded Actuarial Accrued Liability as of April 1, 2024				225,065

Changes in Actuarial Assumptions Since Prior Valuation

- The contribution assumption decreased from \$627,900 to \$600,300 based on the assumed average contribution rate decreasing from \$0.91 from \$0.87.
- The current liability interest rate was re-established within the statutory interest rate corridor.
- The statutory current liability mortality basis was re-established based on current requirements.