

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u></p> <p><u>CW BREITSMAN ASSOCIATES, LLC</u> <u>THREE GATEWAY CENTER, STE. 1625</u> <u>401 LIBERTY AVENUE</u> <u>PITTSBURGH, PA 15222</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>34-6668355</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>412-325-2200</u></p> <p><b>2d</b> Business code (see instructions) <u>238100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/01/2026	SCOTT HARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	209
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	86
	<b>6a(2)</b>	88
	<b>6b</b>	47
	<b>6c</b>	52
	<b>6d</b>	187
	<b>6e</b>	25
	<b>6f</b>	212
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	15

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

► **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.

<b>A</b> Name of plan <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GLAZIERS LOCAL NO. 1162 PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>34-6668355</u>	

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

**1a** Enter the valuation date:           Month 05   Day 01   Year 2024

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	<u>13800419</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	<u>14331381</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	<u>14494968</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	<u>14494968</u>
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	<u>22772916</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	<u>474900</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	<u>956151</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	<u>970350</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.

<b>SIGN HERE</b>  Signature of actuary <u>KATHRYN A. GARRITY, FSA, EA, MAAA</u>  Type or print name of actuary <u>UNITED ACTUARIAL SERVICES, INC.</u>  Firm name <u>11590 N. MERIDIAN STREET</u> <u>SUITE 610</u> <u>CARMEL, IN 46032-4529</u>  Address of the firm	<u>12/17/2025</u>  Date <u>23-05379</u>  Most recent enrollment number <u>317-580-8670</u>  Telephone number (including area code)
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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:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	13800419
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	73	9646172
<b>(2)</b> For terminated vested participants .....	50	4794820
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		615567
<b>(b)</b> Vested benefits .....		7716357
<b>(c)</b> Total active .....	86	8331924
<b>(4)</b> Total .....	209	22772916
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	60.60 %

**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	
04/30/2025	606609					
			<b>Totals ▶</b>	<b>3(b)</b>	606609	
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(c)</b>	
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	98.9 %
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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."	<b>4f</b>	

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> 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	
<b>m</b> 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 .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.97 %
	Pre-retirement	Post-retirement
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	AF AF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 % 6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.75 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.2 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.0 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	106409
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	310860	31470

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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
<b>(4)</b> 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)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	335192

**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	
<b>9c(1)</b>		4895037	729127
<b>9c(2)</b>			
<b>9c(3)</b>			

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

<b>9d</b>	71842
<b>9e</b>	1136161

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

**Credits to funding standard account:**

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

<b>9f</b>	2062996
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**g** Employer contributions. Total from column (b) of line 3.....

<b>9g</b>	606609
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**h** Amortization credits as of valuation date.....

		Outstanding balance	
<b>9h</b>		2668454	379448

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

<b>9i</b>	185337
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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 .....

<b>9j(1)</b>	3301618	
<b>9j(2)</b>	6476228	
<b>9j(3)</b>		

**k (1)** Waived funding deficiency .....

<b>9k(1)</b>	
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**(2)** Other credits .....

<b>9k(2)</b>	
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**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....

<b>9l</b>	3234390
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	2098229
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

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

<b>9o(1)</b>	
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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 .....

<b>9o(2)(a)</b>	
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

<b>9o(2)(b)</b>	
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(3) Total as of valuation date.....

<b>9o(3)</b>	
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**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	0
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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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan GLAZIERS LOCAL NO. 1162 PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS LOCAL NO. 1162 PENSION FUND	<b>D</b> Employer Identification Number (EIN) 34-6668355	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

PNC BANK

300 FIFTH AVENUE  
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	BANKING SERVICES	6174	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)

UNITED ACTUARIAL SERVICES

11590 N MERIDIAN ST  
CARMEL, IN 46032-4529

(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	ACTUARY	19800	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)

YURCHYK & DAVIS CPA'S, INC.

34-1638235

(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	AUDITOR	40170	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)

MORGAN STANLEY

2100 GEORGETOWN DR  
SEWICKLEY, PA 15143

(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?
19	INVESTMENT CUSTODIAN	99286	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PBGC PREMIUM

445 12TH STREET SW  
WASHINGTON, DC 20024

(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?
99	NONE	7280	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)

CW BREITSMAN ASSOCIATES LLC

401 LIBERTY AVE  
PITTSBURGH, PA 15222

(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?
13	THIRD PARTY ADMINISTRATOR	32946	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)

MACALA & PIATT, LLC

601 S. MAIN ST.  
NORTH CANTON, OH 44720

(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	ATTORNEY	8199	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)

ALLEN BATES TECHNOLOGIES

600 MCKNIGHT PARK DR  
PITTSBURGH, PA 15237

(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	IT PROGRAMMING SERVICES	6435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan GLAZIERS LOCAL NO. 1162 PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 GLAZIERS LOCAL NO. 1162 PENSION FUND	<b>D</b> Employer Identification Number (EIN) 34-6668355

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	219776	180012
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	76661	57300
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	47109	49533
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	216056	315747
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1285085	1530833
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2736152	2749877
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	5129306	4897804
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3045085	3573640
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	1085215	1133089

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	13840445	14487835
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	40026	144706
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	40026	144706
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	13800419	14343129

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	606609	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		606609
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	47	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	252636	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	97240	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	37383	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		387306
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	46207	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	35428	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		81635
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3971379	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3588071	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		383308
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-24690	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		126877
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1561045

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	784696	
(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)		784696
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	32946	
(3) Recordkeeping fees .....	2i(3)	21270	
(4) IQPA audit fees .....	2i(4)	18900	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	105460	
(7) Actuarial fees .....	2i(7)	19800	
(8) Legal fees .....	2i(8)	8199	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	512	
(11) Other expenses.....	2i(11)	26552	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		233639
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1018335

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		542710
<b>l</b> 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: YURCHYK & DAVIS CPA'S INC.

(2) EIN: 34-1638235

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 573269.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>GLAZIERS LOCAL NO. 1162 PENSION FUND</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GLAZIERS LOCAL NO. 1162 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>34-6668355</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 NATIONAL ENCLOSURE COMPANY

**b** EIN 27-0859201 **c** Dollar amount contributed by employer 210091

**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 04 Day 30 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) 4.59

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

**a** Name of contributing employer WARREN GLASS

**b** EIN 20-0862711 **c** Dollar amount contributed by employer 142536

**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 04 Day 30 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) 4.59

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

**a** Name of contributing employer BONFERT GLASS COMPANY

**b** EIN 34-1290144 **c** Dollar amount contributed by employer 88397

**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 04 Day 30 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) 4.59

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

**a** Name of contributing employer RITENOUR GROUP

**b** EIN 34-1092625 **c** Dollar amount contributed by employer 54479

**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 04 Day 30 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) 4.59

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

**a** Name of contributing employer HUGHES GLASS COMPANY INC

**b** EIN 34-1449015 **c** Dollar amount contributed by employer 51166

**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 04 Day 30 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) 4.59

(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:

<b>a</b> 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).....	<b>14a</b>	0
<b>b</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).....	<b>14b</b>	0
<b>c</b> 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).....	<b>14c</b>	0

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

<b>Structured Attachment</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Schedule MB, line 8b(2)</b> <b>Schedule of Active Participant Data</b>	<b>2024</b> <hr/> This Form is Open to Public Inspection
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<b>Name of Plan</b>	GLAZIERS LOCAL NO. 1162 PENSION FUND						
<b>Plan Year Begin Date</b>	05/01/2024	<b>Plan Year End Date</b>	04/30/2025	<b>EIN</b>	34-6668355	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29				2		
30 to 34				1		
35 to 39						
40 to 44	13			12		
45 to 49				2		
50 to 54				1		
55 to 59						
60 to 64				1		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	1					
25 to 29	3					
30 to 34						
35 to 39				2		
40 to 44	4					
45 to 49				1		
50 to 54	1			1		
55 to 59	1			1		
60 to 64	1			1		
65 to 69						
70 & Up						

<b>Name of Plan</b>	GLAZIERS LOCAL NO. 1162 PENSION FUND						
<b>Plan Year Begin Date</b>	05/01/2024	<b>Plan Year End Date</b>	04/30/2025	<b>EIN</b>	34-6668355	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39	3			1		
40 to 44	2			1		
45 to 49	2			2		
50 to 54	1			1		
55 to 59	1			2		
60 to 64	1			2		
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49	1					
50 to 54	2					
55 to 59	1			1		
60 to 64	3					
65 to 69						
70 & Up						

<b>Name of Plan</b>	GLAZIERS LOCAL NO. 1162 PENSION FUND						
<b>Plan Year Begin Date</b>	05/01/2024	<b>Plan Year End Date</b>	04/30/2025	<b>EIN</b>	34-6668355	<b>PN</b>	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	2					
60 to 64						
65 to 69						
70 & Up						

**Glaziers Local No. 1162 Pension Fund**

Report on Audit of Financial Statements  
And Supplementary Information

For the Years Ended April 30, 2025 and 2024

Yurchyk & Davis  
Certified Public Accountants, Inc.  
3701 Boardman-Canfield Road, Suite 2  
Canfield, Ohio 44406  
Telephone: (330) 533-5000

**Glaziers Local No. 1162 Pension Fund**

For The Years Ended April 30, 2025 and 2024

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## **Independent Auditor's Report**

To the Board of Trustees of  
Glaziers Local No. 1162  
Pension Fund

### **Opinion**

We have audited the financial statements of Glaziers Local No. 1162 Pension Fund, 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 April 30, 2025 and 2024, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Glaziers Local No. 1162 Pension Fund as of April 30, 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Local No. 1162 Pension Fund 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 Glaziers Local No. 1162 Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override

of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Glaziers Local No. 1162 Pension Fund'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 Glaziers Local No. 1162 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

#### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions as of April 30, 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.



Yurchyk & Davis CPA's, Inc.  
Canfield, Ohio  
November 17, 2025

**Glaziers Local No. 1162 Pension Fund**

Statements of Net Assets Available for Benefits

April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<b>ASSETS</b>		
Investments, at Fair Value:		
Money Market Funds	\$ 315,747	\$ 216,056
Government Securities - Treasury	839,851	658,327
Government Securities - Federal	690,982	626,758
Mutual Funds	1,941,408	1,968,776
Exchange Traded Funds	1,632,232	1,076,309
Real Estate Investment Trust	8,579	8,218
Common Stocks	4,897,804	5,129,306
Corporate Bonds	2,749,877	2,736,152
Hedge Funds	1,124,510	1,076,997
Total Investments, at Fair Value	<u>14,200,990</u>	<u>13,496,899</u>
Receivables:		
Employer Contributions	57,300	76,661
Due From Other Fund	4,041	4,041
Interest	41,890	41,118
Total Receivables	<u>103,231</u>	<u>121,820</u>
Prepaid Expenses	3,602	1,950
Cash and Cash Equivalents	<u>180,012</u>	<u>219,776</u>
 Total Assets	 14,487,835	 13,840,445
<b>LIABILITIES</b>		
Accounts Payable - Administrative Expenses	20,920	13,189
Accounts Payable - Payroll Taxes	95,840	-
Accounts Payable - Reciprocity	3,039	1,931
Accounts Payable - Drug Fund	24,907	24,906
 Total Liabilities	 <u>144,706</u>	 <u>40,026</u>
 Net Assets Available for Benefits	 <u>\$ 14,343,129</u>	 <u>\$ 13,800,419</u>

The Accompanying Notes are an Integral Part of These Financial Statements

**Glaziers Local No. 1162 Pension Fund**

Statements of Changes in Net Assets Available for Benefits

For The Years Ended April 30, 2025 and 2024

	2025	2024
Additions in Net Assets Attributable to:		
Investment Income:		
Net Appreciation		
in Fair Value of Investments	\$ 485,495	\$ 843,946
Interest and Dividends	468,941	399,454
Total Investment Income	954,436	1,243,400
Less: Investment Expenses	(99,286)	(90,463)
Net Investment Income	855,150	1,152,937
Contributions:		
Employer	606,609	656,748
Total Contributions	606,609	656,748
Miscellaneous Income	-	20,809
Total Additions	1,461,759	1,830,494
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	784,696	781,179
Administrative Expenses:		
Contract Administration Fees	32,946	32,400
Actuary Fees	19,800	15,550
Auditing Fees	40,170	37,100
Attorney Fees	8,199	8,076
IT Programming Fees	6,435	7,410
PBGC Premium	7,280	6,545
Meetings and Conferences	512	-
Insurance	9,563	7,720
Bank Charges	6,174	5,816
Miscellaneous	3,274	1,240
Total Administrative Expenses	134,353	121,857
Total Deductions	919,049	903,036
Net Increase	542,710	927,458
Net Assets Available for Benefits:		
Beginning of Year	13,800,419	12,872,961
End of Year	\$ 14,343,129	\$ 13,800,419

The Accompanying Notes are an Integral Part of These Financial Statements

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### NOTE A – DESCRIPTION OF PLAN

The following brief discussion of the Glaziers Local 1162 Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

- 1.) **General** – The Plan is a multi-employer defined benefit plan covering all eligible members of Glazier Local No. 1162 Union (the plan sponsor) who meet the minimum service requirements. An employee will become eligible at the beginning of the plan year or on November 1<sup>st</sup>, whichever is earlier, following 435 hours of completed service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.
- 2.) **Administration of the Plan** – The Plan was administered by CW Breitsman Associates, LLC, the third-party administrator, at April 30, 2025 and 2024. Administrative expenses are paid by the Plan in accordance with the plan document.
- 3.) **Pension Benefits** – Participants with 5 or more years of service who have at least one hour of service after the effective date shall be 100% vested in their accrued benefit and will become eligible for a vested benefit at such time as they reach the normal retirement age (64). A participant's accumulated benefits are based upon years of service and retirement date as detailed in the plan document. The Plan allows for six classes of benefits: normal retirement, early retirement, qualified joint and 50% survivor, disability, death and vested.
- 4.) **Normal Retirement** – Upon obtaining age 64, a participant is eligible to receive a monthly benefit. Unless the participant elects otherwise or has no surviving spouse, the normal retirement benefit will be paid as qualified joint and 50% survivor benefit as described below. Participants who elect out of the qualified joint and 50% survivor benefit receive benefits as a five-year certain benefit. Under this benefit, the participant receives a monthly benefit payment for life.
- 5.) **Early Retirement Benefits** – Participants who retire between the ages of 55 and 64 with 10 years or more of service are eligible for early retirement benefits. The amount of the early retirement benefit is equal to the participant's normal retirement benefit reduced by  $\frac{1}{4}$  of 1% for each month the participant was younger than age 64 on the commencement date of the participant's early retirement benefit.
- 6.) **Qualified Joint and 50% Survivor Benefit** – Upon retirement, an annuity is established for the life of the participant with a survivor annuity for the life of the spouse, which is a reduced monthly income that is the actuarial equivalent of the normal or early retirement benefit to which the participant is otherwise entitled. Upon the death of the participant, 50% of the monthly income continues to the surviving spouse until their death.
- 7.) **Death Benefit** – The surviving spouse of a deceased participant who would have been eligible to receive an early or normal retirement benefit may elect to receive a qualified joint and 50% survivor benefit as though the deceased participant had applied for such a benefit the day immediately prior to his death.

If the surviving spouse waives the qualified joint and 50% survivor benefit, then the spouse will have the option of electing a five-year certain benefit. If a participant who is receiving normal, early or disability retirement benefits and who has waived the qualified joint and 50% survivor benefit dies prior to receiving a total of 60 monthly payments, then this participant's beneficiary, or beneficiaries, is eligible to receive a post retirement death benefit. The beneficiary shall be eligible to receive a continuation of the deceased participant's retirement benefit until a total of 60 monthly payments have been received by the deceased participant and/or beneficiaries.

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### NOTE A – DESCRIPTION OF PLAN - Continued

- 8.) **Disability Benefit** – An active participant with at least 10 years of service whom is totally and permanently disabled is eligible to receive disability benefits provided they meet certain other plan requirements. The monthly benefit is equal to 70% of the participant’s accrued retirement benefit as of the date the participant became totally and permanently disabled.
- 9.) **Vested** – The accrued benefit of a participant who terminates employment after obtaining five or more years of service is 100% vested and thus the participant becomes eligible for retirement benefit at such time as the participant reaches normal or early retirement age. Vesting does not extend to the disability benefit. Unless the participant elects otherwise, the benefit is paid as a qualified joint 50% survivor benefit.
- 10.) **Funding** – Employers were required to make monthly contributions to the Plan for hours worked as follows:

<u>Effective</u>	<u>Glaziers</u>
5/1/24 - 4/30/25	\$ 5.36
5/1/23 - 4/30/24	\$ 5.36
	<u>Glassworkers</u>
5/1/24 - 4/30/25	\$ 3.81
5/1/23 - 4/30/24	\$ 3.81

The Plan’s funding policy is for the participating employers to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. During the years ended April 30, 2025 and 2024, contributions were made in the amount of \$606,609 and \$656,748, respectively. The contributions for years ended April 30, 2025 and 2024 exceeded the minimum funding requirements of ERISA.

#### NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- 1.) **Basis of Accounting** – The accompanying financial statements are prepared on the accrual basis of accounting.
- 2.) **Payment of Benefits** – Benefits payments to participants are recorded upon distribution.
- 3.) **Recognition of Contributions** – Contractors’ contributions are based upon hours worked by participants and are recognized as receivable when such hours are worked.
- 4.) **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 trustees determine the Plan’s valuation policies utilizing information provided by the investment advisors and custodians. See Note D for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on the investment purchased and sold, as well as held, during the year.

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### **NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICES – Continued**

- 5.) **Use of Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets, liabilities and changes therein; disclosures of contingent asset and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.
- 6.) **Subsequent Events** – The Plan has evaluated subsequent events through November 17, 2025, the date the financial statements were available to be issued.
- 7.) **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 participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participants’ years of service and the amount the employer(s) have contributed for each eligible participant. The accumulated plan benefits for active employees are based on upon their years of service and employer contributions made as of the date the benefit information is presented (the valuation date). 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.

An independent actuary from the United Actuarial Services, Inc. determines the actuarial present value of accumulated plan benefits. The actuarial present value of plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial cost method used is the individual entry age normal method.

The significant actuarial assumptions used in the valuations as of April 30, 2024 and 2023 were (a) life expectancy of participants (From 105% (110% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale, and life expectancy of participants (From 105% (110% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale as of April 30, 2024 and 2023, respectively), (b) special retirement rates starting at age 55 through 65 to better reflect recent and anticipated retirement experience, and (c) investment return of 6.75% and 6.75% as of April 30, 2024 and 2023, respectively. 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 to determine the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of May 1, 2024 and 2023. Had the valuations been performed as of April 30, there would be no material difference.

#### **NOTE C – RISKS AND UNCERTAINTIES**

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

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### **NOTE C – RISKS AND UNCERTAINTIES - Continued**

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 estimates and assumptions process, it is at least reasonably possible that change in these estimates and assumptions in the near-term would be material to the financial statements.

#### **NOTE D – 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 (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 in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical assets in inactive markets;
- Inputs other than quoted prices that are observable for the assets;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset.

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

The asset'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a brief description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

*Money Market Funds and Common Stocks* – Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual Funds and Exchange Traded Funds* – Valued at the daily closing price reported by the Plan. The Plans are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

*Government Securities, Corporate Bonds, and Real Estate Investment Trusts* – Valued using pricing models maximizing the use of observable inputs for similar securities.

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### NOTE D – FAIR VALUE MEASUREMENTS – Continued

*Hedge Funds* - Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the Plan less its liability. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value at April 30, 2025 and 2024.

Assets at Fair Value as of April 30, 2025				
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 4,897,804	\$ -	\$ -	\$ 4,897,804
Corporate Bonds	-	2,749,877	-	2,749,877
Government Securities - Treasury	-	839,851	-	839,851
Government Securities - Federal	-	690,982	-	690,982
Mutual Funds	1,941,408	-	-	1,941,408
Exchange Traded Funds	1,632,232	-	-	1,632,232
Money Market Funds	315,747	-	-	315,747
Real Estate Investment Trust	-	8,579	-	8,579
Total assets in the fair Value Hierarchy	8,787,191	4,289,289	-	13,076,480
Investments Measured at NAV	-	-	-	1,124,510
Total Investments, at Fair Value	<u>\$ 8,787,191</u>	<u>\$ 4,289,289</u>	<u>\$ -</u>	<u>\$ 14,200,990</u>

Assets at Fair Value as of April 30, 2024				
	Level 1	Level 2	Level 3	Total
Common Stocks	\$ 5,129,306	\$ -	\$ -	\$ 5,129,306
Corporate Bonds	-	2,736,152	-	2,736,152
Government Securities - Treasury	-	658,327	-	658,327
Government Securities - Federal	-	626,758	-	626,758
Mutual Funds	1,968,776	-	-	1,968,776
Exchange Traded Funds	1,076,309	-	-	1,076,309
Money Market Funds	216,056	-	-	216,056
Real Estate Investment Trust	-	8,218	-	8,218
Total assets in the fair Value Hierarchy	8,390,447	4,029,455	-	12,419,902
Investments Measured at NAV	-	-	-	1,076,997
Total Investments, at Fair Value	<u>\$ 8,390,447</u>	<u>\$ 4,029,455</u>	<u>\$ -</u>	<u>\$ 13,496,899</u>

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### NOTE D – FAIR VALUE MEASUREMENTS – Continued

The following table summarized investments measured at fair value based on net asset value (NAVs) per share as of April 30, 2025 and 2024.

April 30, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Hedge Funds	\$ 1,124,510	\$ -	Monthly	30 Days

April 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Hedge Funds	\$ 1,076,997	\$ -	Monthly	30 Days

The hedge funds' objective is to use leveraged, long, short, and derivative positions in both domestic and international markets with the goal of generating high returns.

#### NOTE E – ACCUMULATED PLAN BENEFITS AND CHANGES

The actuarial present value of accumulated plan benefits as of April 30, 2024 and 2023 were as follows:

	2024	2023
Vested accumulated benefits:		
Participants currently receiving payments	\$ 7,080,697	\$ 6,366,946
Expenses on parts. currently rec. benefits	955,894	732,199
Other participants	7,010,294	7,172,965
Expenses on other participants	946,390	824,891
	15,993,275	15,097,001
Nonvested Accumulated Benefits:		
Non-vested benefits	403,977	483,037
Expenses on nonvested benefits	54,537	55,549
	458,514	538,586
Actuarial present value of accumulated plan benefits	\$ 16,451,789	\$ 15,635,587

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### NOTE E – ACCUMULATED PLAN BENEFITS AND CHANGES – Continued

The changes in accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits as of April 30, 2023	\$ 15,635,587
Increase (decrease) during the year attributable to:	
Plan Amendment	-
Change in actuarial assumptions	289,900
Benefits accumulated and experience gain	373,936
Interest due to decrease in discount period	1,055,402
Benefits paid	(781,179)
Operational Expenses Paid	<u>(121,857)</u>
Net Increase (Decrease)	816,202
Actuarial present value of accumulated plan benefits as of April 30, 2024	<u>\$ 16,451,789</u>

#### NOTE F – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated October 20, 2015, that the Plan and related trust are designed in accordance with the 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.

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

#### NOTE G – PLAN TERMINATION

Though there are no plans to do so, in the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions taking into account those paid out before termination
- b. Annuity benefits participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding plan termination.

## Glaziers Local No. 1162 Pension Fund

### Notes to Financial Statements

April 30, 2025 and 2024

#### **NOTE G – PLAN TERMINATION - Continued**

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than single-life annuity, the corresponding ceiling is actuarially adjusted downward.

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 contributing employers subject to the collective bargaining agreement and may also depend on the level of benefits guaranteed by the PBGC.

#### **NOTE H – SUBSEQUENT EVENT**

The Plan's federal and state payroll tax returns were filed timely with the respective agencies, however, payment was not made until October 2025. The Plan was assessed interest by the state of Ohio, for which the Plan's third party administrator, CW Breitsman Associates, LLC, reimbursed the Plan for the amount assessed. As of November 17, 2025, the Plan has not been assessed a penalty for late payment of federal payroll tax amounts.

**Glaziers Local No. 1162 Pension Fund**

Supplementary Information

Schedule of Assets Held for Investment

Schedule of Reportable Transactions

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Starwood**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>HEDGE FUNDS</b>			
21,831	Starwood Real Estate Income	\$ 461,341	\$ 461,596
7,275	Blackstone BCRED	181,853	183,699
4,047	K-Infra-Founders Class R	106,833	116,862
21,092	Hamilton Lane Private Assets Fund	307,386	362,353
	<b>Total Hedge Funds</b>	<b>\$ 1,057,413</b>	<b>\$ 1,124,510</b>
<b>MUTUAL FUNDS</b>			
13,718	Carlyle Tact Private Credit N	\$ 116,013	\$ 114,274

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Clearbridge Intl Growth**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS</b>			
228	3I Group PLC	\$ 3,399	\$ 6,447
99	ABB LTD ADR	5,567	5,221
169	Adyen NV Un-sponsored ADR	2,615	2,724
177	Airbus SE Un-sponsored ADR	8,230	7,401
16	Argenx SE ADR	7,617	10,198
10	ASML Holding NV	1,663	6,839
72	Astrazeneca PLC ADR	8,975	9,404
424	Atlas Copco	5,579	6,588
50	AXA ADS	2,379	2,373
588	Banco Bilbao	6,259	8,056
288	Brambles LTD	5,167	7,563
24	BYD Company LTD	2,361	2,303
38	Check Point Software Tech LTD	7,680	8,271
300	Compass Group PLC	7,499	10,090
80	CRH PLC	3,430	7,606
799	Danone Sponsored ADR	11,625	13,799
162	Deutsche Boerse AG Un-sponsored	2,761	5,221
319	Deutsche Telekom AG ADR	5,971	11,459
84	EDP SA ADR	3,439	3,301
20	Ferrari NV	7,373	9,076
84	Givaudan SA ADR	3,676	8,112
227	Haleon PLC ADR	1,711	2,304
134	HDFC Bank LTD ADR	8,078	9,740
21	Hermes Intl SCA Un-sponsored	4,830	5,619
61	Hoya Corp Sponsored ADR	6,703	7,183
393	Industria De Diseno Textile Ind	5,444	10,552
342	Intesa Sanpaolo SPA ADR	5,590	10,921
102	L'Oreal Co ADR	4,568	8,974
178	Lenovo Group LTD	5,269	4,127
17	Linde PLC	2,708	7,509
2,389	Lloyds Banking Group PLC	7,043	9,437
368	London Stock Exchange Group ADR	4,698	14,285
55	LVMH Moet Hennessy Louis Vuitt	3,327	6,055
168	Mitsubishi Heavy Inds LTD ADR	6,014	6,587
537	Mitsubishi UFJ Fincl Grp ADS	6,535	6,788
111	Monotaro Co LTD ADR	1,080	2,139
468	Natwest Group PLC ADR	5,608	6,047
114	Nomura Resh Inst LTD ADR	3,210	4,309
191	Novo Nordisk A/S ADR	4,784	12,692
107	Prysmian SPA Milano ADR	3,605	2,916
237	Publicis Gruope SA ADR	6,399	6,012
222	Relx PLC Sponsored ADR	6,170	12,128

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Clearbridge Intl Growth**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS - Continued</b>			
138	Safran SA	\$ 5,979	\$ 9,138
63	SAP AG	7,225	18,286
177	Schneider Elec SA Un-sponsored ADR	7,731	8,217
78	Sea Limited ADR	5,756	10,442
59	Shopify Inc Cl A	3,446	5,558
93	Siemens Energy AG ADR	6,018	7,153
88	Sika AG ADR	2,368	2,202
601	Sony Group Corporation ADR	9,960	15,626
9	Spotify Technology SA	3,496	5,727
319	Straumann Holding AG ADR	4,116	3,907
14	Taiwan Semiconductor MFG Co LTD	1,647	2,379
309	Terumo Corp ADR Un-sponsored ADR	5,821	5,934
494	Tesco PLC ADR	6,557	7,338
37	Thomson Reuters Corp	2,547	6,972
223	Toki Marine Holding Ins ADR	8,430	8,924
130	Tokyo Electron LTD Un-sponsored ADR	9,211	9,672
19	Trane Technologies PLC	7,268	7,419
37	UCB SA Un-sponsored ADR	3,529	3,411
157	Unicredit SPA-ADR	4,684	4,548
169	Unilever PLC	9,125	10,740
124	Zai Lab LTD-ADR	3,601	3,930
	<b>Total Common Stocks</b>	<b>\$ 335,154</b>	<b>\$ 465,899</b>

**MONEY MARKET**

8,960	Morgan Stanley Private Bank NA	\$ 8,960	\$ 8,960
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**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Kayne Anderson SMID Growth**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS</b>			
333	Allegion Pub LTD Co	\$ 34,331	\$ 46,354
1,140	Bentley Sys Inc Com	45,917	49,009
871	Berkley WR Corp	24,176	62,442
360	BJs Wholesale Club Holdings Inc	27,236	42,322
298	Bright Horizons Family Solutions	28,329	37,375
55	Chemed Corporation	26,937	31,983
286	Choice Hotels Intl Inc	34,430	36,067
182	Equifax Inc	30,004	47,344
307	Exponent Inc	26,369	24,155
12	Fair Isaac & Co Inc	5,177	23,335
166	Hamilton Lane Cl A	24,671	25,645
271	Interactive Brokers Group Cl A	13,818	46,571
231	Jack Henry & Associates Inc	21,195	40,062
89	LCI Inds	10,972	6,860
72	Lennox Intl Inc	18,379	39,404
188	LPL Finl Holdings Inc Com	26,895	60,121
193	Nordson CP	38,721	36,587
284	Ollie's Bargain Outlet Holding Inc	26,778	30,135
144	Pool Corp	24,289	42,212
877	Rollins Inc	31,358	50,103
104	SAIA Inc	30,602	25,376
204	ServiceTitan Inc Cl A	19,262	23,584
207	Siteone Landscape Supply Inc	13,030	23,766
75	Teledyne Tech Inc	30,362	34,952
548	The Cooper Companies	39,059	44,755
298	Thor Companies Inc	20,952	21,581
271	UL Solutions Inc Cl A	15,389	15,499
130	Universal Display Corp	29,506	16,332
98	Watsco Inc	27,307	45,026
132	Zebra Tech Cl A	36,596	33,042
1,201	Zurn Elkay Water Solutions Corp	33,993	40,786
	<b>Total Common Stocks</b>	<b>\$ 816,040</b>	<b>\$ 1,102,785</b>

**MONEY MARKET**

86,265	Morgan Stanley Private Bank NA	\$ 86,265	\$ 86,265
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**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - JPMorgan Equity**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS</b>			
98	3M Co	\$ 13,683	\$ 13,612
177	Abbott Laboratories	19,087	23,143
149	Abbvie Inc Com	16,820	29,070
107	Air Prod & Chem Inc	23,025	29,007
53	Alexandria Real Estate Eq Inc	6,495	3,855
110	American Express Co	11,275	29,305
107	Analog Devices Inc	7,430	20,856
28	Apple Inc	662	5,866
108	Ares Management Corp	15,596	16,473
35	Avalonbay Comm Inc	5,625	7,269
1,099	Bank of America Corp	26,177	43,828
20,224	Bank of New York Mellon Corp	20,224	19,459
63	Becton Dickinson & Co	12,307	12,958
15	Blackrock Inc	4,305	13,303
115	Blackstone Inc	15,306	15,147
552	Bristol Myers Squibb Co	31,508	27,710
148	Capital One Financial Corp	22,495	26,678
42	Cencora Inc	4,301	12,161
469	Charles Schwab New	24,110	38,177
232	Chevron Corp	26,842	31,566
45	Chubb LTD	5,358	12,733
36	CME Group Inc	3,677	9,873
171	CMS Energy CP	8,060	12,594
259	Coca Cola Co	12,585	18,790
749	Comcast Corp Cl A	26,672	25,616
378	Conocophillips	18,861	33,687
246	Corning Inc	8,164	10,917
353	CVS Health Corp Com	22,005	23,549
66	Deere & Co	15,405	30,423
43	Digital Realty Trust Inc	6,890	6,973
328	Dominion Energy Inc	18,700	17,837
139	Dover Corp	10,940	23,720
101	Eaton Corp PLC	15,435	29,731
10	Eli Lilly & Co	1,139	9,202
184	EOG Resources Inc	10,395	20,301

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - JPMorgan Equity**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS - Continued</b>			
154	Exxon Mobil Corp	\$ 10,248	\$ 16,267
176	Fidelity Natl Information SE	12,894	13,883
62	Gallagher Arthur J & Co	6,871	19,921
100	Genl Dynamics Corp	15,657	27,212
37	Goldman Sachs Group Inc	22,674	20,137
49	Hershey Company	9,231	8,255
717	Hewlett Packard Enterprise	14,707	11,630
66	Home Depot Inc	13,363	23,705
37	Honeywell Intl Inc	7,467	7,791
35	Intl Business Machines Corp	4,060	8,481
173	Johnson & Johnson	20,401	27,042
70	Lam Research Corporation	4,329	4,996
122	Lowes Companies Inc	27,791	27,274
25	Marsh & McLennan Cos Inc	2,341	5,681
92	McDonalds Corp	17,828	29,285
146	Medtronic PLC	12,907	12,375
116	Merck & Co Inc	8,714	9,883
71	Microsoft Corp	7,221	28,183
202	Mondelez Intl Inc Com	9,220	13,762
226	Morgan Stanley	9,406	26,085
273	Nextera Energy Inc	11,314	18,258
110	Nike Inc Cl B	8,062	6,204
122	Norfolk Southern Corp	19,969	27,334
83	NXP Semiconductors NV	15,198	15,286
45	Packaging Corp	8,627	8,313
30	Parker Hannifin Corp	5,876	17,996
88	Pepsico Inc	10,252	11,877
240	Philip Morris Intl Inc	18,278	41,126
130	PNC Finl Services Group	9,813	20,890
145	Procter & Gamble	16,863	23,573
66	Progressive Corp Ohio	8,538	18,642
111	Prologis Inc Com	11,933	11,344
132	Public Service Enterprise GP	6,802	10,551
45	Quest Diagnostics Inc	7,131	7,937
28	Republic Services Inc	1,146	7,030

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

**Schedule of Assets Held for Investment  
(Schedule H; Line 4i)**

**April 30, 2025**

**Morgan Stanley - JPMorgan Equity**

Face Amount/ Number of Shares	Description	Cost	Market Value
<b>COMMON STOCKS - Continued</b>			
216	RTX Corporation	\$ 17,332	\$ 27,244
157	Seagate Technology Holdings PLC	12,284	14,292
128	Texas Instruments	10,835	20,486
59	The Cigna Group	13,625	20,194
184	TJX Cos Inc	9,412	23,677
36	Travelers Companies Inc com	6,399	9,527
110	Union Pacific Corp	26,600	23,723
92	UnitedHealth Group Inc	33,082	37,759
210	Ventas Inc	11,152	14,717
273	Verizon Communications	13,032	12,028
227	Walmart Inc	8,746	22,076
827	Wells Fargo & Co	39,100	58,725
215	Xcel Energy Inc	10,591	15,201
76	Yum Brands Inc	10,189	11,469
	<b>Total Common Stocks</b>	<b>\$ 1,111,070</b>	<b>\$ 1,604,716</b>

**MONEY MARKET**

42,089	Morgan Stanley Private Bank NA	\$ 42,089	\$ 42,089
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**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Western Core**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>CORPORATE BONDS</b>					
34,000	Berry Global Inc	1.570%	1/15/2026	\$ 29,556	\$ 33,148
23,000	Zimmer Biomet Holdings Inc	3.050%	1/15/2026	21,564	22,739
8,000	HCA Inc	5.875%	2/15/2026	8,029	8,016
37,000	Molson Coors Beverage Co	3.000%	7/15/2026	33,877	36,402
33,000	American Tower Corp	3.375%	10/15/2026	30,353	32,472
31,000	Steel Dynamics Inc	5.000%	12/15/2026	29,847	30,999
36,000	Willis North America Inc	4.650%	6/15/2027	34,374	36,122
39,000	Allegion US Holding Co Inc	3.550%	10/1/2027	34,822	37,933
43,000	Transdigm Inc	5.500%	11/15/2027	38,908	42,840
6,000	American Tower Corp	3.600%	1/15/2028	5,542	5,870
23,000	Flex LTD	6.000%	1/15/2028	23,336	23,500
47,000	United Rentals North America Inc	4.875%	1/15/2028	44,268	46,415
18,000	Bath & Body Works Inc	5.250%	2/1/2028	17,640	17,908
32,000	AT&T Inc	4.100%	2/15/2028	29,657	31,860
34,000	Expedia Inc	3.800%	2/15/2028	30,107	33,331
21,000	Bat Capital Corp	2.259%	3/25/2028	17,720	19,736
35,000	CDW LLC	4.250%	4/1/2028	31,194	34,296
12,000	Berry Global Inc	5.500%	4/15/2028	12,036	12,261
34,000	Dollar Tree Inc	4.200%	5/15/2028	32,377	33,506
43,000	LKQ Corp	5.750%	6/15/2028	43,789	43,866
44,000	Trimble Inc	4.900%	6/15/2028	42,463	44,344
18,000	Block Financial LLC	2.500%	7/15/2028	15,167	16,711
31,000	HCA Inc	5.625%	9/1/2028	29,496	31,768
45,000	Westinghouse Air Brake Tech Corp	4.700%	9/15/2028	42,473	45,110
9,000	Willis North America Inc	4.500%	9/15/2028	8,765	8,985
13,000	Verizon Communications	4.329%	9/21/2028	12,620	13,031
56,000	Tenet Healthcare Corp	6.125%	10/1/2028	55,285	55,932
44,000	Conagra Brands Inc	4.850%	11/1/2028	42,076	44,240
41,000	Genuine Parts Co	6.500%	11/1/2028	43,363	43,356
41,000	SBA Communications Corp	3.125%	2/1/2029	32,493	37,989
32,000	Altria Group Inc	4.800%	2/14/2029	29,442	32,169
4,000	CDW LLC	3.250%	2/15/2029	3,492	3,724
13,000	AT&T Inc	4.350%	3/1/2029	12,659	12,978
15,000	Microchip Technology Inc	5.050%	3/15/2029	15,012	15,009
42,000	HP Inc	4.000%	4/15/2029	37,374	40,701
11,000	Motorola Solutions Inc	5.000%	4/15/2029	10,897	11,157
34,000	Motorola Solutions Inc	4.600%	5/23/2029	32,119	33,950
37,000	Service Corp International	5.125%	6/1/2029	34,104	36,598
38,000	Bath & Body Works Inc	7.500%	6/15/2029	36,010	38,907
38,000	Olin Corp	5.625%	8/1/2029	36,483	36,933
46,000	Qorvo Inc	4.375%	10/15/2029	40,108	43,967
14,000	Philip Morris International Inc	5.625%	11/17/2029	14,376	14,666
40,000	Encompass Health Corp	4.750%	2/1/2030	36,000	38,943

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Western Core**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>CORPORATE BONDS - Continued</b>					
14,000	Bat Capital Corp	4.906%	4/2/2030	\$ 13,359	\$ 14,054
14,000	Steel Dynamics Inc	3.450%	4/15/2030	12,769	13,173
14,000	Flex LTD	4.875%	5/12/2030	13,411	13,762
14,000	Global Payments Inc	2.900%	5/15/2030	12,090	12,594
44,000	Marriott International Inc	4.625%	6/15/2030	42,289	43,693
31,000	Block Financial LLC	3.875%	8/15/2030	27,530	29,146
6,000	Service Corp International	3.375%	8/15/2030	5,040	5,385
4,000	HCA Inc	3.500%	9/1/2030	3,503	3,729
14,000	Quanta Services Inc	2.900%	10/1/2030	12,381	12,662
37,000	Verizon Communications	2.550%	3/21/2031	31,640	32,909
28,000	Teledyne Technologies Inc	2.750%	4/1/2031	23,762	24,921
6,000	Service Corp International	4.000%	5/15/2031	5,275	5,487
29,000	Eagle Materials Inc	2.500%	7/1/2031	24,162	25,262
52,000	Dick's Sporting Goods Inc	3.150%	1/15/2032	41,810	45,510
22,000	Carlisle Cos Inc	2.200%	3/1/2032	18,215	18,213
12,000	Fortune Brands Innovations Inc	4.000%	3/25/2032	10,797	11,094
14,000	Yum! Brands Inc	5.375%	4/1/2032	13,876	13,793
4,000	HP Inc	4.200%	4/15/2032	3,557	3,733
7,000	Allegion US Holding Co Inc	5.411%	7/1/2032	6,939	7,098
27,000	Global Payments Inc	5.400%	8/15/2032	27,686	26,873
6,000	Service Corp International	5.750%	10/15/2032	6,060	5,937
42,000	Oracle Corp	6.250%	11/9/2032	44,645	44,753
29,000	Philip Morris International Inc	5.375%	2/15/2033	29,152	29,667
17,000	Fortune Brands Innovations Inc	5.875%	6/1/2033	17,668	17,472
33,000	Lowe's Cos Inc	5.150%	7/1/2033	33,719	33,120
11,000	Bat Capital Corp	6.421%	8/2/2033	11,493	11,751
43,000	Fiserv Inc	5.625%	8/21/2033	44,501	43,758
11,000	Altria Group Inc	6.875%	11/1/2033	11,904	12,091
7,000	American Tower Corp	5.450%	2/15/2034	7,034	7,109
18,000	Crown Castle Inc	5.800%	3/1/2034	18,939	18,388
29,000	Quanta Services Inc	5.250%	8/9/2034	29,159	28,574
	<b>Total Corporate Bonds</b>			<b>\$ 1,815,638</b>	<b>\$ 1,900,099</b>
<b>COMMON STOCKS</b>					
121	3M Co			\$ 16,959	\$ 16,808
107	Abbott Laboratories			12,968	13,990
45	Abbvie Inc Com			8,993	8,805
311	ACI Worldwide Inc			6,930	16,595
2,170	AdaptHealth Corp			24,594	18,467
552	Air Lease Corp			18,706	25,812
85	Alibaba Group Holding LTD			8,989	10,130
323	Alphabet Inc Cl C			54,769	51,967
333	Amazon Com Inc			67,194	61,412

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Western Core**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>COMMON STOCKS - Continued</b>					
57	Amphenol Corp New CI A			\$ 3,487	\$ 4,384
243	Apple Inc			47,333	51,638
53	Arista Networks Inc			3,637	4,322
230	ASGN Inc			17,148	11,587
365	Assured Guaranty LTD			18,848	32,021
3	Autozone Inc			9,126	10,238
477	Axcelis Technologies Inc			48,656	23,363
30	Berkshire Hathaway CI B			13,985	15,801
32	Blackstone Inc			4,257	4,193
2	Booking Holdings Inc			8,600	9,908
121	Broadcom Inc			19,584	23,289
83	Charles Schwab			5,800	6,752
16	Cheniere Energy Inc			3,650	3,679
256	Coca Cola Co			16,756	18,573
51	Conocophillips			5,364	4,587
82	DR Horton Inc			12,307	10,392
7	Deere & Co			2,950	3,340
78	Doordash Inc CI A			12,458	14,999
9	Eaton Corp PLC			2,978	2,741
45	Edward Lifesciences Corp			3,616	3,424
496	Element Solutions Inc			9,016	10,123
26	Eli Lilly & Co			20,579	23,544
123	Encompass Health Corp			5,981	14,390
280	Euronet Worldwide Inc			25,195	27,748
2	Fair Isaac & Co Inc			2,695	4,284
381	First American Finl Corp			21,419	23,169
21	First Citizen Bancshares			18,378	38,102
770	First Hawaiian Inc			18,914	17,602
64	Fiserv Inc			14,473	11,841
578	Formfactor Inc			16,836	16,265
780	Frontdoor Inc			18,331	32,066
44	Gilead Science			4,953	4,666
199	GMS Inc Com			8,792	14,579
21	Goldman Sachs Group Inc			11,172	11,678
130	Grand Canyon Ed Inc Com			10,963	23,188
229	GXO Logistics Incorporated			9,849	8,299
3,272	Hillman Solutions Corp			30,922	22,871
10	Home Depot Inc			4,072	3,639
10	Hubspot Inc			6,453	5,962
62	Independent BK Mass			3,641	3,678
406	Insperty Inc Com			41,580	26,394
19	Intercontinental Exchange Inc			3,281	3,173
132	Interdigital Inc			17,789	26,532

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Western Core**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>COMMON STOCKS - Continued</b>					
286	Intl Bancshares Corp			\$ 12,644	\$ 17,457
97	Intl Business Machines Corp			22,685	23,377
13	Intuit Inc			5,647	8,067
22	Intuitive Surgical Inc			9,498	11,187
89	Johnson & Johnson			13,478	13,975
24	KKR & Co Inc Cl A			2,449	2,769
32	Lam Research Corporation			2,836	2,307
119	Landstar System Inc			17,779	15,964
359	Lantheus Holdings Inc Com			21,339	37,458
671	Marcus & Millichap Inc Com			22,747	20,398
63	Mastercard Inc Cl A			31,701	34,313
297	Maximus Inc			19,064	19,887
41	McDonalds Corp			11,404	13,227
17	Mckesson Corp			9,766	12,065
4	Mercadolibre Inc			6,956	9,799
102	Metaplatforms Inc Cl A			57,476	55,998
169	Microsoft Corp			47,657	66,799
349	Modine MFG Co			22,496	28,492
24	Natera Inc Com			3,980	3,646
33	Netflix Inc			25,201	37,477
566	Nvidia Corporation			10,857	61,649
36	Oracle Corp			4,650	5,052
33	Palo Alto Networks Inc			4,025	6,194
279	PAR Technology CP Dela			7,130	16,294
115	Philip Morris Intl Inc			18,068	19,706
15	Quanta Services Inc			4,245	4,496
23	RTX Corporation			2,711	2,847
188	Ryman Hospitality Properties Inc			14,846	16,535
46	SalesForce Inc			14,777	12,250
19	ServiceNow Inc			16,482	17,762
74	Shopify Inc Cl A			7,185	7,019
420	Silicon Motion Tech Corp ADR			23,178	20,790
304	Skyward Specialty Ins Group			14,559	16,139
15	Snowflake Inc Cl A			2,796	2,459
18	Spotify Technology SA			5,061	11,030
82	Starbucks Corp Washington			8,005	6,551
5	Synopsis Inc			2,539	2,243
29	Taiwan Semiconductor MFG Co			4,147	4,907
36	Tesla Inc			7,524	10,196
4	Thermo Fisher Scientific			2,311	1,677
13	Trane Technologies PLC			4,272	5,110
7	Transdigm Group Inc			9,338	10,421
34	Twilio Inc Cl A			4,713	3,312

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Western Core**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>COMMON STOCKS - Continued</b>					
518	U Haul Holding Company			\$ 28,209	\$ 28,386
48	Uber Technologies Inc			3,481	3,857
47	Union Pacific Corp			11,493	10,184
94	Visa Inc Cl A			30,868	32,336
4	WW Grainger Inc			3,781	3,665
253	Walmart Inc			23,242	24,604
13	White Mountain Group Bermuda			18,015	23,438
246	Wintrust Fin Corp			21,362	27,348
500	Yeti Holdings Inc			15,971	14,275
	<b>Total Common Stocks</b>			<u>\$ 1,522,570</u>	<u>\$ 1,724,404</u>
<b>EXCHANGE TRADED FUNDS</b>					
1,281	Invesco S&P 500 Equal Weight ETF			\$ 192,453	\$ 216,668
2,505	iShares Core MSCI Emerging Markets ETF			113,664	135,696
7,861	Janus Henderson AAA Clo ETF			400,754	397,295
3,235	Vanguard Total Stock Market ETF			482,128	882,573
	<b>Total Exchange Traded Funds</b>			<u>\$ 1,188,999</u>	<u>\$ 1,632,232</u>
<b>MUTUAL FUNDS</b>					
18,198	Artisan Intl Value Fund			\$ 613,182	\$ 907,524
42,434	GQG Partners Emerging Markets Equity			550,067	699,735
13,277	Victory Trivalent Intl Small Cap I			198,842	219,875
	<b>Total Mutual Funds</b>			<u>\$ 1,362,091</u>	<u>\$ 1,827,134</u>
<b>MONEY MARKET FUND</b>					
141,235	Morgan Stanley Private Bank NA			\$ 141,235	\$ 141,235

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Boyd Watterson**

Face Value/ Number of Shares	Description	Interest Rate	Due Date	Cost	Market Value
<b>CORPORATE BONDS</b>					
45,000	Ares Capital Corp	3.250%	7/15/2025	\$ 43,529	\$ 44,855
45,000	Freeport McMoran Inc	5.000%	9/1/2027	44,244	44,918
45,000	United Rentals North America Inc	4.875%	1/15/2028	44,008	44,440
42,000	T-Mobile USA Inc	4.750%	2/1/2028	43,343	42,015
43,000	Charter Comm Operating LLC	5.050%	3/30/2029	42,262	42,897
48,000	Sunoco LP	4.500%	5/15/2029	44,565	45,494
47,000	Service Corp International	5.125%	6/1/2029	48,360	46,489
42,000	Capital One Financial Corp	6.312%	6/8/2029	43,551	43,725
45,000	Cheniere Energy Partners LP	4.500%	10/1/2029	43,969	43,907
45,000	Equinix Inc	3.200%	11/18/2029	45,090	42,279
43,000	Asbury Automotive Group Inc	4.750%	3/1/2030	40,796	40,312
43,000	Central Garden & Pet Co	4.125%	10/15/2030	40,094	39,299
40,000	Citigroup Inc	4.412%	3/31/2031	38,094	39,216
43,000	Duke Energy Corp	2.550%	6/15/2031	40,567	37,724
45,000	Quanta Services Inc	2.350%	1/15/2032	39,872	37,910
42,000	Murphy Oil Corp	6.000%	10/1/2032	41,947	38,122
44,000	Wells Fargo & Co	3.350%	3/2/2033	37,489	39,464
40,000	Bank of America Corp	4.244%	4/24/2038	37,753	35,712
40,000	Comcast Corp	4.700%	10/15/2048	44,034	34,016
50,000	Sysco Corp	3.300%	2/15/2050	44,885	32,735
50,000	JPMorgan Chase & Co	3.328%	4/22/2052	36,424	34,249
<b>Total Corporate Bonds</b>				<b>\$ 884,876</b>	<b>\$ 849,778</b>

**GOVERNMENT SECURITIES - TREASURY SECURITIES**

129,000	United States Treasury Note	2.875%	8/15/2028	\$ 120,416	\$ 126,002
160,000	United States Treasury Note	3.500%	1/31/2030	154,437	158,325
115,000	United States Treasury Note	4.625%	9/30/2030	118,039	119,582
135,000	United States Treasury Note	4.125%	7/31/2031	136,723	136,698
130,000	United States Treasury Note	3.375%	5/15/2033	123,166	124,008
29,000	United States Treasury Bond	4.000%	11/15/2042	30,211	26,761
160,000	United States Treasury Bond	4.250%	2/15/2054	151,528	148,475
<b>Total Government Securities - Treasury Securities</b>				<b>\$ 834,520</b>	<b>\$ 839,851</b>

**GOVERNMENT SECURITIES - FEDERAL AGENCIES**

160,000	FHLMC 30 YR Gold SD8122	2.500%	12/1/2050	\$ 122,020	\$ 76,666
70,000	FHLMC 30 YR Gold SD8128	2.000%	2/1/2051	62,928	39,149
100,000	FHLMC 30 YR Gold SD8288	5.000%	1/1/2053	94,780	83,840
107,000	Federal National Mortgage Assn. - Pool CB8687	5.500%	6/1/2054	100,660	97,294
90,000	Federal National Mortgage Assn. - Pool MA4564	3.000%	3/1/2052	83,945	61,568
124,000	Federal National Mortgage Assn. - Pool MA4600	3.500%	5/1/2052	114,769	91,454
93,000	Federal National Mortgage Assn. - Pool MA4655	4.000%	7/1/2052	89,613	72,718
140,000	Federal National Mortgage Assn. - Pool MA3744	3.000%	8/1/2049	57,064	15,835
105,000	Federal National Mortgage Assn. - Pool MA4805	4.500%	11/1/2052	99,544	85,857
85,000	Federal National Mortgage Assn. - Pool B04708	3.000%	11/1/2049	86,408	18,279
110,000	Federal National Mortgage Assn. - Pool BP5878	2.500%	6/1/2050	97,533	48,322
<b>Total Government Securities - Federal Agencies</b>				<b>\$ 1,009,264</b>	<b>\$ 690,982</b>

**MONEY MARKET**

31,726	Morgan Stanley Private Bank NA			\$ 31,726	\$ 31,726
--------	--------------------------------	--	--	-----------	-----------

**Glaziers Local No. 1162 Pension Fund**

**EIN: 34-6668355 PN: 001**

Schedule of Assets Held for Investment  
(Schedule H; Line 4i)

April 30, 2025

**Morgan Stanley - Cash Account**

Face Value/ Number of Shares	Description	Cost	Market Value
<b>MONEY MARKET</b>			
2,992	Federated Hermes Prime Cash Oblig. Fd	\$ 2,992	\$ 2,992
2,480	Morgan Stanley Private Bank NA	2,480	2,480
		<u>\$ 5,472</u>	<u>\$ 5,472</u>

**AFL-CIO Housing**

**REAL ESTATE INVESTMENTS**

9	AFL-CIO Housing Investment Trust	\$ 7,010	\$ 8,579
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**SUMMARY BY INVESTMENT TYPE**

Common Stocks	\$ 3,784,834	\$ 4,897,804
Corporate Bonds	2,700,514	2,749,877
Exchange Traded Funds	1,188,999	1,632,232
Government Securities - Federal	1,009,264	690,982
Government Securities - Treasury	834,520	839,851
Money Market Funds	315,747	315,747
Mutual Funds	1,478,104	1,941,408
Hedge Funds	1,057,413	1,124,510
Real Estate Investment Trust	7,010	8,579
Total Investments	<u>\$ 12,376,405</u>	<u>\$ 14,200,990</u>

**Glaziers Local No. 1162 Pension Fund**

EIN: 34-6668355 PN: 001

Schedule of Reportable Transactions  
(Schedule H, Line j)  
April 30, 2025

Identity of Party Involved	Description of Asset Including Interest Rate and Maturity Date	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Purchases:</u>							
	Morgan Stanley Bank NA	\$ 1,879,727	-	\$ -	\$ 1,879,727	\$ 1,879,727	\$ -
		<u>\$ 1,879,727</u>	<u>\$ 2,027,025</u>	<u>\$ -</u>	<u>\$ 2,027,025</u>	<u>\$ 3,906,752</u>	<u>\$ -</u>
<u>Sales:</u>							
	Morgan Stanley Bank NA	-	2,027,025	-	2,027,025	2,027,025	-
		<u>\$ 1,879,727</u>	<u>\$ 2,027,025</u>	<u>\$ -</u>	<u>\$ 3,906,752</u>	<u>\$ 3,906,752</u>	<u>\$ -</u>

**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 05/01/2024 and ending 04/30/2025

▶ **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.

<b>A</b> Name of plan Glaziers Local No. 1162 Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Glaziers Local No. 1162	<b>D</b> Employer Identification Number (EIN) 34-6668355	

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

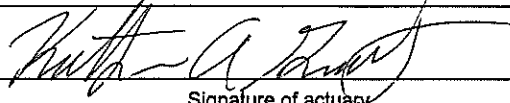
**1a** Enter the valuation date: Month 5 Day 1 Year 2024

**b** Assets

(1) Current value of assets.....	<b>1b(1)</b>	13,800,419
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b>	14,331,381
<b>c</b> (1) Accrued liability for plan using immediate gain methods.....	<b>1c(1)</b>	14,494,968
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method.....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b>	14,494,968
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability.....	<b>1d(2)(a)</b>	22,772,916
(b) Expected increase in current liability due to benefits accruing during the plan year.....	<b>1d(2)(b)</b>	474,900
(c) Expected release from "RPA '94" current liability for the plan year.....	<b>1d(2)(c)</b>	956,151
(3) Expected plan disbursements for the plan year.....	<b>1d(3)</b>	970,350

**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.

<b>SIGN HERE</b>		<u>12/17/2025</u>
	Signature of actuary	Date
Kathryn A. Garrity, FSA, EA, MAAA	Type or print name of actuary	23-05379
United Actuarial Services, Inc.	Firm name	Most recent enrollment number (317) 580-8670
11590 N. Meridian Street, Suite 610 Carmel	Address of the firm	Telephone number (including area code)
	IN 46032-4529	

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

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

Schedule MB (Form 5500) 2024  
v. 240311

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	13,800,419
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	73	9,646,172
<b>(2)</b> For terminated vested participants .....	50	4,794,820
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		615,567
<b>(b)</b> Vested benefits .....		7,716,357
<b>(c)</b> Total active .....	86	8,331,924
<b>(4)</b> Total .....	209	22,772,916
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	60.60%

**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
04/30/2025	606,609				
<b>Totals ▶</b>			<b>3(b)</b>	606,609	<b>3(c)</b>

**(d)** Total withdrawal liability amounts included in line 3(b) total ..... **3(d)**

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	98.9%
<b>b</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 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> 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
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> 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."	<b>4f</b>	

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

- |  |  |  |   |
|--|--|--|---|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |  |  |   |

<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>	
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> 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
<b>m</b> 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 .....	<b>5m</b>	

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.97 %
<b>b</b> Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A
<b>(2)</b> Females .....	<b>6c(2)</b>	A
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	6.75%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.2%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	9.0%
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	106,409
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<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	310,860	31,470

**8 Miscellaneous information:**

<b>a</b> 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 .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> 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
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	
<b>(3)</b> 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
<b>(4)</b> 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)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> 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
<b>e</b> 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). ....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	335,192

<b>c</b> 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 .....	<b>9c(1)</b>	4,895,037	729,127
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		71,842
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		1,136,161
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		2,062,996
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		606,609
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	2,668,454	379,448
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		185,337
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	3,301,618	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	6,476,228	
(3) FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		3,234,390
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		2,098,229
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>		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 .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		0
<b>11</b> 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

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 3**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 3 - Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

***PLAN HISTORY***

***Origins/Purpose***

The Glaziers Local No. 1162 Pension Plan was established effective May 1, 1970 as a result of a Collective Bargaining Agreement between the (Inside Glass Workers) Glaziers Local No. 1162 affiliated with the Brotherhood of Painters, Decorators and Paperhangers of America, AFL-CIO, and The Glazing Contractors Association of Akron and Canton, Ohio.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on May 1, 1971.

***Employer Contributions***

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates:

<i>Effective Date</i>	<i>Inside Glass</i>	<i>Glaziers</i>
06-01-95	0.61	1.33
06-01-96	0.75	1.51
06-01-97	0.90	1.70
06-01-98	1.07	1.91
06-01-99	1.16	2.11
06-01-00	1.16	2.15
06-01-01	1.26	2.15
06-01-02	1.31	2.27
06-01-03	1.48	2.50
06-01-04	1.81	2.75
06-01-05	2.00	3.00
05-01-06	2.10	3.10
05-01-07	2.28	3.25
05-01-08	2.43	3.45
05-01-09	2.68	3.70
07-01-10	2.78	3.80
05-01-13	2.78	3.90
05-01-15	2.95	4.20
05-01-16	2.95	4.45
05-01-17	3.39	4.57
05-01-18	3.54	4.82
05-01-19	3.62	4.96
05-01-20	3.71	5.21
05-01-21	3.81	5.36

***PLAN HISTORY (CONT.)***

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In 1970, the Trustees entered into a Deposit Administration Contract with the Bankers Life Insurance Company, now called the Principal Financial Group, under which all Retirement Benefits, except Total and Permanent Disability Benefits, were fully purchased from the Insurance Company and, therefore, were no longer a liability of the Pension Fund. The purchasing of benefits was discontinued for those retiring after May 1, 1982. On July of 1992, the original DA Contract was terminated and the remaining funds were transferred to a new Flexible Pension Investment Contract. As part of the change in contract form, the balance in the experience account was transferred to the new FPI contract and the payment of formerly purchased benefits became a liability of the Pension Fund.

**SUMMARY OF PLAN PROVISIONS**

<b>Participation</b>	May 1 following completion of 435 hours during a twelve consecutive month period, or prior to November 1, if earlier.
<b>Year of service</b>	Plan Year with at least 435 hours.
<b>Break in service</b>	Plan Year with less than 435 hours.
<b>Forfeited service</b>	A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service.
<b>Normal retirement benefit</b>	
<i>Eligibility</i>	Age 64 and 5 years of service or, if earlier, age 65 and 5 years of participation.
<i>Monthly amount</i>	\$6.00 per year of past service, plus 3.15% of total employer contributions made on and after May 1, 1970 and prior to May 1, 2003, plus 2.50% of total employer contributions made on and after May 1, 2003 and prior to May 1, 2006, plus 1.20% of total employer contributions made on and after May 1, 2006 and prior to May 1, 2009, plus 1.00% of total employer contributions made on and after May 1, 2009. Payable for life with 60 monthly payments guaranteed.
<b>Early retirement benefit</b>	
<i>Eligibility</i>	Age 55 and 10 years of service.
<i>Monthly amount</i>	
<i>Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: Normal reduced by 1/4% for each month under age 64. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by: <ul style="list-style-type: none"> <li>• 1/3% for each month from age 64 to age 61; plus</li> <li>• 5/12% for each month from age 61 to 58; plus</li> <li>• 1/2% per month from age 58 to 55</li> </ul> Payable for life with 60 months guaranteed.

**SUMMARY OF PLAN PROVISIONS (CONT.)**

<p><b>Total and permanent disability benefit</b>  <i>Eligibility</i></p>	<p>Under age 59, 10 years of service, disabled while in covered employment.</p>
<p><i>Monthly amount</i></p>	<p>70% of accrued normal. Payable until the earlier of age 59, recovery or death. Eligible for early retirement benefit at age 59.</p>
<p><b>Vested benefit</b>  <i>Eligibility</i></p>	<p>5 years of service, termination of employment.</p>
<p><i>Monthly amount</i>  <i>Grandfathered</i></p>	<p>Participants age 55 and with 10 or more years of service on or before October 1, 2019:              100% of normal, payable at normal or payable at early with reduction. Payable for life with 60 months guaranteed.</p>
<p><i>Non-grandfathered</i></p>	<p>Participants under age 55 or with less than 10 years of service on October 1, 2019:              Normal reduced by an actuarially equivalent factor from age 64. Payable for life with 60 months guaranteed.</p>
<p><b>Optional forms of payment</b></p>	<ul style="list-style-type: none"> <li>• Qualified joint and 50% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> <li>• Qualified joint and 75% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> <li>• Qualified joint and 100% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> </ul> <p>* If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity.</p>

**SUMMARY OF PLAN PROVISIONS (CONT.)**

**Pre-retirement surviving spouse benefit**

*Eligibility*

Death of vested participant with surviving spouse.

*Monthly amount*

50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date.

**Five years certain death benefit**

*Eligibility*

Death of vested participant, no spouse.

*Monthly amount*

Normal, payable to 60 months only. Also may be elected by a surviving spouse in lieu of the pre-retirement surviving spouse benefit.

**ACTUARIAL ASSUMPTIONS**

The following assumptions are used throughout this report except as specifically noted herein.

<b>Valuation date</b>	May 1, 2024
<b>Interest rates</b>	
<i>ERISA rate of return used to value liabilities</i>	6.75% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.75% per year net of investment expenses
<i>Current liability</i>	2.97% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
<b>Operational expenses</b>	
<i>Funding</i>	\$110,000 in the 2024-25 plan year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 13.50% load was applied to the accrued liabilities for 2024 (11.50% for 2023).
<b>Loading for pop-up feature</b>	Liabilities for retired participants receiving a joint and survivor form of benefit increased 2.5%.
<b>Loading for inactive vested pre-retirement death benefit</b>	Liabilities for inactive vested participants are increased by 1.0%.
<b>Mortality</b>	
<i>Assumed plan mortality</i>	105% (110% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

**ACTUARIAL ASSUMPTIONS (CONT.)**

**Disability**

150% of 1964 OASDI Disability Table (male) - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0013
30	.0017
35	.0022
40	.0033
45	.0054
50	.0091
55	.0151
60	.0244
64	.0348

**Withdrawal**

T-7 Turnover Table from The Actuary's Pension Handbook (less GAM 71 mortality) – specimen rates shown below. Assumed rate during second year of employment is 40%\* and 35% for the third year.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0969
30	.0932
35	.0873
40	.0779
45	.0642
50	.0434
52	.0327

No withdrawal assumed after participant reaches early retirement age.

\* All newly reported participants are considered to have already worked their first year of employment.

**ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Retirement</b> <i>Active lives</i>	According to the following schedule:																					
	<table border="0"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Grandfathered Retirement Rates</u></th> <th style="text-align: center;"><u>Non-Grandfathered Retirement Rates</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">.15</td> <td style="text-align: center;">.08</td> </tr> <tr> <td style="text-align: center;">56-59</td> <td style="text-align: center;">.02</td> <td style="text-align: center;">.02</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">.10</td> <td style="text-align: center;">.05</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">.15</td> <td style="text-align: center;">.20</td> </tr> <tr> <td style="text-align: center;">62-63</td> <td style="text-align: center;">.20</td> <td style="text-align: center;">.20</td> </tr> <tr> <td style="text-align: center;">64+</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">1.00</td> </tr> </tbody> </table>	<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>	55	.15	.08	56-59	.02	.02	60	.10	.05	61	.15	.20	62-63	.20	.20	64+	1.00	1.00
<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>																				
55	.15	.08																				
56-59	.02	.02																				
60	.10	.05																				
61	.15	.20																				
62-63	.20	.20																				
64+	1.00	1.00																				
	Resulting in an average expected retirement age of 62.1.																					
<i>Inactive vested lives</i>	Age 60 if 10 years of service else age 64, or valuation date, if later.																					
<i>Disabled lives</i>	Disability benefit assumed payable until the earlier of age 59, recovery, or death. Then early retirement benefit commences.																					
<b>Future hours worked</b>	Based on individual's average hours worked over the preceding 3 plan years with a minimum of 1,500 hours for new entrants. For participants hired within the last three years, partial years were omitted.																					
<b>Timing of decrements</b>	Beginning of year																					
<b>Future hourly contribution rate</b>	\$3.81– Inside Glass \$5.36 – Glaziers  Members were assumed to be glazier if actual contribution rate for the last year was \$4.33 or higher.																					
<b>Age of participants with unrecorded birth dates</b>	Based on average entry age of participants with recorded birth dates and same vesting status.																					
<b>Marriage assumptions</b>	100% assumed married with the male spouse 3 years older than his wife.																					
<b>Optional form assumption</b>	All non-retired participants are assumed to elect the life with 60 months guaranteed form of benefit.																					

**ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Inactive vested lives over age 74</b>	Continuing inactive vested participant's age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to May 1, 2020 are still assumed to be deceased.
<b>Section 415 limit assumptions</b> <i>Dollar limit</i>	\$275,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity.
<b>Benefits not valued</b>	<ul style="list-style-type: none"> <li>• Pre-retirement death benefits following withdrawal for active participants.</li> <li>• Pre-retirement death benefits following disability.</li> </ul>
<b>Benefits vested</b>	<p>No death benefits are vested.</p> <p>Disability benefits are considered vested only in relation to corresponding retirement benefit.</p> <p>Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.</p>

## ***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS***

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The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

### **ERISA rate of return used to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2024 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 6.75%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

### **Mortality**

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 110% multiplier for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022. Mortality is monitored annually and no adjustments are deemed necessary at this time.

### **Retirement**

Actual rates of retirement by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of retirement were confirmed based on the results of this study. No adjustments were deemed necessary at this time.

***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)***

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<b>Withdrawal</b>	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of withdrawal were confirmed based on the results of this study. No adjustments were deemed necessary at this time.
<b>Future hours worked</b>	Based on review of recent plan experience.

**ACTUARIAL METHODS**

<b>Funding method</b> <i>ERISA Funding</i>	Traditional unit credit cost method, effective May 1, 2021.
<i>Funding period</i>	Individual entry age normal with costs spread as a level dollar amount over service.
<b>Population valued</b> <i>Actives</i>	Eligible employees with at least one hour during the preceding plan year.
<i>Inactive vested</i>	Vested participants with no hours during the preceding plan year.
<i>Retirees</i>	Participants and beneficiaries in pay status as of the valuation date.
<b>Asset valuation method</b> <i>Actuarial value</i>	Smoothed market value without phase-in effective May 1, 2001. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<i>Unfunded vested benefits</i>	For the presumptive method, actuarial value, as described above, is used.

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 8B**  
**STATEMENT BY ENROLLED ACTUARY**

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.



**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 9**  
**STATEMENT BY ENROLLED ACTUARY**

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2024 Outstanding Balance	5/1/2024 Amortization Payment
				Years	Months		
<b>Charges</b>							
5/1/1995	Assumptions	128,574	30	1	0	10,143	10,143
5/1/1997	Assumptions	190,645	30	3	0	42,015	14,929
5/1/1997	Plan Amendment	259,669	30	3	0	57,227	20,334
5/1/1998	Assumptions	106,183	30	4	0	30,114	8,281
5/1/1998	Plan Amendment	418,007	30	4	0	118,533	32,597
5/1/2000	Assumptions	256,641	30	6	0	101,795	19,852
5/1/2001	Amendment	132,112	30	7	0	59,076	10,179
5/1/2001	Assumptions	1,286	30	7	0	576	99
5/1/2002	Assumptions	76,681	30	8	0	37,889	5,887
5/1/2003	Assumptions	166,540	30	9	0	89,539	12,738
5/1/2004	Assumptions	73,911	30	10	0	42,728	5,633
5/1/2005	Assumptions	80,694	30	11	0	49,678	6,129
5/1/2006	Assumptions	35,072	30	12	0	22,811	2,655
5/1/2007	Assumptions	367,412	30	13	0	250,936	27,729
5/1/2007	Plan Amendment	409,194	30	13	0	279,465	30,882
5/1/2009	Relief Asset 09 Loss	1,143,967	29	14	0	823,658	86,908
5/1/2010	Assumptions	9,988	15	1	0	1,040	1,040
5/1/2011	Assumptions	4,793	15	2	0	959	497
5/1/2011	Experience Loss	60,363	15	2	0	12,128	6,263
5/1/2012	Assumptions	110,126	15	3	0	32,030	11,382
5/1/2012	Experience Loss	219,117	15	3	0	63,726	22,645
5/1/2013	Assumptions	19,255	15	4	0	7,210	1,983
5/1/2013	Experience Loss	90,561	15	4	0	33,914	9,325
5/1/2015	Assumptions	204,911	15	6	0	107,447	20,953
5/1/2015	Experience Loss	145,840	15	6	0	76,467	14,913
5/1/2016	Assumption	255,666	15	7	0	151,333	26,076
5/1/2016	Experience Loss	515,663	15	7	0	305,227	52,593
5/1/2017	Assumption	61,767	15	8	0	40,449	6,284
5/1/2018	Assumptions	906,104	15	9	0	646,418	91,957
5/1/2018	Experience Loss	441,238	15	9	0	314,782	44,780
5/1/2020	Assumption	193,445	15	11	0	158,858	19,599
5/1/2020	Experience Loss	265,714	15	11	0	218,208	26,921
5/1/2021	Assumptions	319,238	15	12	0	277,705	32,318
5/1/2022	Assumption	105,531	15	13	0	96,680	10,683
5/1/2023	Experience Loss	24,403	15	14	0	23,413	2,470

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2024 Outstanding Balance	5/1/2024 Amortization Payment
				Years	Months		
5/1/2024	Experience Gain	310,860	15	15	0	310,860	31,470
<b>Total Charges:</b>						<b>4,895,037</b>	<b>729,127</b>

**Credits**

5/1/2014	Experience Gain	69,275	15	5	0	31,321	7,109
5/1/2017	Experience Gain	197,048	15	8	0	129,031	20,047
5/1/2019	Assumptiions	491,455	15	10	0	377,992	49,833
5/1/2019	Experience Gain	212,055	15	10	0	163,101	21,502
5/1/2019	Plan Amendment	246,258	15	10	0	189,405	24,970
5/1/2020	Plan Amendment	188,212	15	11	0	154,561	19,069
5/1/2021	Experience Gain	558,580	15	12	0	485,909	56,547
5/1/2021	Method	1,161,070	10	7	0	888,364	153,073
5/1/2022	Experience Gain	229,720	15	13	0	210,453	23,255
5/1/2023	Assumption	39,937	15	14	0	38,317	4,043

**Total Credits: 2,668,454 379,448**

**Net Charges: 2,226,583 349,679**

**Less Credit Balance: 2,062,996**

**Less Reconciliation Balance: 0**

**Unfunded Actuarial Liability: 163,587**

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 11**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed operational expenses were increased from \$94,556 to \$110,000 for the 2024-25 plan year. The annual increase remains at 2.5%. This reflects our best estimate of future expenses based on recent plan experience and expected inflationary increases.
- The expense load on ASC 960 liabilities was changed from 11.50% to 13.50% based on recent plan experience.
- The current liability interest rate was changed from 2.32% to 2.97%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 3**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 3 - Employer Contributions***

The employer contributions shown in line 3 of the Schedule MB were contributed or accrued throughout the plan year for work performed during the plan year.

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 6**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 6 - Summary of Plan Provisions***

Attached is a summary of the plan provisions valued. The plan provisions are the same as those valued in the preceding year.

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***

Attached is a summary of the actuarial assumptions and methods used to perform the most recent valuation.

***PLAN HISTORY***

***Origins/Purpose***

The Glaziers Local No. 1162 Pension Plan was established effective May 1, 1970 as a result of a Collective Bargaining Agreement between the (Inside Glass Workers) Glaziers Local No. 1162 affiliated with the Brotherhood of Painters, Decorators and Paperhangers of America, AFL-CIO, and The Glazing Contractors Association of Akron and Canton, Ohio.

The Pension Plan is managed under the provisions of the Labor Management Relations Act by a Board of Trustees consisting of an equal number of representatives from Labor and from Management.

The purpose of the Pension Plan is to provide Normal and Early Retirement Benefits, Joint and Survivor Benefits, Total and Permanent Disability Benefits, Vested Benefits and Death Benefits. Benefits first became payable on May 1, 1971.

***Employer Contributions***

The Pension Plan is financed entirely by contributions from the employers as specified in the applicable Collective Bargaining Agreements. Following is a history of recent hourly contribution rates:

<b><i>Effective Date</i></b>	<b><i>Inside Glass</i></b>	<b><i>Glaziers</i></b>
06-01-95	0.61	1.33
06-01-96	0.75	1.51
06-01-97	0.90	1.70
06-01-98	1.07	1.91
06-01-99	1.16	2.11
06-01-00	1.16	2.15
06-01-01	1.26	2.15
06-01-02	1.31	2.27
06-01-03	1.48	2.50
06-01-04	1.81	2.75
06-01-05	2.00	3.00
05-01-06	2.10	3.10
05-01-07	2.28	3.25
05-01-08	2.43	3.45
05-01-09	2.68	3.70
07-01-10	2.78	3.80
05-01-13	2.78	3.90
05-01-15	2.95	4.20
05-01-16	2.95	4.45
05-01-17	3.39	4.57
05-01-18	3.54	4.82
05-01-19	3.62	4.96
05-01-20	3.71	5.21
05-01-21	3.81	5.36

***PLAN HISTORY (CONT.)***

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In 1970, the Trustees entered into a Deposit Administration Contract with the Bankers Life Insurance Company, now called the Principal Financial Group, under which all Retirement Benefits, except Total and Permanent Disability Benefits, were fully purchased from the Insurance Company and, therefore, were no longer a liability of the Pension Fund. The purchasing of benefits was discontinued for those retiring after May 1, 1982. On July of 1992, the original DA Contract was terminated and the remaining funds were transferred to a new Flexible Pension Investment Contract. As part of the change in contract form, the balance in the experience account was transferred to the new FPI contract and the payment of formerly purchased benefits became a liability of the Pension Fund.

**SUMMARY OF PLAN PROVISIONS**

<b>Participation</b>	May 1 following completion of 435 hours during a twelve consecutive month period, or prior to November 1, if earlier.
<b>Year of service</b>	Plan Year with at least 435 hours.
<b>Break in service</b>	Plan Year with less than 435 hours.
<b>Forfeited service</b>	A non-vested participant with a number of consecutive breaks in service equaling the greater of 5 or his years of service. A vested participant cannot forfeit his years of service.
<b>Normal retirement benefit</b>	
<i>Eligibility</i>	Age 64 and 5 years of service or, if earlier, age 65 and 5 years of participation.
<i>Monthly amount</i>	\$6.00 per year of past service, plus 3.15% of total employer contributions made on and after May 1, 1970 and prior to May 1, 2003, plus 2.50% of total employer contributions made on and after May 1, 2003 and prior to May 1, 2006, plus 1.20% of total employer contributions made on and after May 1, 2006 and prior to May 1, 2009, plus 1.00% of total employer contributions made on and after May 1, 2009. Payable for life with 60 monthly payments guaranteed.
<b>Early retirement benefit</b>	
<i>Eligibility</i>	Age 55 and 10 years of service.
<i>Monthly amount</i>	
<i>Grandfathered</i>	Participants age 55 and with 10 or more years of service on or before October 1, 2019: Normal reduced by 1/4% for each month under age 64. Payable for life with 60 months guaranteed.
<i>Non-grandfathered</i>	Participants under age 55 or with less than 10 years of service on October 1, 2019: Normal reduced by: <ul style="list-style-type: none"> <li>• 1/3% for each month from age 64 to age 61; plus</li> <li>• 5/12% for each month from age 61 to 58; plus</li> <li>• 1/2% per month from age 58 to 55</li> </ul> Payable for life with 60 months guaranteed.

**SUMMARY OF PLAN PROVISIONS (CONT.)**

<p><b>Total and permanent disability benefit</b>  <i>Eligibility</i></p>	<p>Under age 59, 10 years of service, disabled while in covered employment.</p>
<p><i>Monthly amount</i></p>	<p>70% of accrued normal. Payable until the earlier of age 59, recovery or death. Eligible for early retirement benefit at age 59.</p>
<p><b>Vested benefit</b>  <i>Eligibility</i></p>	<p>5 years of service, termination of employment.</p>
<p><i>Monthly amount</i>  <i>Grandfathered</i></p>	<p>Participants age 55 and with 10 or more years of service on or before October 1, 2019:              100% of normal, payable at normal or payable at early with reduction. Payable for life with 60 months guaranteed.</p>
<p><i>Non-grandfathered</i></p>	<p>Participants under age 55 or with less than 10 years of service on October 1, 2019:              Normal reduced by an actuarially equivalent factor from age 64. Payable for life with 60 months guaranteed.</p>
<p><b>Optional forms of payment</b></p>	<ul style="list-style-type: none"> <li>• Qualified joint and 50% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> <li>• Qualified joint and 75% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> <li>• Qualified joint and 100% survivor with pop-up (paid for by adjusted joint and survivor factors)*</li> </ul> <p>* If spouse pre-deceases participant, amount in pay status pops-up to benefit amount that would have been payable if the participant had not elected the joint and survivor annuity.</p>

**SUMMARY OF PLAN PROVISIONS (CONT.)**

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**Pre-retirement surviving spouse benefit**

*Eligibility*

Death of vested participant with surviving spouse.

*Monthly amount*

50% of participant's qualified joint and 50% survivor annuity payable to spouse over spouse's lifetime commencing at participant's earliest retirement date.

**Five years certain death benefit**

*Eligibility*

Death of vested participant, no spouse.

*Monthly amount*

Normal, payable to 60 months only. Also may be elected by a surviving spouse in lieu of the pre-retirement surviving spouse benefit.

**ACTUARIAL ASSUMPTIONS**

The following assumptions are used throughout this report except as specifically noted herein.

<b>Valuation date</b>	May 1, 2024
<b>Interest rates</b>	
<i>ERISA rate of return used to value liabilities</i>	6.75% per year net of investment expenses
<i>Unfunded vested benefits</i>	6.75% per year net of investment expenses
<i>Current liability</i>	2.97% (as prescribed by Section 431(c)(6) of the Internal Revenue Code)
<b>Operational expenses</b>	
<i>Funding</i>	\$110,000 in the 2024-25 plan year excluding investment expenses, increasing 2.5% per year.
<i>ASC 960</i>	A 13.50% load was applied to the accrued liabilities for 2024 (11.50% for 2023).
<b>Loading for pop-up feature</b>	Liabilities for retired participants receiving a joint and survivor form of benefit increased 2.5%.
<b>Loading for inactive vested pre-retirement death benefit</b>	Liabilities for inactive vested participants are increased by 1.0%.
<b>Mortality</b>	
<i>Assumed plan mortality</i>	105% (110% for females) of the PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale.
<i>Current liability</i>	Separate annuitant and non-annuitant rates based on the RP-2000 Mortality Tables Report developed for males and females as prescribed by Section 431(c)(6) of the Internal Revenue Code.

**ACTUARIAL ASSUMPTIONS (CONT.)**

**Disability**

150% of 1964 OASDI Disability Table (male) - specimen rates shown below:

<u>Age</u>	<u>Disability Rate</u>
25	.0013
30	.0017
35	.0022
40	.0033
45	.0054
50	.0091
55	.0151
60	.0244
64	.0348

**Withdrawal**

T-7 Turnover Table from The Actuary's Pension Handbook (less GAM 71 mortality) – specimen rates shown below. Assumed rate during second year of employment is 40%\* and 35% for the third year.

<u>Age</u>	<u>Withdrawal Rate</u>
25	.0969
30	.0932
35	.0873
40	.0779
45	.0642
50	.0434
52	.0327

No withdrawal assumed after participant reaches early retirement age.

\* All newly reported participants are considered to have already worked their first year of employment.

**ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Retirement</b> <i>Active lives</i>	According to the following schedule:																					
	<table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Grandfathered Retirement Rates</u></th> <th style="text-align: center;"><u>Non-Grandfathered Retirement Rates</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">.15</td> <td style="text-align: center;">.08</td> </tr> <tr> <td style="text-align: center;">56-59</td> <td style="text-align: center;">.02</td> <td style="text-align: center;">.02</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">.10</td> <td style="text-align: center;">.05</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">.15</td> <td style="text-align: center;">.20</td> </tr> <tr> <td style="text-align: center;">62-63</td> <td style="text-align: center;">.20</td> <td style="text-align: center;">.20</td> </tr> <tr> <td style="text-align: center;">64+</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">1.00</td> </tr> </tbody> </table>	<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>	55	.15	.08	56-59	.02	.02	60	.10	.05	61	.15	.20	62-63	.20	.20	64+	1.00	1.00
<u>Age</u>	<u>Grandfathered Retirement Rates</u>	<u>Non-Grandfathered Retirement Rates</u>																				
55	.15	.08																				
56-59	.02	.02																				
60	.10	.05																				
61	.15	.20																				
62-63	.20	.20																				
64+	1.00	1.00																				
	Resulting in an average expected retirement age of 62.1.																					
<i>Inactive vested lives</i>	Age 60 if 10 years of service else age 64, or valuation date, if later.																					
<i>Disabled lives</i>	Disability benefit assumed payable until the earlier of age 59, recovery, or death. Then early retirement benefit commences.																					
<b>Future hours worked</b>	Based on individual's average hours worked over the preceding 3 plan years with a minimum of 1,500 hours for new entrants. For participants hired within the last three years, partial years were omitted.																					
<b>Timing of decrements</b>	Beginning of year																					
<b>Future hourly contribution rate</b>	\$3.81– Inside Glass \$5.36 – Glaziers  Members were assumed to be glazier if actual contribution rate for the last year was \$4.33 or higher.																					
<b>Age of participants with unrecorded birth dates</b>	Based on average entry age of participants with recorded birth dates and same vesting status.																					
<b>Marriage assumptions</b>	100% assumed married with the male spouse 3 years older than his wife.																					
<b>Optional form assumption</b>	All non-retired participants are assumed to elect the life with 60 months guaranteed form of benefit.																					

**ACTUARIAL ASSUMPTIONS (CONT.)**

<b>Inactive vested lives over age 74</b>	Continuing inactive vested participant's age nearest 74 and older are assumed deceased and are not valued. Participants assumed deceased under age 74 prior to May 1, 2020 are still assumed to be deceased.
<b>Section 415 limit assumptions</b> <i>Dollar limit</i>	\$275,000 per year.
<i>Assumed form of payment for those limited by Section 415</i>	Qualified joint and 100% survivor annuity.
<b>Benefits not valued</b>	<ul style="list-style-type: none"> <li>• Pre-retirement death benefits following withdrawal for active participants.</li> <li>• Pre-retirement death benefits following disability.</li> </ul>
<b>Benefits vested</b>	<p>No death benefits are vested.</p> <p>Disability benefits are considered vested only in relation to corresponding retirement benefit.</p> <p>Early retirement subsidies are considered vested when participant reaches age 55 and has 10 years of vesting service.</p>

## ***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS***

The non-prescribed actuarial assumptions were selected to provide a reasonable long term estimate of developing experience. The assumptions are reviewed annually, including a comparison to actual experience. The following describes our rationale for the selection of each non-prescribed assumption that has a significant effect on the valuation results.

### **ERISA rate of return used to value liabilities**

Future rates of return were modeled based on the Plan's current investment policy asset allocation and composite, long-term capital market assumptions taken from Horizon Actuarial's 2024 survey of investment consultants.

Based on this analysis, we selected a final assumed rate of 6.75%, which we feel is reasonable. This rate may not be appropriate for other purposes such as settlement of liabilities.

Due to the special rules related to withdrawal liability for a construction industry plan and the nature of the building trades industry, we believe the valuation interest rate is also appropriate for withdrawal liability purposes.

### **Mortality**

The PRI-2012 Blue Collar Mortality Tables for employees and healthy annuitants projected forward using the MP-2021 projection scale was chosen as the base table for this population.

The blue collar table was chosen based on the industry of plan participants.

Finally, a 105% multiplier for males and 110% multiplier for females was applied. This was based on a study of data from larger plans in similar industries. Based on information from the CDC on COVID-19 deaths through April 20, 2024, this study was adjusted to reflect an ongoing expectation of slightly higher deaths due to COVID-19 by 1) including an increase in deaths due to COVID-19 for the study period prior to March 15, 2020 and 2) excluding the high increase in deaths due to COVID-19 for the study period March 15, 2020 to March 15, 2022. Mortality is monitored annually and no adjustments are deemed necessary at this time.

### **Retirement**

Actual rates of retirement by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of retirement were confirmed based on the results of this study. No adjustments were deemed necessary at this time.

***RATIONALE FOR SELECTION OF ACTUARIAL ASSUMPTIONS (CONT.)***

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<b>Withdrawal</b>	Actual rates of withdrawal by age were last studied for this plan for the period May 1, 2016 to April 30, 2021. The assumed future rates of withdrawal were confirmed based on the results of this study. No adjustments were deemed necessary at this time.
<b>Future hours worked</b>	Based on review of recent plan experience.

**ACTUARIAL METHODS**

<p><b>Funding method</b>  <i>ERISA Funding</i></p>	Traditional unit credit cost method, effective May 1, 2021.
<p><i>Funding period</i></p>	Individual entry age normal with costs spread as a level dollar amount over service.
<p><b>Population valued</b>  <i>Actives</i></p>	Eligible employees with at least one hour during the preceding plan year.
<p><i>Inactive vested</i></p>	Vested participants with no hours during the preceding plan year.
<p><i>Retirees</i></p>	Participants and beneficiaries in pay status as of the valuation date.
<p><b>Asset valuation method</b>  <i>Actuarial value</i></p>	Smoothed market value without phase-in effective May 1, 2001. Each year's gain (or loss) is spread over a period of 5 years. The actuarial value is limited to not less than 80% and not more than 120% of the actual market value of assets in any plan year.
<p><i>Unfunded vested benefits</i></p>	For the presumptive method, actuarial value, as described above, is used.

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 8B**  
**STATEMENT BY ENROLLED ACTUARY**

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

Attached is the required Schedule of Active Participant Data from the most recent actuarial valuation.



**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 9**  
**STATEMENT BY ENROLLED ACTUARY**

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

Attached is a schedule of minimum funding amortization bases maintained pursuant to IRC Section 431.

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2024 Outstanding Balance	5/1/2024 Amortization Payment
				Years	Months		
<b>Charges</b>							
5/1/1995	Assumptions	128,574	30	1	0	10,143	10,143
5/1/1997	Assumptions	190,645	30	3	0	42,015	14,929
5/1/1997	Plan Amendment	259,669	30	3	0	57,227	20,334
5/1/1998	Assumptions	106,183	30	4	0	30,114	8,281
5/1/1998	Plan Amendment	418,007	30	4	0	118,533	32,597
5/1/2000	Assumptions	256,641	30	6	0	101,795	19,852
5/1/2001	Amendment	132,112	30	7	0	59,076	10,179
5/1/2001	Assumptions	1,286	30	7	0	576	99
5/1/2002	Assumptions	76,681	30	8	0	37,889	5,887
5/1/2003	Assumptions	166,540	30	9	0	89,539	12,738
5/1/2004	Assumptions	73,911	30	10	0	42,728	5,633
5/1/2005	Assumptions	80,694	30	11	0	49,678	6,129
5/1/2006	Assumptions	35,072	30	12	0	22,811	2,655
5/1/2007	Assumptions	367,412	30	13	0	250,936	27,729
5/1/2007	Plan Amendment	409,194	30	13	0	279,465	30,882
5/1/2009	Relief Asset 09 Loss	1,143,967	29	14	0	823,658	86,908
5/1/2010	Assumptions	9,988	15	1	0	1,040	1,040
5/1/2011	Assumptions	4,793	15	2	0	959	497
5/1/2011	Experience Loss	60,363	15	2	0	12,128	6,263
5/1/2012	Assumptions	110,126	15	3	0	32,030	11,382
5/1/2012	Experience Loss	219,117	15	3	0	63,726	22,645
5/1/2013	Assumptions	19,255	15	4	0	7,210	1,983
5/1/2013	Experience Loss	90,561	15	4	0	33,914	9,325
5/1/2015	Assumptions	204,911	15	6	0	107,447	20,953
5/1/2015	Experience Loss	145,840	15	6	0	76,467	14,913
5/1/2016	Assumption	255,666	15	7	0	151,333	26,076
5/1/2016	Experience Loss	515,663	15	7	0	305,227	52,593
5/1/2017	Assumption	61,767	15	8	0	40,449	6,284
5/1/2018	Assumptions	906,104	15	9	0	646,418	91,957
5/1/2018	Experience Loss	441,238	15	9	0	314,782	44,780
5/1/2020	Assumption	193,445	15	11	0	158,858	19,599
5/1/2020	Experience Loss	265,714	15	11	0	218,208	26,921
5/1/2021	Assumptions	319,238	15	12	0	277,705	32,318
5/1/2022	Assumption	105,531	15	13	0	96,680	10,683
5/1/2023	Experience Loss	24,403	15	14	0	23,413	2,470

**Glaziers Local No. 1162 Pension Plan**  
**EIN: 34-6668355/PN: 001**  
**Attachment to 2024 Schedule MB: Lines 9c and 9h**  
**Schedule of Funding Standard Account Bases**

Date Established	Source of Change in Unfunded Liability	Original Amount	Original Period	Remaining Period		5/1/2024 Outstanding Balance	5/1/2024 Amortization Payment
				Years	Months		
5/1/2024	Experience Gain	310,860	15	15	0	310,860	31,470
<b>Total Charges:</b>						<b>4,895,037</b>	<b>729,127</b>

**Credits**

5/1/2014	Experience Gain	69,275	15	5	0	31,321	7,109
5/1/2017	Experience Gain	197,048	15	8	0	129,031	20,047
5/1/2019	Assumptiions	491,455	15	10	0	377,992	49,833
5/1/2019	Experience Gain	212,055	15	10	0	163,101	21,502
5/1/2019	Plan Amendment	246,258	15	10	0	189,405	24,970
5/1/2020	Plan Amendment	188,212	15	11	0	154,561	19,069
5/1/2021	Experience Gain	558,580	15	12	0	485,909	56,547
5/1/2021	Method	1,161,070	10	7	0	888,364	153,073
5/1/2022	Experience Gain	229,720	15	13	0	210,453	23,255
5/1/2023	Assumption	39,937	15	14	0	38,317	4,043

**Total Credits: 2,668,454 379,448**

**Net Charges: 2,226,583 349,679**

**Less Credit Balance: 2,062,996**

**Less Reconciliation Balance: 0**

**Unfunded Actuarial Liability: 163,587**

**GLAZIERS LOCAL NO. 1162 PENSION PLAN**  
**EIN: 34-6668355/PN: 001**  
**ATTACHMENT TO 2024 SCHEDULE MB: LINE 11**  
**STATEMENT BY ENROLLED ACTUARY**

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***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

The assumptions and methods differ from those used the preceding year in the following respects:

- The assumed operational expenses were increased from \$94,556 to \$110,000 for the 2024-25 plan year. The annual increase remains at 2.5%. This reflects our best estimate of future expenses based on recent plan experience and expected inflationary increases.
- The expense load on ASC 960 liabilities was changed from 11.50% to 13.50% based on recent plan experience.
- The current liability interest rate was changed from 2.32% to 2.97%. The new rate is within established statutory guidelines.

***Actuary's Statement of Reliance***

In completing this Schedule MB, the enrolled actuary has relied upon the correctness of the financial information presented in the pension fund audit and upon the accuracy and completeness of participant census data provided by the plan administrator.

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 05/01/2024 and ending 04/30/2025

- A This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan  a DFE (specify) \_\_\_\_\_
- B This return/report is:  the first return/report  the final return/report
  - an amended return/report  a short plan year return/report (less than 12 months)
- C If the plan is a collectively-bargained plan, check here  the DFVC program
- D Check box if filing under:  Form 5558  automatic extension  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 GLAZIERS LOCAL NO. 1162 PENSION FUND		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	05/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GLAZIERS LOCAL NO. 1162 PENSION FUND		2b Employer Identification Number (EIN)	34-6668355
CW BREITSMAN ASSOCIATES, LLC THREE GATEWAY CENTER, STE. 1625 401 LIBERTY AVENUE PITTSBURGH PA 15222		2c Plan Sponsor's telephone number	412-325-2200
		2d Business code (see instructions)	238100

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

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

SIGN HERE	X		X
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X	SCOTT HARTER	X
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4085 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. 1510-0110 1510-0089  <b>2024</b>  This Form is Open to Public Inspection
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**Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  the final return/report
- an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here  the DFVC program
- D** Check box if filing under:  Form 5558  automatic extension  special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Basic Plan Information**—enter all requested information

<b>1a</b> Name of plan <b>GLAZIERS LOCAL NO. 1162 PENSION FUND</b>	<b>1b</b> Three-digit plan number (PN) <b>001</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>GLAZIERS LOCAL NO. 1162 PENSION FUND</b>  <b>CW BREITSMAN ASSOCIATES, LLC</b> <b>THREE GATSBY CENTER, STE. 1625</b> <b>401 LIBERTY AVENUE</b> <b>PITTSBURGH PA 15222</b>	<b>1c</b> Effective date of plan <b>05/01/1970</b>  <b>2b</b> Employer identification Number (EIN) <b>34-6668355</b>  <b>2c</b> Plan Sponsor's telephone number <b>412-325-2200</b>  <b>2d</b> Business code (see instructions) <b>238100</b>

**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.

<input checked="" type="checkbox"/>	Signature of plan administrator	Date	<input checked="" type="checkbox"/>	Enter name of individual signing as plan administrator
	<i>Jane D Hughes</i>	1/20/26		<i>Jane D Hughes</i>
<input checked="" type="checkbox"/>	Signature of employer/plan sponsor	Date	<input checked="" type="checkbox"/>	Enter name of individual signing as employer or plan sponsor
<input type="checkbox"/>	Signature of DFE	Date	<input type="checkbox"/>	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b>	209
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year		<b>6a(1)</b>	86
<b>a(2)</b> Total number of active participants at the end of the plan year		<b>6a(2)</b>	88
<b>b</b> Retired or separated participants receiving benefits		<b>6b</b>	47
<b>c</b> Other retired or separated participants entitled to future benefits		<b>6c</b>	52
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.		<b>6d</b>	187
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<b>6e</b>	25
<b>f</b> Total. Add lines 6d and 6e.		<b>6f</b>	212
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<b>7</b>	15

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

1B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

34-6668355

**Federal Statements**

FYE: 4/30/2025

**GLAZIERS LOCAL NO. 1162 PENSION FUND**

**Plan: 001**

**Plan transactions in excess of 5% of plan assets**

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
MORGAN STANLEY BANK NA		\$ 1879727	\$	\$	\$	\$ 1879727	\$ 1879727	\$
MORGAN STANLEY BANK NA			2027025			2027025	2027025	

**Federal Statements**

FYE: 4/30/2025

**GLAZIERS LOCAL NO. 1162 PENSION FUND  
Plan: 001**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		COMMON STOCKS	\$ 3,784,834	\$ 4,897,804
		CORPORATE BONDS	2,700,514	2,749,877
		EXCHANGE TRADED FDS	1,188,999	1,632,232
		GOV'T SEC'S - FED	1,009,264	690,982
		GOV'T SEC'S - TREAS	834,520	839,851
		MONEY MARKET FDS	315,747	315,747
		MUTUAL FUNDS	1,478,104	1,941,408
		HEDGE FUNDS	1,057,413	1,124,510
		REIT	7,010	8,579