

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 06/01/2024 and ending 05/31/2025

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - an amended return/report
 - the final 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
 - special extension (enter description)
 - automatic extension
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WELFARE FUND</u> <u>4225 LAWNDALE AVENUE</u> <u>LYONS, IL 60534</u>	1c Effective date of plan <u>06/01/1957</u> 2b Employer Identification Number (EIN) <u>36-6126628</u> 2c Plan Sponsor's telephone number <u>708-443-9000</u> 2d Business code (see instructions) <u>238100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/26/2026	MICHAEL MABUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/26/2026	MATTHEW SHAPIRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	702
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	479
	6a(2)	433
	6b	233
	6c	
	6d	666
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	72

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-6126628</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HEALTH CARE SERVICE CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	PIL00015	260	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	835342
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p>A Name of plan GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 36-6126628</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	F003407001	494	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ AD&D

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	34269
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WELFARE FUND	D Employer Identification Number (EIN) 36-6126628	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

BLUECROSS BLUESHIELD OF ILLINOIS

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 73	NONE	596618	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 type="checkbox"/>

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

ARNOLD & KADJAN

36-2498571

(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 49	NONE	135082	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)

BENEFITS MANAGEMENT GROUP INC

20-0188125

(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 36 49	NONE	123420	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)

AMALGAMATED BANK

36-0721895

(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 28 62	NONE	81711	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 type="checkbox"/>

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

TFBC, INC.

27-3782504

(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?
16	NONE	53373	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	31500	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)

HINSHAW & CULBERTSON

36-2128133

(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	NONE	10000	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)

CHEIRON

13-4215617

(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	NONE	9000	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)

RICHARD J WOLF

36-3182363

(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	NONE	7815	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)

VISION SERVICE PLAN

20-0891619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	6052	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)

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WELFARE FUND	D Employer Identification Number (EIN) 36-6126628

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	128090	114713
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	985934	973585
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	200454	226198
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	393296	205216
(2) U.S. Government securities	1c(2)	13928244	14637800
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9978216	8652419
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5587534	4464141
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31201768	29274072
Liabilities			
g Benefit claims payable.....	1g	809905	564958
h Operating payables.....	1h	37961	32015
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	54208	27824
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	902074	624797
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30299694	28649275

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	10075468	
(B) Participants.....	2a(1)(B)	102402	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10177870
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	20794	
(B) U.S. Government securities.....	2b(1)(B)	620916	
(C) Corporate debt instruments.....	2b(1)(C)	334070	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		975780
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	70956	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		70956
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	25593248	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	25499400	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		93848
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	374300	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		630651
c Other income	2c		897183
d Total income. Add all income amounts in column (b) and enter total	2d		13220588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12826966	
(2) To insurance carriers for the provision of benefits	2e(2)	940888	
(3) Other	2e(3)	602670	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14370524
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	121983	
(3) Recordkeeping fees	2i(3)	7815	
(4) IQPA audit fees	2i(4)	31500	
(5) Investment advisory and investment management fees	2i(5)	83193	
(6) Bank or trust company trustee/custodial fees	2i(6)	4518	
(7) Actuarial fees	2i(7)	9000	
(8) Legal fees	2i(8)	144904	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	7541	
(11) Other expenses	2i(11)	90029	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		500483
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14871007

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1650419
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Financial Statements

May 31, 2025

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Financial Statements with Supplementary Information

May 31, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Benefit Obligations	5
Statements of Changes in Benefit Obligations	6
Notes to Financial Statements	7
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

To the Participants and Trustees of
Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund

Opinion

We have audited the financial statements of Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence that 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. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

March 6, 2026

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Statements of Net Assets Available for Benefits

May 31, 2025 and 2024

Assets	<u>2025</u>	<u>2024</u>
Investments - at fair value		
Mutual funds	\$ 4,669,357	\$ 5,980,830
U.S. Government and Government Agency obligations	14,637,800	13,928,244
Corporate bonds and notes	<u>8,652,419</u>	<u>9,978,216</u>
Total investments	<u>27,959,576</u>	<u>29,887,290</u>
Receivables		
Employer contributions	973,585	985,934
Accrued interest and dividends	214,094	174,334
Other	<u>875</u>	<u>875</u>
Total receivables	<u>1,188,554</u>	<u>1,161,143</u>
Prepaid expenses	<u>11,229</u>	<u>25,245</u>
Cash	<u>114,713</u>	<u>128,090</u>
Total assets	<u>29,274,072</u>	<u>31,201,768</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	32,015	37,961
Due to related organizations	<u>27,824</u>	<u>54,208</u>
Total liabilities	<u>59,839</u>	<u>92,169</u>
Net assets available for benefits	<u>\$ 29,214,233</u>	<u>\$ 31,109,599</u>

See accompanying notes to financial statements.

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Statements of Changes In Net Assets Available for Benefits

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,098,799	\$ 1,355,198
Interest and dividends	<u>1,046,736</u>	<u>1,011,948</u>
	2,145,535	2,367,146
Less investment expenses	<u>(83,193)</u>	<u>(84,775)</u>
Net investment income	2,062,342	2,282,371
Employer contributions	10,075,468	11,701,023
Participant contributions	102,402	87,776
Prescription drug rebates	<u>897,183</u>	<u>564,450</u>
Total additions	<u>13,137,395</u>	<u>14,635,620</u>
Deductions		
Cost of benefits		
Claim payments	13,071,913	12,956,714
Retiree premiums	905,507	815,191
Life insurance and AD&D premiums	35,381	40,875
Claims administration fees	<u>602,670</u>	<u>572,200</u>
Total cost of benefits	<u>14,615,471</u>	<u>14,384,980</u>
Administrative expenses		
Actuarial fees	9,000	15,000
Administration fees	121,983	113,973
Audit and accounting fees	31,500	31,000
Bank fees	4,518	5,236
Conferences and meetings	17,935	15,708
Consulting fees	53,373	25,216
Fees mandated by ACA	2,190	4,419
Insurance and bonding	21,013	20,782
Legal and collection fees	144,904	126,202
Payroll compliance audit fees	7,815	20,955
Printing, postage and other	<u>3,059</u>	<u>8,281</u>
Total administrative expenses	<u>417,290</u>	<u>386,772</u>
Total deductions	<u>15,032,761</u>	<u>14,771,752</u>
Net (decrease)	(1,895,366)	(136,132)
Net assets available for benefits		
Beginning of year	<u>31,109,599</u>	<u>31,245,731</u>
End of year	<u>\$ 29,214,233</u>	<u>\$ 31,109,599</u>

See accompanying notes to financial statements.

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Statements of Benefit Obligations

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 564,958	\$ 809,905
Other obligations for current benefit coverage, at estimated amounts		
Accumulated eligibility	<u>10,711,000</u>	<u>11,336,000</u>
Postretirement benefit obligations		
Current retirees	30,334,000	22,706,000
Other participants fully eligible for benefits	17,651,000	18,847,000
Other participants not yet fully eligible for benefits	<u>28,933,000</u>	<u>34,353,000</u>
Total postretirement benefit obligations	<u>76,918,000</u>	<u>75,906,000</u>
Total benefit obligations	<u><u>\$ 88,193,958</u></u>	<u><u>\$ 88,051,905</u></u>

See accompanying notes to financial statements.

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Statements of Changes in Benefit Obligations

Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 809,905	\$ 861,897
(Decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	<u>(244,947)</u>	<u>(51,992)</u>
Balance at end of year	<u>564,958</u>	<u>809,905</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	11,336,000	11,812,000
(Decrease) during the year attributable to changes in		
Accumulated eligibility	<u>(625,000)</u>	<u>(476,000)</u>
Balance at end of year	<u>10,711,000</u>	<u>11,336,000</u>
Postretirement benefit obligations		
Balance at beginning of year	75,906,000	73,392,000
Increase (decrease) during the year attributable to		
Benefits earned and other changes	4,860,000	2,669,000
Estimated benefit payments net of retiree contributions	(3,333,000)	(3,136,000)
Passage of time	3,081,000	2,981,000
Plan amendments	9,520,000	-
Changes in actuarial assumptions	<u>(13,116,000)</u>	<u>-</u>
Balance at end of year	<u>76,918,000</u>	<u>75,906,000</u>
Total benefit obligations	<u>\$ 88,193,958</u>	<u>\$ 88,051,905</u>

See accompanying notes to financial statements.

**Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund**

Notes to Financial Statements

May 31, 2025 and 2024

Note 1. Description of the Plan

Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund (the Plan) was established as a result of a collective bargaining agreement between the local union and various employers, for the purpose of providing health, disability and death benefits for eligible participants. The Plan is a multiemployer welfare plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides health (hospital, surgical, major medical, prescription drug, dental, vision and hearing), disability and death (life and accidental death and dismemberment insurance) benefits for participants who meet eligibility requirements defined by the Plan.

Certain retirees are also eligible for benefits, other than dental, vision or death benefits. The Plan has contracted to provide an insured arrangement of a Medicare Advantage Plan for medical benefits, combined with a Medicare Retiree Prescription Drug Plan, forming a MAPD Plan for Medicare eligible retirees and Medicare eligible dependents.

To become initially eligible for benefits, participants must be employed by one or more contributing employers working within the jurisdiction of the local union and must have a minimum number of hours worked within a period of three consecutive months, referred to as the Contribution Quarter. Benefit coverage starts on the first day of the corresponding Benefit Quarter in which the required amount of hours is accumulated, as shown below. The minimum required amount of hours for initial eligibility is 240 hours during a three-month period.

<u>Contribution Quarter</u>	<u>Benefit Quarter</u>
October, November, December	March, April, May
January, February, March	June, July, August
April, May, June	September, October, November
July, August, September	December, January, February

Eligibility continues during a Benefit Quarter if at least 240 credited hours are earned. The Plan also provides health benefits to participants during periods of unemployment or underemployment, to the extent they have accumulated credit amounts (expressed in hours) in excess of hours required for current coverage. All credited hours earned in excess of the hours required for current coverage are held in each participant's hours accumulation account (banked hours) up to a maximum of 720 hours.

Note 1. Description of the Plan (continued)

The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The contribution rate was \$15.44 per hour effective June 1, 2023, and was increased to \$15.64 per hour effective June 1, 2024.

Participants who work less than the required amount of hours necessary for a full contribution by their employer may also continue their eligibility by making self-payments to the Plan. Participant self-payment monthly rates are the difference between the required 240 hours and the number of hours that have been paid on the participant's behalf in the corresponding Benefit Quarter. Participant contributions are also allowed to provide benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA monthly rates for the years ended May 31, 2025 and 2024 ranged from \$131 to \$400 depending on the participant's coverage option.

The Plan offers benefit coverage to certain eligible retirees. Such benefits are partially funded by contributions from the retiree. The retiree self-payment monthly rate for the years ended May 31, 2025 and 2024 was \$173.

Continuation of healthcare benefits to persons who would otherwise lose those benefits due to certain events, as mandated by COBRA, has been adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount 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 exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex dividend date.

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for doubtful accounts is considered unnecessary and is not provided.

Note 2. Summary of Significant Accounting Policies (continued)

Benefit Obligations - Benefit obligations are estimated by the Plan's actuarial consultant using accepted actuarial principles, based on claims experience, Plan benefits and other data as considered necessary.

The obligation for accumulated eligibility represents an estimate of claims which will be due the following year for participants credited with sufficient hours prior to May 31 to maintain eligibility after year end.

Employer Contributions - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. Covered employment is primarily derived in the painting and taping industries within a jurisdiction located in the Chicagoland area.

Prescription Drug Rebates - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Reclassification - Certain prior year amounts have been reclassified to conform to the current year presentation.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through March 6, 2026, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan.

Note 4. Tax Status

The Plan obtained a notice of exemption in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Note 5. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of May 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

		<u>Fair Value Measurements at 5/31/25 Using</u>			
		Quoted Prices			
		in Active	Significant		
		Markets for	Other	Significant	
		Identical	Observable	Unobservable	
		Assets	Inputs	Inputs	
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
	<u>Total</u>				
Mutual funds	\$ 4,669,357	\$ 4,669,357	\$ -	\$ -	
U.S. Government and Government Agency obligations	14,637,800	3,501,978	11,135,822	-	
Corporate bonds and notes	<u>8,652,419</u>	<u>-</u>	<u>8,652,419</u>	<u>-</u>	
Total	<u>\$ 27,959,576</u>	<u>\$ 8,171,335</u>	<u>\$ 19,788,241</u>	<u>\$ -</u>	

		<u>Fair Value Measurements at 5/31/24 Using</u>			
		Quoted Prices			
		in Active	Significant		
		Markets for	Other	Significant	
		Identical	Observable	Unobservable	
		Assets	Inputs	Inputs	
		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
	<u>Total</u>				
Mutual funds	\$ 5,980,830	\$ 5,980,830	\$ -	\$ -	
U.S. Government and Government Agency obligations	13,928,244	3,346,437	10,581,807	-	
Corporate bonds and notes	<u>9,978,216</u>	<u>-</u>	<u>9,978,216</u>	<u>-</u>	
Total	<u>\$ 29,887,290</u>	<u>\$ 9,327,267</u>	<u>\$ 20,560,023</u>	<u>\$ -</u>	

Note 5. Fair Value Measurements (continued)

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations and corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Note 6. Postretirement Benefit Obligations

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to May 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employees' service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note 6. Postretirement Benefit Obligations (continued)

The following significant assumptions were used in the valuations as of May 31, 2025 and 2024:

Discount rate:

2025 - 5.75%

2024 - 4.00%

Health trend rates:

Medical:

2025 - 9.00% graded to 4.04% over 21 years

2024 - 8.00% graded to 4.04% over 19 years

Prescription drug:

2025 - 9.00% graded to 4.04% over 21 years

2024 - 8.50% graded to 4.04% over 19 years

Medicare Advantage Prescription Drug:

2025 - 4.87% in 2026, 9.17% in 2027, 6.00% in 2028 graded to 4.04% over 21 years

2024 - 12.63% in 2025, 6.00% in 2026 trending down to 4.04% over 19 years

Mortality:

Healthy - 130% of RP-2014 Healthy Mortality Table with Blue Collar adjustment

Disabled - 130% of RP-2014 Disability Mortality Table

Retirement:

Active members with less than 30 years of benefit service:

<u>Age</u>	<u>Rate</u>
60-61	5.00%
62	50%
63	35%
64	45%
65+	100%

Active members with 30 or more years of benefit service:

<u>Age</u>	<u>Rate</u>
55-59	2.5%
60	25%
61	15%
62	50%
63	35%
64	45%
65+	100%

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase the postretirement benefit obligation by \$10,761,000 and \$10,945,000 as of May 31, 2025 and 2024, respectively.

Note 6. Postretirement Benefit Obligations (continued)

Plan benefit improvements were effective June 1, 2024 to allow surviving spouses of participants who decease at age 60 and over to maintain coverage under the same terms as were present at the time of the participant's death. This benefit improvement increased obligations by \$9,520,000 during the year ended May 31, 2025.

During the year ended May 31, 2025, valuation assumption changes decreased obligations by \$13,116,000. This was primarily the result of increasing the discount rate from 4.00% to 5.75% and updating claims and trends to reflect recent experience and future expectations of projected claims.

The costs of postretirement benefits are shared by the Plan's participating employers and retirees. The Board of Trustees periodically adjusts the portion to be paid by the retired participants. The Plan's actuarial consultant has estimated that retiree contributions are projected to cover approximately 0.23% and 0.44% of the estimated present value of the postretirement benefits as of May 31, 2025 and 2024, respectively.

The Plan's deficiency of net assets over benefit obligations relates primarily to the postretirement benefit obligation, the funding of which is not entirely covered by the contribution rate provided by the current collective bargaining agreement. However, the Plan empowers the Board of Trustees to increase or decrease the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

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

Note 7. Risks and Uncertainties

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 the amounts reported in the statements of net assets available for benefits.

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

Note 8. Concentration of Cash

Cash consists of monies held in checking and savings accounts without significant withdrawal restrictions. The Plan places its cash at financial institutions deemed to be creditworthy. Balances are insured by the Federal Deposit Insurance Corporation up to \$250,000 per financial institution. Although balances may at times exceed insured limits, Plan management believes its credit risk to be minimal.

Note 9. Major Employer

Contributions from one employer accounted for approximately 13% of total contributions for the year ended May 31, 2025. The Plan had no major employers for the year ended May 31, 2024. In the event this employer were to suspend contributions, the Plan would terminate coverage to the employer's participants as required under the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 10. Related Organizations

The Plan is related to Glaziers' Union Local No. 27 Pension and Retirement Plan (the Pension Plan), Glaziers' Local No. 27 Joint Apprenticeship Fund, and Glaziers' Architectural Metal and Glass Workers Local Union No. 27 (the Union).

The Union pays certain administrative expenses on behalf of the Plan, which are subsequently reimbursed. Expenses, which include meetings, conferences and other administrative expenses, totaled \$2,034 in 2025 and \$4,271 in 2024. Amounts due to the Union at May 31, 2025 and 2024 totaled \$1,836 and \$2,951 respectively.

The Pension Plan may at times pay certain administrative expenses on behalf of the Plan. Amounts due to or from the Pension Plan may also arise from corrections related to payments made or collections received by the Pension Plan on behalf of the Plan. During the years ended May 31, 2025 and 2024, the Pension Plan paid \$24,563 and \$1,425 respectively, for legal fees on behalf of the Plan. The amounts due to the Pension Plan at May 31, 2025 and 2024 totaled \$25,988 and \$51,257 respectively.

Note 11. Party-in-Interest Transactions

The Plan pays fees and receives rebates or credits under several arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 29,214,233	\$ 31,109,599
Less - benefit obligations currently payable	<u>(564,958)</u>	<u>(809,905)</u>
Net assets available for benefits per the Form 5500	<u>\$ 28,649,275</u>	<u>\$ 30,299,694</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended May 31, 2025:

Benefits paid to or for participants per the financial statements	\$ 14,615,471
Add - amounts currently payable at the end of the year	564,958
Less - amounts currently payable at the beginning of the year	<u>(809,905)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 14,370,524</u>

Note 13. Department of Labor Investigation

The U.S. Department of Labor (DOL) recently conducted a review of the Plan's compliance with the Mental Health Parity and Addiction Equity Act and the Consolidated Appropriations Act's requirements for non-quantitative treatment limitations regarding exclusions for outpatient applied behavioral analysis therapy services. The Plan followed the DOL's recommendations for certain corrective actions. The DOL has advised the Plan that the investigation was completed, and a closing letter received in September 2025 indicated that no further action was necessary.

Report of Independent Auditors on Supplementary Schedules

To the participants and Trustees of
Glazing Employers and Glaziers' Union Local No. 27
Health and Welfare Fund

We have audited the financial statements of Glazing Employers and Glaziers' Union Local No. 27 Health and Welfare Fund (the Plan) as of May 31, 2025 and 2024, and our report thereon dated March 6, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 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.

Legacy Professionals LLP

Westchester, Illinois

March 6, 2026



TRADE DATE - INCOME ACCRUALS Page 4

Statement Period	06/01/24 through 05/31/25
Account Number	GLAZING EMPLOYERS AND GLAZIERS' UNION LOCAL #27 HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	ACCRUED INCOME	214,094.16		214,094.16		0.00
	SHORT TERM INVESTMENTS					
205,215.66	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.2% 38141W273	205,215.66		205,215.66	8,619	4.20
	U S TREASURY BILLS					
250,000	TREASURY BILL BILL 08/19/2025 912797QK6	246,578.56	99.082	246,578.56	10,583	4.29



TRADE DATE - INCOME ACCRUALS Page 5

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZING EMPLOYERS AND GLAZIERS'
UNION LOCAL #27
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
U S GOVERNMENT OBLIGATIONS						
800,000	U.S. TREASURY BONDS 5.25% 02/15/2029 912810FG8	909,945.32	104.832	838,656.00	42,000	5.01
250,000	U.S. TREASURY NOTES 2.875% 05/15/2028 9128284N7	252,773.44	97.191	242,977.50	7,188	2.96
125,000	U.S. TREASURY NOTES 2.75% 08/31/2025 9128284Z0	127,303.29	99.623	124,528.75	3,438	2.76
250,000	U.S. TREASURY NOTES 4.625% 09/15/2026 91282CHY0	251,630.86	100.672	251,680.00	11,563	4.59
1,500,000	U.S. TREASURY NOTES 4.875% 10/31/2028 91282CJF9	1,541,953.13	103.035	1,545,525.00	73,125	4.73
250,000	U.S. TREASURY NOTES 4.625% 11/15/2026 91282CIK8	253,750.00	100.813	252,032.50	11,563	4.59
	TOTAL U S GOVERNMENT OBLIGATIONS	3,337,356.04		3,255,399.75	148,877	4.57
MORTGAGE BACKED SECURITIES						
457,986.22	GINNIE MAE II G2 MA8427 4.5% 11/20/2052 36179XLG9	455,481.60	94.834	434,326.65	20,609	4.75
381,658.18	GINNIE MAE II POOL#MA8726 5.5% 03/20/2053 36179XVT0	386,533.38	99.592	380,101.01	20,991	5.52
237,340.19	GNMA II POOL #MA9851 5.5% 08/20/2054 36179Y5L4	240,900.29	99.331	235,752.38	13,054	5.54
	TOTAL MORTGAGE BACKED SECURITIES	1,082,915.27		1,050,180.04	54,654	5.20
U S GOVERNMENT AGENCY						
250,000	FHLB 4.5% 12/12/2025 3130ATUC9	252,845.00	100.098	250,245.00	11,250	4.50
500,000	FHLB 4.5% 03/09/2029 3130AVBD3	508,130.00	101.832	509,160.00	22,500	4.42

TRADE DATE - INCOME ACCRUALS Page 6

Statement Period: 06/01/24 through 05/31/25
Account Number:

GLAZING EMPLOYERS AND GLAZIERS'
UNION LOCAL #27
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
750,000	FEDERAL HOME LOAN BANK 5.125% 06/13/2025 3130AWLY4	752,197.50	100.021	750,157.50	38,438	5.12
250,000	FEDERAL HOME LOAN BANK 4.75% 06/12/2026 3130AWLZ1	249,975.00	100.589	251,472.50	11,875	4.72
700,000	FEDERAL HOME LOAN BANK 4.5% 06/10/2033 3130AWM23	712,460.00	99.675	697,725.00	31,500	4.51
350,000	FEDERAL HOME LOAN BANK 4.875% 09/12/2031 3130AXEZ7	359,362.50	102.783	359,740.50	17,063	4.74
500,000	FHLB 4.625% 12/08/2034 3130B3MZ3	497,280.00	100.135	500,675.00	23,125	4.62
485,000	FFCB 3.04% 05/27/2031 3133EEVX5	537,263.60	94.21	456,918.50	14,744	3.23
1,000,000	FFCB 2.6% 04/08/2026 3133EKG7	997,840.00	98.597	985,970.00	26,000	2.64
250,000	FEDERAL FARM CREDIT BANK 4.25% 05/17/2028 3133EN2M1	250,233.75	100.847	252,117.50	10,625	4.21
177,000	FEDERAL FARM CREDIT BANK CALL 01/31/24@100 4.37% 05/17/2032 3133ENWW6	169,396.08	98.204	173,821.08	7,735	4.45
750,000	FEDERAL FARM CREDIT BANK CALL06/15/23@100 4.85% 06/15/2037 3133ENYS3	744,375.00	97.616	732,120.00	36,375	4.97
750,000	FEDERAL FARM CREDIT BANK CALL12/29/22@100 5.24% 06/29/2037 3133ENZ4	749,625.00	99.499	746,242.50	39,300	5.27
250,000	FFCB 4.625% 12/08/2025 3133EPL37	251,167.50	100.223	250,557.50	11,563	4.61
635,000	FFCB 4.25% 12/15/2028 3133EPN50	644,112.25	100.987	641,267.45	26,988	4.21



TRADE DATE - INCOME ACCRUALS Page 7

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZING EMPLOYERS AND GLAZIERS'
UNION LOCAL #27
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
178,000	FFCB 4.5% 08/08/2033 3133EPSE6	177,129.58	100.194	178,345.32	8,010	4.49
195,000	FFCB 5.125% 10/20/2025 3133EPYW9	196,794.00	100.238	195,464.10	9,994	5.11
165,000	FFCB 4.875% 08/28/2026 3133ERFT3	167,917.20	100.892	166,471.80	8,044	4.83
500,000	FFCB 5% 06/25/2025 3133ERJH5	499,405.00	100.037	500,185.00	25,000	5.00
325,000	FFCB 4.5% 01/08/2030 3133ERKN0	328,848.00	101.529	329,969.25	14,625	4.43
400,000	FFCB 4.75% 10/24/2034 3133ERY47	403,960.00	101.401	405,604.00	19,000	4.68
500,000	FFCB 4.25% 01/28/2027 3133ERY62	500,025.00	100.352	501,760.00	21,250	4.24
250,000	FANNIE MAE Callable 12/10/2025 4.5% 12/10/2027 3136GA3F4	249,650.00	99.861	249,652.50	11,250	4.51
	TOTAL U S GOVERNMENT AGENCY	10,199,991.96		10,085,642.00	446,254	4.42
	CORPORATE BONDS					
150,000	AMERICAN HONDA FINANCE 5.125% 07/07/2028 02665WEM9	151,813.50	101.571	152,356.50	7,688	5.05
250,000	ARCHER DANIELS MIDLAND 5.375% 09/15/2035 039483AU6	254,962.50	101.76	254,400.00	13,438	5.28
750,000	CONNECTICUT LIGHT & PWR 4.9% 07/01/2033 207597EQ4	758,805.00	98.578	739,335.00	36,750	4.97
400,000	WALT DISNEY CO 1.75% 01/13/2026 254687FV3	419,780.00	98.455	393,820.00	7,000	1.78
350,000	EIDP INC 1.7% 07/15/2025 263534CN7	366,180.50	99.64	348,740.00	5,950	1.71



TRADE DATE - INCOME ACCRUALS Page 8

Statement Period
Account Number

06/01/24 through 05/31/25

GLAZING EMPLOYERS AND GLAZIERS'
UNION LOCAL #27
HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
500,000	DUKE ENERGY CAROLINAS 2.45% 08/15/2029 26442CAY0	500,755.00	92.527	462,635.00	12,250	2.65
500,000	ECOLAB INC 2.7% 11/01/2026 278865AV2	520,852.15	97.761	488,805.00	13,500	2.76
525,000	GOLDMAN SACHS GROUP INC 3.5% 11/16/2026 38145GAH3	520,065.00	98.51	517,177.50	18,375	3.55
750,000	HONEYWELL INTERNATIONAL INC 4.95% 09/01/2031 438516CR5	755,775.00	101.581	761,857.50	37,125	4.87
500,000	INTERSTATE POWER & LIGHT 3.4% 08/15/2025 461070AM6	499,990.00	99.693	498,465.00	17,000	3.41
265,000	JPMORGAN CHASE CO VARIABLE RATE BOND 2.182% 06/01/2028 46647PBR6	279,508.75	95.393	252,791.45	5,782	2.29
510,000	JPMORGAN CHASE CO 5.717% 09/14/2033 46647PDK9	504,578.70	102.594	523,229.40	29,157	5.57
250,000	MORGAN STANLEY 5% 11/24/2025 6174467X1	250,070.00	100.107	250,267.50	12,500	4.99
250,000	MORGAN STANLEY 4% 07/23/2025 6174468C6	248,942.50	99.905	249,762.50	10,000	4.00
250,000	MORGAN STANLEY SER 1 MTN 5.173% 01/16/2030 61747YFK6	251,052.50	101.49	253,725.00	12,933	5.10
700,000	ORACLE CORP 2.8% 04/01/2027 68389XBU8	743,316.00	97.116	679,812.00	19,600	2.88
250,000	PNC FINANCIAL SERVICES 5.068% 01/24/2034 693475BM6	247,302.50	98.685	246,712.50	12,670	5.14
500,000	STATE STREET CORP 2.4% 01/24/2030 857477BG7	505,500.00	91.889	459,445.00	12,000	2.61



TRADE DATE - INCOME ACCRUALS Page 9

Statement Period: 06/01/24 through 05/31/25
Account Number: GLAZING EMPLOYERS AND GLAZIERS' UNION LOCAL #27 HEALTH AND WELFARE FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
300,000	3M COMPANY 2.875% 10/15/2027 88579YAY7	303,783.00	96.408	289,224.00	8,625	2.98
500,000	3M COMPANY 2.375% 08/26/2029 88579YBJ9	504,560.00	91.977	459,885.00	11,875	2.58
135,000	WASTE MANAGEMENT INC 2% 06/01/2029 94106LBQ1	136,775.25	91.556	123,600.60	2,700	2.18
250,000	WELLS FARGO & COMPANY VARIABLE RATE BOND 3.196% 06/17/2027 95000U2F9	252,012.50	98.549	246,372.50	7,990	3.24
	TOTAL CORPORATE BONDS	8,976,380.35		8,652,418.95	314,908	3.64
	MUTUAL FUNDS/EQUITY					
8,167.854	VANGUARD 500 INDEX FUND #540 ADMIRAL SHARES 922908710	1,790,857.26	546.55	4,464,140.60	56,954	1.28

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 06/01/2024 and ending 05/31/2025

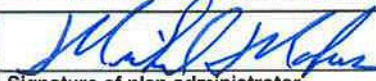

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO 27 WEL	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	06/01/1957
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) GLAZING EMPLOYERS & GLAZIERS UNION LOCAL NO. 27 WEL 4225 LAWNDALE AVENUE LYONS IL 60534	2b Employer Identification Number (EIN)	36-6126628
	2c Plan Sponsor's telephone number	708-443-9000
	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		2-26-26	MICHAEL MABUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/26/26	MATTHEW SHAPIRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

5 Total number of participants at the beginning of the plan year	5	702
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	479
a(2) Total number of active participants at the end of the plan year	6a(2)	433
b Retired or separated participants receiving benefits	6b	233
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	666
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	72

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F

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

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

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

GLAZING EMPLOYERS AND GLAZIERS' UNION LOCAL NO. 27 WELFARE FUND
36-6126628
SCHEDULE SUPPORTING FORM 5500 FOR 2024

(a) Identity of Party Involved	(b) Description of Security	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(e) Lease rental	(e) Expense incurred with transaction	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
	Goldman Financial Square Govt-A FD #465 (97 purchases)	\$ 15,799,989	\$ -	\$ 15,799,989	\$ -	\$ -	\$ 15,799,989	\$ -
	Goldman Financial Square Govt-A FD #465 (58 sales)	\$ -	\$ 15,988,069	\$ 15,988,069	\$ -	\$ -	\$ 15,988,069	\$ -
	Vanguard 500 Index Fund #540 Admiral Shares (4 purchases)	\$ 70,956	\$ -	\$ 70,956	\$ -	\$ -	\$ 70,956	\$ -
	Vanguard 500 Index Fund #540 Admiral Shares (3 sales)	\$ -	\$ 1,825,000	\$ 1,668,027	\$ -	\$ -	\$ 1,668,027	\$ 156,973