

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WESTERN GLAZIERS RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1964
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) BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN 18300 CASCADE AVE. S, SUITE 141 TUKWILA, WA 98188-4747
2b	Employer Identification Number (EIN) 91-6050587
2c	Plan Sponsor's telephone number 206-441-7574
2d	Business code (see instructions) 327210

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.	04/13/2026	STEVE MALCOLM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2026	LISA DEROSIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1610
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) 1031 6a(2) 887 6b 456 6c 343 6d 1686 6e 71 6f 1757 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 64

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

Round off amounts to nearest dollar.

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

A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6050587

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 370752789
(2) Actuarial value of assets for funding standard account	1b(2) 361512152
c (1) Accrued liability for plan using immediate gain methods	1c(1) 309884849
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 309884849
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 499334208
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 23203371
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 14579231
(3) Expected plan disbursements for the plan year	1d(3) 14850245

Statement by Enrolled Actuary

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

SIGN HERE Signature of actuary JEFFREY FRIZZELL Type or print name of actuary RAEL & LETSON Firm name 601 UNION STREET SUITE 2415 SEATTLE, WA 98101 Address of the firm	04/01/2026 Date 23-08047 Most recent enrollment number 206-456-3340 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	370752789
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	551	172811792
(2) For terminated vested participants	339	70104251
(3) For active participants:		
(a) Non-vested benefits		47899397
(b) Vested benefits		208518768
(c) Total active	827	256418165
(4) Total	1717	499334208
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	14301424				
Totals ►			3(b)	14301424	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	116.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.69 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	6.50 %	6.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7 %	
i Expense load included in normal cost reported in line 9b	6i	☒ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	11393594

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	35608415	4654610
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1043133**e** Total charges. Add lines 9a through 9d.....**9e** 17091337**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 82318140**g** Employer contributions. Total from column (b) of line 3.....**9g** 14301424**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 6013311**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	8249171	3043630
9j(1)	44819919	
9j(2)	104347122	

9j(3) 0**k** (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 105676505**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 88585168**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6050587	

Part I	Service Provider Information (see instructions)
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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	
DODGE & COX	
94-1141976	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SENTINEL REAL ESTATE FUND LP	
27-2876245	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEWTOWER TRUST COMPANY	
30-0872552	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
THE VANGUARD GROUP, INC.	100 VANGUARD BLVD MALVERN, PA 19355

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

SCHRODER INVMT MGMT N. AMERICA, INC

13-4064414

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

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

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

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)

GREAT LAKES ADVISORS, LLC

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68 71	NONE	463748	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WASHINGTON CAPITAL MANAGEMENT, INC.

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	398408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	330499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SYSTEMATIC FINANCIAL MANAGEMENT, LP

22-3367558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	216423	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

U.S. BANK, N.A.

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 59	NONE	162104	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	110269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BENESYS ADMINISTRATORS

38-2383171

(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 15 36 37 38 50	NONE	108923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERUS ADVISORY, INC.

91-1320111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	93750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSH MCLENNAN AGENCY, LLC

36-1436000

(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?
22 50	NONE	40158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CHRISTENSEN, JAMES & MARTIN

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARLOW COUGHRAN MORALES & JOSEPHSON

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	33000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50	NONE	8101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE URBAN LAW FIRM

75-2986189

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6952	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WESTERN GLAZIERS RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN		D Employer Identification Number (EIN) 91-6050587

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WA CAPITAL JOINT MASTER TRUST		
b Name of sponsor of entity listed in (a): WA CAPITAL MANAGEMENT, INC		
c EIN-PN 91-1163419-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84843099
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17257303
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRUS		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68315938
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan WESTERN GLAZIERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6050587

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2090990	897411
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1471395	1247838
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2415200	2440290
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	104249341	110686400
(5) Partnership/joint venture interests	1c(5)	37586555	39455284
(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)	84147322	85573241
(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)	80465605	84843099
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	58551672	88861852
(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	370978080	414005415
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	225291	347068
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	225291	347068
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	370752789	413658347

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14301424	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	514654	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		14816078
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2047212	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1492928	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		3540140
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	20667197	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	13138390	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7528807
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3754709	
(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)		14756418
(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)		4377488
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10275433
c Other income	2c		320750
d Total income. Add all income amounts in column (b) and enter total	2d		59369823

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14325626	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14325626
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)	107041	
(3) Recordkeeping fees	2i(3)	46806	
(4) IQPA audit fees	2i(4)	19500	
(5) Investment advisory and investment management fees	2i(5)	1502828	
(6) Bank or trust company trustee/custodial fees	2i(6)	170205	
(7) Actuarial fees	2i(7)	110269	
(8) Legal fees	2i(8)	33000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	18509	
(11) Other expenses	2i(11)	130481	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2138639
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16464265

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		42905558
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: **WITHUMSMITH+BROWN, PC**

(2) EIN: **22-2027092**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555385.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan WESTERN GLAZIERS RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN				D Employer Identification Number (EIN) 91-6050587	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 91-6050587					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ALL NEW GLASS INC**

b EIN **91-1348004**

c Dollar amount contributed by employer **1992673**

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

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

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

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

a Name of contributing employer **GOLDFINCH BROS., INC.**

b EIN **91-0725768**

c Dollar amount contributed by employer **1420960**

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

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

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

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

a Name of contributing employer **MISSION GLASS**

b EIN **20-8740122**

c Dollar amount contributed by employer **1069841**

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

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

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

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

a Name of contributing employer **HERZOG GLASS**

b EIN **26-1269653**

c Dollar amount contributed by employer **746396**

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

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

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

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

a Name of contributing employer **EASTSIDE GLASS & SEALANT**

b EIN **26-1564898**

c Dollar amount contributed by employer **729549**

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

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

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

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

a Name of contributing employer **SOUND GLASS SALES INC**

b EIN **91-1195656**

c Dollar amount contributed by employer **661661**

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SARGENT CONSTRUCTION SERVICES - SJA**

b EIN **20-8827416**

c Dollar amount contributed by employer **512254**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

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

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

a Name of contributing employer **BENSON INDUSTRIES**

b EIN **93-0471970**

c Dollar amount contributed by employer **492752**

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

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

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

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

a Name of contributing employer **VETRO BUILDING ENVELOPE**

b EIN **47-2147260**

c Dollar amount contributed by employer **445223**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

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

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

a Name of contributing employer **CROWN CORR**

b EIN **35-1056065**

c Dollar amount contributed by employer **421023**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2026**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

786

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

811

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

809

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

0.97

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

15b

0.97

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

0

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 80.70 % Private Equity: 5.50 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.00 %

High-Yield Debt: 0.00 % Real Assets: 13.50 % Cash or Cash Equivalents: 0.30 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**Western Glaziers Retirement Plan
Financial Statements
June 30, 2025 and 2024
With Independent Auditor's Report**

Western Glaziers Retirement Plan
Table of Contents
June 30, 2025 and 2024

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Schedule H, Line 4j - Schedule of Reportable Transactions 14

Independent Auditor's Report

To the Trustees and Participants of
Western Glaziers Retirement Plan:

Opinion

We have audited the financial statements of Western Glaziers Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then in accordance with the accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

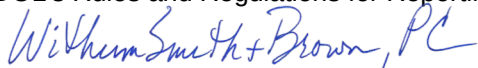
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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 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 its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Withum Smith & Brown, PC".

April 10, 2026

Western Glaziers Retirement Plan
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	2025	2024
Assets		
Cash	\$ 897,411	\$ 2,090,990
Investments at fair value		
Money market funds	3,110,635	2,762,051
Mutual funds	85,920,997	55,789,621
Equity securities	110,686,400	104,249,341
103-12 investment entities	84,843,099	80,465,605
Common/collective trusts	85,573,241	84,147,322
Limited partnerships	39,285,504	37,586,555
Total investments at fair value	<u>409,419,876</u>	<u>365,000,495</u>
Receivables		
Employer contributions	1,247,838	1,471,395
Due from related trust	1,287,418	1,346,904
Accrued interest and dividends	82,691	76,628
Total receivables	<u>2,617,947</u>	<u>2,894,927</u>
Prepaid expenses and benefits	1,070,181	991,668
Total assets	<u>414,005,415</u>	<u>370,978,080</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	347,068	225,291
Total liabilities	<u>347,068</u>	<u>225,291</u>
Net assets available for benefits	<u><u>\$ 413,658,347</u></u>	<u><u>\$ 370,752,789</u></u>

The Notes to Financial Statements are an integral part of these statements.

Western Glaziers Retirement Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income (loss), net		
Net appreciation (depreciation) in fair value of investments	\$ 40,692,855	\$ 30,093,000
Interest and dividends	4,054,794	4,099,491
Investment expenses	(1,664,932)	(1,210,235)
Total investment income (loss), net	<u>43,082,717</u>	<u>32,982,256</u>
Employer contributions	14,301,424	16,074,050
Other income	320,750	61,738
Total additions	<u>57,704,891</u>	<u>49,118,044</u>
Deductions		
Pension benefits paid	14,325,626	13,260,892
Administrative expenses	473,707	467,238
Total deductions	<u>14,799,333</u>	<u>13,728,130</u>
Net change in net assets available for benefits	42,905,558	35,389,914
Net assets available for benefits		
Beginning of year	<u>370,752,789</u>	<u>335,362,875</u>
End of year	<u><u>\$ 413,658,347</u></u>	<u><u>\$ 370,752,789</u></u>

The Notes to Financial Statements are an integral part of these statements.

Western Glaziers Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

1. Description of Plan

General

Western Glaziers Retirement Plan ("The Plan") is a defined benefit pension plan covering the eligible employees of participating employers under the collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Normal Retirement Benefit

An employee becomes eligible for normal retirement benefits the first day of the month coinciding with, or immediately following, the earlier of: (1) attainment of age 62, if vested under the Plan Agreement, or completion of three years of credited service without a break in service, one year of which is credited future service; or (2) the later of the attainment of age 65 or the fifth anniversary of the date on which the employee began participating in the Plan.

Early Retirement Benefit

The Plan permits early retirement for participants who attain the age of 55 and who have either: (1) completed six or more years of credited service without a break in service, one year of which is a year of credited future service; or (2) become vested pursuant to the Plan Agreement. The early retirement benefit is calculated in the same manner as the normal retirement benefit and then reduced for each month before the employee attains age 62.

Special Non-Reduced Early Retirement Benefit

The Plan permits special retirement for participants who attain the age of 59 and who have 25 years of service (including reciprocity), plus either: (a) 3,600 or more hours within five years preceding special retirement, or (b) 1,305 or more hours within three years of special retirement without a break in service.

Death and Disability Benefits

A participating employee becomes eligible for disability retirement if the employee has completed 10 years of credited future service and is determined to be totally and permanently disabled, as described in the Plan Document, and has completed at least 435 covered hours of employment in the Plan year in which the disability commenced or in the year immediately preceding such Plan year. The amount of the disability benefit shall be the normal retirement benefit based upon credited service earned to the disability retirement date and is payable only in the form of a monthly life benefit.

Benefits for a single employee are in the form of a monthly life benefit and are guaranteed for five years. If death occurs less than five years after the monthly benefits begin, any remaining payments shall be made to the beneficiary designated by the employee. Married participants may choose a monthly life benefit or a joint and survivor benefit.

Vesting

If a participant has at least 435 covered hours of employment in the Plan year ended June 30, 1994, or in any later Plan years, and terminates employment with five or more years of vesting service, the participant is considered fully vested and entitled to receive a retirement benefit.

Participants should refer to the Plan Agreement for more complete information.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

Western Glaziers Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan's assumptions about inputs that market participants would use in pricing the investments developed, based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgements and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods

In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Equity Securities and Mutual Funds: The fair value of equity securities and mutual funds is generally based on quoted market prices in active markets (Level 1).

103-12 Investment Entities and Common/Collective Trusts: The fair value of the investments in these categories has been estimated using the net asset value per share of the investments. The net asset value is being used as a practical expedient to estimate fair value.

Limited Partnerships: The Plan invests in limited partnerships. The fair value of these limited partnerships is valued based on the net asset value per share of the funds. The net asset value is being used as a practical expedient to estimate fair value.

Money Market Fund: The fair value of the money market fund is based on amortized cost, which approximates fair value (Level 2).

Mutual Funds: The fair value of mutual funds is generally based on quoted prices in active markets (Level 1).

Valuation Methods, Consistency

The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition

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

Contributions Receivable

Employer contributions due and not paid prior to year-end are recorded as employer contributions receivable. Management has evaluated contributions receivable and believes all amounts are fully collectible. Therefore, an estimate for current expected credit loss is considered unnecessary and is not provided.

Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Contributions

Employers are required to make monthly contributions based on the number of hours worked multiplied by a participant's hourly contribution rate.

Western Glaziers Retirement Plan

Notes to Financial Statements

June 30, 2025 and 2024

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that participants have rendered.

Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present active participants or their beneficiaries.

Due from Related Trust

Contributions from employers are remitted to a joint lockbox account held by the Employee Painters' Trust Health and Welfare Plan along with other fringe benefit contributions. At the end of the month, these contributions are reconciled and paid to the Plan and the other trust funds. Due from related trust represents the amount of contributions held in the joint lockbox account that have not yet been disbursed to the Plan as of year-end.

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.

Risks and Uncertainties

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of accumulated Plan benefits.

The Plan invests in equity securities, 103-12 investment entities, mutual funds, common/collective trusts, limited partnerships and other investments. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Western Glaziers Retirement Plan became effective July 1, 1964, as a result of collective bargaining between Northwest Glass Management Association and United Glassworkers, Local No. 188 and participating employers. The following description of the Plan provides only general information.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated subsequent events and transactions that occurred after June 30, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through April 10, 2026, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. Funding Policy

The collective bargaining agreement presently calls for contributions by participating employers for covered employees. Contributions received by the Plan are deposited in a trust account and invested on behalf of the Plan. Any benefits provided by the Plan are paid directly from net assets available for benefits.

In accordance with Internal Revenue Code Section 432(b), the Plan, as of July 1, 2024, was certified as being in neither critical nor endangered status (i.e., in the "Green Zone").

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of June 30, 2025 and 2024.

Western Glaziers Retirement Plan
Notes to Financial Statements
June 30, 2025 and 2024

4. 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 pensioners, beneficiaries, and 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. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

5. Tax Status

The Plan obtained its latest determination letter, dated March 26, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter; however, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they 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 management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the Internal Revenue Service. The Plan has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Investments at Fair Value Hierarchy

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at June 30, 2025 and 2024, are as follows.

	June 30, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 3,110,635	\$ -	\$ 3,110,635
Mutual funds	85,920,997	-	-	85,920,997
Equity securities	110,686,400	-	-	110,686,400
Total assets in the fair value hierarchy	196,607,397	3,110,635	-	199,718,032
Investments measured at net asset value				
103-12 investment entities	-	-	-	84,843,099
Common/collective trusts	-	-	-	85,573,241
Limited partnerships	-	-	-	39,285,504
Investments measured at net asset value	-	-	-	209,701,844
Total investments at fair value	\$ -	\$ -	\$ -	\$ 409,419,876

Western Glaziers Retirement Plan
Notes to Financial Statements
June 30, 2025 and 2024

	June 30, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 2,762,051	\$ -	\$ 2,762,051
Mutual funds	55,789,621	-	-	55,789,621
Equity securities	104,249,341	-	-	104,249,341
Total assets in the fair value hierarchy	160,038,962	2,762,051	-	162,801,013
Investments measured at net asset value				
103-12 investment entities	-	-	-	80,465,605
Common/collective trusts	-	-	-	84,147,322
Limited partnerships	-	-	-	37,586,555
Total investments measured at net asset value	-	-	-	202,199,482
Total investments at fair value	\$ -	\$ -	\$ -	\$ 365,000,495

7. Investments in Certain Entities That Calculate Net Asset Value

The Plan utilizes net asset value (“NAV”) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The fair value of the following investments was measured using NAV (or its equivalent).

	June 30, 2025		
	Fair Value	Redemption Frequency (if currently eligible)	Redemption Notice Period
103-12 investment entities			
Washington Capital Joint Master Trust			
Fixed-Income Fund	\$ 63,533,492	Monthly	15 days
Real Estate Equity Fund	21,309,607	Monthly	15 days
Total 103-12 investment entities	84,843,099		
Common/collective trusts			
Multi-Employer Property Trust (MEPT)	17,257,303	(a) Quarterly	None
Loomis Sayles Large-Cap Growth Trust	68,315,938	(a) Daily	3-5 days
Total common/collective trusts	85,573,241		
Limited Partnerships			
Sentinel Real Estate Fund, L.P.	16,620,820	(b)	See (b)
Schroders Capital ERISA Flexible Secured Income, L.P.	22,664,684	(c)	See (c)
Total Limited Partnerships	39,285,504		
	\$ 209,701,844		

Western Glaziers Retirement Plan
Notes to Financial Statements
June 30, 2025 and 2024

	June 30, 2024		
	Fair Value	Redemption Frequency (if currently eligible)	Redemption Notice Period
130-12 investment entities			
Washington Capital Joint Master Trust			
Fixed-Income Fund	\$ 59,648,154	(a) Monthly	15 days
Real Estate Equity Fund	20,817,451	(a) Monthly	15 days
Total 103-12 investment entities	<u>80,465,605</u>		
Common/collective trusts			
Multi-Employer Property Trust (MEPT)	16,937,691	(a) Quarterly	None
Loomis Sayles Large-Cap Growth Trust	67,209,631	(a) Daily	3-5 days
Total common/collective trusts	<u>84,147,322</u>		
Limited partnerships			
Sentinel Real Estate Fund, L.P.	16,308,977	(b)	See (b)
Schroders Capital ERISA Flexible Secured Income, L.P.	21,277,578	(c)	See (c)
Total limited partnerships	<u>37,586,555</u>		
	<u>\$ 202,199,482</u>		

There were no unfunded commitments as of June 30, 2025 and 2024.

(a) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investments' strategy is not disclosed

(b) The Sentinel Real Estate Fund's objective is to achieve annual income return of 6.0% to 6.5% and total annual return levels of 9.0% to 10.0%, before management fees, through the acquisition, management and disposition of primarily core-style multi-family real estate assets throughout the United States. Redemptions are permitted upon written notice to the general partner. Payouts are pro-rata based upon availability of funds. Payouts may be deferred for up to 27 months at the discretion of the general partner

(c) The Schroders Cap ERISA Flex Secured Income Fund intends to make investments only to the extent they are ERISA Eligible Investments. Within ERISA Eligible Investments, Schroders Capital ERISA Flexible Secured Income, L.P. has a broad and flexible mandate to invest in global asset backed securities, loans, receivables, secured financing and other securities and bank loans. The Fund intends to earn income with low exposure to interest rate risks. The Fund aims to provide income with a low duration and may serve as an alternative to other traditional income oriented investments, including, but not limited to, corporate credit and direct lending. The Fund's investment objective is to generate attractive income. The Fund intends to pursue its investment objective by investing primarily in securities within the global securitized credit markets (e.g., MBS, CMBS, ABS and CLO) and/or by holding, through acquisition or origination, a portfolio of other investments, including but not limited to mortgage loan investments, commercial property loans, residential mortgages, performing or nonperforming loans, bank loans, consumer loans or leases, income producing property loan investments, and mezzanine loan investments, including whole loans and participations therein.

Western Glaziers Retirement Plan
Notes to Financial Statements
June 30, 2025 and 2024

8. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated Plan benefits, as calculated by Rael & Letson, the Plan's actuary, at June 30, 2024, is as follows:

Vested benefits

Participants and beneficiaries currently receiving payments	\$ 129,348,588
Other participants	154,515,898
Total vested benefits	<u>283,864,486</u>
Nonvested benefits	27,196,076
Total actuarial present value of accumulated plan benefits	<u><u>\$ 311,060,562</u></u>

As reported by the actuary, the changes in the present value of accumulated Plan benefits for the year ended June 30, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 293,104,619
Increase (decrease) during the year attributable to:	
Benefits accumulated, net of actuarial experience and changes in data	12,596,014
Increase for Interest	18,620,821
Benefits Paid	(13,260,892)
Net increase	<u>17,955,943</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 311,060,562</u></u>

The Plan was amended in March 2023 to issue an additional benefit to be paid in June 2023 for individuals receiving benefits as of January 1, 2023. The amount of each additional benefit is equal to the lesser of their current monthly benefit or \$1,000. Effective July 1, 2023, the benefit accrual rate of 1.65% of contributions was updated prospectively for the 2024/2025 Plan Year. In addition, effective July 1, 2024 the 75% and 100% J&S survivor benefits with pop-ups are subsidized for retirements on or after July 1, 2024. The estimated net impact of the plan changes was an increase in the actuarial accrued liability of \$4,126,497 as of July 1, 2024.

The significant actuarial assumptions used are as follows:

Net investment return: 6.5% compounded annually, net of all expenses.

Mortality rates:	Healthy: PRI 2012 Blue Collar Sex-Distinct Pre/Post Commencement Mortality Table with 100% of MP-2019 fully generational.
	Disabled: PRI 2012 Disabled Sex-Distinct Mortality Table with 100% of MP-2019 fully generational.
	Current Liability: 2024 generational mortality table provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.
Discount Rate:	6.5% for funding, and 3.69% for current liability.

Western Glaziers Retirement Plan
Notes to Financial Statements
June 30, 2025 and 2024

Retirement Rates	<u>Actives Rates</u>		<u>Vested Inactive Rates</u>	
	55-57	10%	55-59	5%
	58	20%	60-61	10%
	59-61	15%	61	20%
	62	30%	63	10%
	63-64	20%	64-67	20%
	65-67	50%	68-69	25%
	68+	100%	70+	100%

Previously, actives at age 58 had 10% incidence and age 62 had 20% incidence. Vested Inactives were previously assumed to have 100% incidence at age 59.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Pension benefits in excess of the present assets of the Plan are dependent on contributions received under collective bargaining agreements with employers and on income from investments.

The computations of the actuarial present value of accumulated Plan benefits were made as of July 1, 2024. Had the valuations been made as of June 30, 2024, there would be no material difference.

Because information on the accumulated Plan benefits at June 30, 2025, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation for the financial status of the Plan as of June 30, 2025, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended June 30, 2025. The complete financial status is presented as of June 30, 2024.

9. Administrative Expenses

The Plan recorded the following expenses for the years ended June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Actuarial expense	\$ 110,269	\$ 128,040
Insurance	115,162	96,974
Administration fee	107,041	87,266
Payroll audit fees	-	49,996
Collection expense	46,806	33,344
Legal expense	33,000	31,800
Accounting and audit fees	19,500	16,770
Office, printing, and postage	23,420	14,334
Trustee travel and meeting expenses	18,509	8,714
Total administrative expenses	<u>\$ 473,707</u>	<u>\$ 467,238</u>

Supplementary Information

Western Glaziers Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 91-6050587 Plan Number: 001
June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	See Attached	Common Stock	\$ 77,951,308	\$ 110,686,400
	Washington Capital Management Joint Master Trust Fixed Income Fund	103-12 Investment Entity	47,234,578	63,533,492
	Washington Capital Management Joint Master Trust Real Estate Equity Fund	103-12 Investment Entity	7,372,080	21,309,607
	Loomis Sayles Large Cap Growth Trust	Common Collective Trust	16,539,831	68,315,938
	New Tower Trust Company Multi-Employer Property Trust	Common Collective Trust	4,939,119	17,257,303
	Schroders Cap Erisa Flex Sec Income	Limited Partnership	20,000,000	22,664,684
	Sentinel Real Estate Fund LP	Limited Partnership	10,603,827	16,790,600
	First American Treasury Obligations Fund	Money Market Mutual Fund	2,940,856	2,940,856
	Dodge and Cox International Stock Fund	Mutual Fund	38,823,601	55,472,396
	Vanguard Global Minimum Volatility Fund	Mutual Fund	18,021,837	20,245,725
	Vanguard Short Term Bond Index Fund	Mutual Fund	10,302,520	10,202,875
			\$ 254,729,557	\$ 409,419,876

*Denotes a party-in-interest.

Western Glaziers Retirement Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 91-6050587 Plan Number: 001
Year Ended June 30, 2025

	(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/(Loss)
Single Transactions		See Attached	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Series Transactions		See Attached	-	-	-	-	-	-	-

*Denotes a party-in-interest

See Independent Auditor's Report.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE

348,139,432.54

COMPARATIVE VALUE (5%)

17,406,971.62

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V542 - First Am Treas Ob Fd CI Z

07/01/2024 6746033905	B	192.340	1.0000		- 192	192	
07/01/2024 6746033909	B	11,840.120	1.0000		- 11,840	11,840	
07/01/2024 6746033909	B	547.040	1.0000		- 547	547	
07/02/2024 6746033900	B	64.440	1.0000		- 64	64	
07/02/2024 6746033901	B	82.220	1.0000		- 82	82	
07/02/2024 6746033905	B	13,022.880	1.0000		- 13,023	13,023	
07/02/2024 6746033908	B	2.410	1.0000		- 2	2	
07/02/2024 6746033909	B	3,446.840	1.0000		- 3,447	3,447	
07/05/2024 6746033909	B	349.650	1.0000		- 350	350	

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Period from July 1, 2024 to June 30, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/08/2024 6746033905	B	10,343.410	1.0000		- 10,343	10,343	
07/10/2024 6746033905	B	200,970.010	1.0000		- 200,970	200,970	
07/10/2024 6746033909	B	909.900	1.0000		- 910	910	
07/11/2024 6746033905	B	2,850.390	1.0000		- 2,850	2,850	
07/11/2024 6746033905	B	5,752.180	1.0000		- 5,752	5,752	
07/12/2024 6746033905	B	16,155.300	1.0000		- 16,155	16,155	
07/12/2024 6746033909	B	63,894.610	1.0000		- 63,895	63,895	
07/15/2024 6746033905	B	3,732.640	1.0000		- 3,733	3,733	
07/17/2024 6746033909	B	49,303.220	1.0000		- 49,303	49,303	
07/17/2024 6746033909	B	25.080	1.0000		- 25	25	
07/18/2024 6746033909	B	225,573.670	1.0000		- 225,574	225,574	
07/23/2024 6746033905	B	973.250	1.0000		- 973	973	
07/24/2024 6746033905	B	15,243.890	1.0000		- 15,244	15,244	
07/24/2024 6746033909	B	1,778.750	1.0000		- 1,779	1,779	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/25/2024 6746033905	B	7,810.550	1.0000		- 7,811	7,811	
07/26/2024 6746033909	B	1,571.120	1.0000		- 1,571	1,571	
07/30/2024 6746033909	B	307.500	1.0000		- 308	308	
07/31/2024 6746033905	B	20,620.170	1.0000		- 20,620	20,620	
07/31/2024 6746033909	B	184,289.410	1.0000		- 184,289	184,289	
08/01/2024 6746033905	B	27,929.640	1.0000		- 27,930	27,930	
08/01/2024 6746033909	B	55.500	1.0000		- 56	56	
08/02/2024 6746033900	B	66.800	1.0000		- 67	67	
08/02/2024 6746033901	B	85.240	1.0000		- 85	85	
08/02/2024 6746033905	B	11,173.240	1.0000		- 11,173	11,173	
08/02/2024 6746033908	B	2.500	1.0000		- 3	3	
08/02/2024 6746033909	B	40,294.910	1.0000		- 40,295	40,295	
08/05/2024 6746033909	B	66,921.670	1.0000		- 66,922	66,922	
08/06/2024 6746033909	B	104,750.020	1.0000		- 104,750	104,750	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/07/2024 6746033905	B	5,748.850	1.0000		- 5,749	5,749	
08/08/2024 6746033905	B	2,726.500	1.0000		- 2,727	2,727	
08/09/2024 6746033905	B	2,065.000	1.0000		- 2,065	2,065	
08/12/2024 6746033905	B	5,152.470	1.0000		- 5,152	5,152	
08/14/2024 6746033909	B	2,730.000	1.0000		- 2,730	2,730	
08/15/2024 6746033905	B	21,645.030	1.0000		- 21,645	21,645	
08/15/2024 6746033909	B	4,828.100	1.0000		- 4,828	4,828	
08/16/2024 6746033909	B	5,731.800	1.0000		- 5,732	5,732	
08/19/2024 6746033909	B	3,924.250	1.0000		- 3,924	3,924	
08/20/2024 6746033905	B	6,932.610	1.0000		- 6,933	6,933	
08/22/2024 6746033909	B	4,534.920	1.0000		- 4,535	4,535	
08/22/2024 6746033909	B	582.070	1.0000		- 582	582	
08/23/2024 6746033909	B	5,791.040	1.0000		- 5,791	5,791	
08/26/2024 6746033905	B	2,184.330	1.0000		- 2,184	2,184	

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08/26/2024 6746033909	B	1,521.750	1.0000		- 1,522	1,522	
08/29/2024 6746033909	B	3,600.450	1.0000		- 3,600	3,600	
08/30/2024 6746033909	B	95,467.650	1.0000		- 95,468	95,468	
08/30/2024 6746033909	B	1,891.690	1.0000		- 1,892	1,892	
09/03/2024 6746033905	B	25,189.110	1.0000		- 25,189	25,189	
09/03/2024 6746033909	B	9,797.650	1.0000		- 9,798	9,798	
09/04/2024 6746033900	B	66.830	1.0000		- 67	67	
09/04/2024 6746033901	B	85.280	1.0000		- 85	85	
09/04/2024 6746033905	B	7,891.190	1.0000		- 7,891	7,891	
09/04/2024 6746033908	B	2.500	1.0000		- 3	3	
09/04/2024 6746033909	B	2,969.600	1.0000		- 2,970	2,970	
09/05/2024 6746033905	B	7,075.530	1.0000		- 7,076	7,076	
09/06/2024 6746033905	B	11,602.080	1.0000		- 11,602	11,602	
09/06/2024 6746033909	B	3,121.900	1.0000		- 3,122	3,122	

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09/10/2024 6746033905	B	29,831.160	1.0000		- 29,831	29,831	
09/10/2024 6746033909	B	1,120.000	1.0000		- 1,120	1,120	
09/12/2024 6746033905	B	17,202.670	1.0000		- 17,203	17,203	
09/12/2024 6746033909	B	1,381.050	1.0000		- 1,381	1,381	
09/12/2024 6746033909	B	6,473.430	1.0000		- 6,473	6,473	
09/13/2024 6746033905	B	11,243.560	1.0000		- 11,244	11,244	
09/13/2024 6746033909	B	1,858.700	1.0000		- 1,859	1,859	
09/16/2024 6746033905	B	23,799.830	1.0000		- 23,800	23,800	
09/16/2024 6746033909	B	7,187.000	1.0000		- 7,187	7,187	
09/17/2024 6746033909	B	2,875.000	1.0000		- 2,875	2,875	
09/17/2024 6746033909	B	3,310.620	1.0000		- 3,311	3,311	
09/18/2024 6746033905	B	1,839.580	1.0000		- 1,840	1,840	
09/18/2024 6746033909	B	66,291.050	1.0000		- 66,291	66,291	
09/19/2024 6746033905	B	1,627.680	1.0000		- 1,628	1,628	

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09/20/2024 6746033909	B	6,225.130	1.0000		- 6,225	6,225	
09/23/2024 6746033905	B	221,543.520	1.0000		- 221,544	221,544	
09/24/2024 6746033905	B	7,255.500	1.0000		- 7,256	7,256	
09/25/2024 6746033905	B	4,577.580	1.0000		- 4,578	4,578	
09/26/2024 6746033905	B	947.000	1.0000		- 947	947	
09/26/2024 6746033909	B	2,051.500	1.0000		- 2,052	2,052	
09/27/2024 6746033905	B	15,169.110	1.0000		- 15,169	15,169	
09/27/2024 6746033909	B	4,017.400	1.0000		- 4,017	4,017	
09/27/2024 6746033909	B	1,084.000	1.0000		- 1,084	1,084	
09/30/2024 6746033905	B	36,676.020	1.0000		- 36,676	36,676	
09/30/2024 6746033909	B	6,172.750	1.0000		- 6,173	6,173	
10/01/2024 6746033905	B	192.340	1.0000		- 192	192	
10/01/2024 6746033909	B	116,236.670	1.0000		- 116,237	116,237	
10/02/2024 6746033900	B	62.830	1.0000		- 63	63	

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10/02/2024 6746033901	B	80.170	1.0000		- 80	80	
10/02/2024 6746033905	B	12,765.700	1.0000		- 12,766	12,766	
10/02/2024 6746033908	B	2.350	1.0000		- 2	2	
10/02/2024 6746033909	B	3,711.800	1.0000		- 3,712	3,712	
10/07/2024 6746033905	B	5,883.570	1.0000		- 5,884	5,884	
10/07/2024 6746033909	B	1,757.700	1.0000		- 1,758	1,758	
10/09/2024 6746033909	B	97,220.880	1.0000		- 97,221	97,221	
10/10/2024 6746033905	B	6,682.230	1.0000		- 6,682	6,682	
10/11/2024 6746033905	B	6,708.650	1.0000		- 6,709	6,709	
10/11/2024 6746033909	B	4,096.130	1.0000		- 4,096	4,096	
10/15/2024 6746033905	B	9,976.590	1.0000		- 9,977	9,977	
10/15/2024 6746033909	B	17,190.150	1.0000		- 17,190	17,190	
10/17/2024 6746033909	B	546.150	1.0000		- 546	546	
10/17/2024 6746033909	B	29,947.510	1.0000		- 29,948	29,948	

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10/23/2024 6746033905	B	16,217.140	1.0000		- 16,217	16,217	
10/24/2024 6746033905	B	2,124.800	1.0000		- 2,125	2,125	
10/24/2024 6746033909	B	4,278.750	1.0000		- 4,279	4,279	
10/25/2024 6746033905	B	6,940.080	1.0000		- 6,940	6,940	
10/25/2024 6746033909	B	1,172.900	1.0000		- 1,173	1,173	
10/25/2024 6746033909	B	1,547.720	1.0000		- 1,548	1,548	
10/28/2024 6746033909	B	547.040	1.0000		- 547	547	
10/30/2024 6746033909	B	1,865.000	1.0000		- 1,865	1,865	
10/31/2024 6746033905	B	24,647.870	1.0000		- 24,648	24,648	
11/01/2024 6746033905	B	20,953.110	1.0000		- 20,953	20,953	
11/01/2024 6746033905	B	218,971.050	1.0000		- 218,971	218,971	
11/01/2024 6746033909	B	215,301.870	1.0000		- 215,302	215,302	
11/04/2024 6746033900	B	61.750	1.0000		- 62	62	
11/04/2024 6746033901	B	78.800	1.0000		- 79	79	

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11/04/2024 6746033905	B	11,200.070	1.0000		- 11,200	11,200	
11/04/2024 6746033908	B	2.310	1.0000		- 2	2	
11/04/2024 6746033909	B	3,735.120	1.0000		- 3,735	3,735	
11/06/2024 6746033905	B	5,748.850	1.0000		- 5,749	5,749	
11/06/2024 6746033909	B	95,213.980	1.0000		- 95,214	95,214	
11/07/2024 6746033909	B	14.550	1.0000		- 15	15	
11/08/2024 6746033905	B	2,065.000	1.0000		- 2,065	2,065	
11/12/2024 6746033905	B	5,152.470	1.0000		- 5,152	5,152	
11/12/2024 6746033909	B	2,614.000	1.0000		- 2,614	2,614	
11/13/2024 6746033909	B	84,406.170	1.0000		- 84,406	84,406	
11/14/2024 6746033909	B	18,037.550	1.0000		- 18,038	18,038	
11/15/2024 6746033905	B	21,645.030	1.0000		- 21,645	21,645	
11/15/2024 6746033909	B	90,923.380	1.0000		- 90,923	90,923	
11/18/2024 6746033905	B	2,726.500	1.0000		- 2,727	2,727	

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11/18/2024 6746033909	B	565,239.320	1.0000		- 565,239	565,239	
11/19/2024 6746033909	B	730.000	1.0000		- 730	730	
11/20/2024 6746033905	B	4,160.910	1.0000		- 4,161	4,161	
11/21/2024 6746033909	B	66,283.510	1.0000		- 66,284	66,284	
11/22/2024 6746033909	B	9,654.530	1.0000		- 9,655	9,655	
11/25/2024 6746033905	B	18,392.480	1.0000		- 18,392	18,392	
11/25/2024 6746033909	B	1,732.950	1.0000		- 1,733	1,733	
11/26/2024 6746033909	B	2,700.940	1.0000		- 2,701	2,701	
11/26/2024 6746033909	B	1,521.750	1.0000		- 1,522	1,522	
11/27/2024 6746033909	B	4,725.150	1.0000		- 4,725	4,725	
11/27/2024 6746033909	B	582.070	1.0000		- 582	582	
11/29/2024 6746033905	B	378,042.180	1.0000		- 378,042	378,042	
12/02/2024 6746033905	B	25,189.110	1.0000		- 25,189	25,189	
12/02/2024 6746033909	B	12,778.650	1.0000		- 12,779	12,779	

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12/03/2024 6746033900	B	57.980	1.0000		- 58	58	
12/03/2024 6746033901	B	73.980	1.0000		- 74	74	
12/03/2024 6746033905	B	7,309.510	1.0000		- 7,310	7,310	
12/03/2024 6746033908	B	2.170	1.0000		- 2	2	
12/03/2024 6746033909	B	5,547.330	1.0000		- 5,547	5,547	
12/04/2024 6746033905	B	1,289.730	1.0000		- 1,290	1,290	
12/06/2024 6746033905	B	10,679.020	1.0000		- 10,679	10,679	
12/06/2024 6746033906	B	50.880	1.0000		- 51	51	
12/06/2024 6746033909	B	5,876.900	1.0000		- 5,877	5,877	
12/06/2024 6746033909	B	30.780	1.0000		- 31	31	
12/09/2024 6746033905	B	5,256.000	1.0000		- 5,256	5,256	
12/09/2024 6746033909	B	47,134.720	1.0000		- 47,135	47,135	
12/10/2024 6746033905	B	30,551.000	1.0000		- 30,551	30,551	
12/12/2024 6746033905	B	13,936.580	1.0000		- 13,937	13,937	

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12/12/2024 6746033909	B	2,051.500	1.0000		- 2,052	2,052	
12/13/2024 6746033905	B	7,283.480	1.0000		- 7,283	7,283	
12/13/2024 6746033909	B	1,858.700	1.0000		- 1,859	1,859	
12/13/2024 6746033909	B	1,084.000	1.0000		- 1,084	1,084	
12/16/2024 6746033905	B	23,799.830	1.0000		- 23,800	23,800	
12/16/2024 6746033909	B	6,532.550	1.0000		- 6,533	6,533	
12/17/2024 6746033905	B	7,255.500	1.0000		- 7,256	7,256	
12/17/2024 6746033909	B	1,776.600	1.0000		- 1,777	1,777	
12/17/2024 6746033909	B	3,310.620	1.0000		- 3,311	3,311	
12/18/2024 6746033905	B	168,215.620	1.0000		- 168,216	168,216	
12/18/2024 6746033909	B	985.000	1.0000		- 985	985	
12/19/2024 6746033905	B	1,627.680	1.0000		- 1,628	1,628	
12/23/2024 6746033905	B	7,915.200	1.0000		- 7,915	7,915	
12/24/2024 6746033909	B	1,120.000	1.0000		- 1,120	1,120	

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12/27/2024 6746033905	B	9,884.500	1.0000		- 9,885	9,885	
12/27/2024 6746033909	B	175.500	1.0000		- 176	176	
12/30/2024 6746033905	B	18,563.550	1.0000		- 18,564	18,564	
12/30/2024 6746033909	B	3,128.650	1.0000		- 3,129	3,129	
12/31/2024 6746033909	B	5,640.750	1.0000		- 5,641	5,641	
01/02/2025 6746033905	B	192.340	1.0000		- 192	192	
01/02/2025 6746033906	B	1,613.180	1.0000		- 1,613	1,613	
01/02/2025 6746033909	B	5,229.030	1.0000		- 5,229	5,229	
01/03/2025 6746033900	B	58.400	1.0000		- 58	58	
01/03/2025 6746033901	B	74.520	1.0000		- 75	75	
01/03/2025 6746033905	B	12,912.560	1.0000		- 12,913	12,913	
01/03/2025 6746033906	B	.160	1.0000				
01/03/2025 6746033908	B	2.180	1.0000		- 2	2	
01/03/2025 6746033909	B	5,379.900	1.0000		- 5,380	5,380	

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01/06/2025 6746033900	B	1,664.220	1.0000		- 1,664	1,664	
01/06/2025 6746033905	B	7,630.010	1.0000		- 7,630	7,630	
01/06/2025 6746033909	B	135.200	1.0000		- 135	135	
01/07/2025 6746033909	B	118,947.300	1.0000		- 118,947	118,947	
01/08/2025 6746033905	B	6,189.210	1.0000		- 6,189	6,189	
01/08/2025 6746033909	B	1,801.100	1.0000		- 1,801	1,801	
01/09/2025 6746033905	B	6,682.230	1.0000		- 6,682	6,682	
01/10/2025 6746033905	B	3,165.350	1.0000		- 3,165	3,165	
01/10/2025 6746033906	B	165.090	1.0000		- 165	165	
01/10/2025 6746033909	B	1,819.130	1.0000		- 1,819	1,819	
01/13/2025 6746033905	B	3,518.160	1.0000		- 3,518	3,518	
01/14/2025 6746033905	B	6,243.950	1.0000		- 6,244	6,244	
01/14/2025 6746033909	B	5,982.250	1.0000		- 5,982	5,982	
01/15/2025 6746033905	B	5,030.830	1.0000		- 5,031	5,031	

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01/15/2025 6746033909	B	112,999.110	1.0000		- 112,999	112,999	
01/16/2025 6746033905	B	6,317.500	1.0000		- 6,318	6,318	
01/16/2025 6746033909	B	1,442.500	1.0000		- 1,443	1,443	
01/17/2025 6746033905	B	3,760.500	1.0000		- 3,761	3,761	
01/17/2025 6746033909	B	2.370	1.0000		- 2	2	
01/22/2025 6746033905	B	8,616.400	1.0000		- 8,616	8,616	
01/23/2025 6746033905	B	2,124.800	1.0000		- 2,125	2,125	
01/23/2025 6746033909	B	2,500.000	1.0000		- 2,500	2,500	
01/24/2025 6746033909	B	108,661.120	1.0000		- 108,661	108,661	
01/29/2025 6746033905	B	6,627.490	1.0000		- 6,627	6,627	
01/31/2025 6746033905	B	22,317.330	1.0000		- 22,317	22,317	
01/31/2025 6746033909	B	809.200	1.0000		- 809	809	
01/31/2025 6746033909	B	1,571.120	1.0000		- 1,571	1,571	
02/03/2025 6746033905	B	27,893.190	1.0000		- 27,893	27,893	

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02/03/2025 6746033909	B	146,470.170	1.0000		- 146,470	146,470	
02/04/2025 6746033900	B	61.650	1.0000		- 62	62	
02/04/2025 6746033901	B	72.220	1.0000		- 72	72	
02/04/2025 6746033905	B	6,568.780	1.0000		- 6,569	6,569	
02/04/2025 6746033906	B	1.210	1.0000		- 1	1	
02/04/2025 6746033908	B	2.120	1.0000		- 2	2	
02/05/2025 6746033900	B	166.300	1.0000		- 166	166	
02/05/2025 6746033905	B	79,921.650	1.0000		- 79,922	79,922	
02/05/2025 6746033909	B	3.010	1.0000		- 3	3	
02/07/2025 6746033905	B	3,228.750	1.0000		- 3,229	3,229	
02/07/2025 6746033909	B	100,274.010	1.0000		- 100,274	100,274	
02/10/2025 6746033905	B	7,217.470	1.0000		- 7,217	7,217	
02/11/2025 6746033909	B	591.380	1.0000		- 591	591	
02/12/2025 6746033909	B	90,408.650	1.0000		- 90,409	90,409	

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02/13/2025 6746033909	B	25,956.240	1.0000		- 25,956	25,956	
02/14/2025 6746033905	B	21,915.880	1.0000		- 21,916	21,916	
02/14/2025 6746033909	B	22,136.940	1.0000		- 22,137	22,137	
02/18/2025 6746033905	B	6,283.580	1.0000		- 6,284	6,284	
02/19/2025 6746033905	B	76,731.830	1.0000		- 76,732	76,732	
02/19/2025 6746033909	B	1.010	1.0000		- 1	1	
02/20/2025 6746033909	B	2,614.000	1.0000		- 2,614	2,614	
02/21/2025 6746033909	B	2,398.200	1.0000		- 2,398	2,398	
02/26/2025 6746033909	B	4,490.210	1.0000		- 4,490	4,490	
02/26/2025 6746033909	B	1,724.650	1.0000		- 1,725	1,725	
02/27/2025 6746033909	B	2,218.850	1.0000		- 2,219	2,219	
02/28/2025 6746033909	B	106,580.490	1.0000		- 106,580	106,580	
03/03/2025 6746033905	B	28,306.780	1.0000		- 28,307	28,307	
03/03/2025 6746033909	B	305,144.310	1.0000		- 305,144	305,144	

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03/04/2025 6746033900	B	56.940	1.0000		- 57	57	
03/04/2025 6746033901	B	65.130	1.0000		- 65	65	
03/04/2025 6746033905	B	12,764.570	1.0000		- 12,765	12,765	
03/04/2025 6746033906	B	.080	1.0000				
03/04/2025 6746033908	B	1.910	1.0000		- 2	2	
03/04/2025 6746033909	B	153,193.240	1.0000		- 153,193	153,193	
03/05/2025 6746033900	B	.080	1.0000				
03/05/2025 6746033905	B	5,047.350	1.0000		- 5,047	5,047	
03/05/2025 6746033909	B	7,554.390	1.0000		- 7,554	7,554	
03/07/2025 6746033909	B	85,622.270	1.0000		- 85,622	85,622	
03/10/2025 6746033905	B	14,660.910	1.0000		- 14,661	14,661	
03/10/2025 6746033905	B	296,648.080	1.0000		- 296,648	296,648	
03/10/2025 6746033909	B	3,196.800	1.0000		- 3,197	3,197	
03/11/2025 6746033909	B	1,776.600	1.0000		- 1,777	1,777	

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03/12/2025 6746033905	B	1,745.280	1.0000		- 1,745	1,745	
03/12/2025 6746033909	B	799.200	1.0000		- 799	799	
03/13/2025 6746033905	B	7,052.950	1.0000		- 7,053	7,053	
03/13/2025 6746033909	B	1,938.000	1.0000		- 1,938	1,938	
03/14/2025 6746033905	B	14,200.900	1.0000		- 14,201	14,201	
03/14/2025 6746033909	B	2,391.660	1.0000		- 2,392	2,392	
03/17/2025 6746033905	B	37,171.650	1.0000		- 37,172	37,172	
03/18/2025 6746033905	B	7,255.500	1.0000		- 7,256	7,256	
03/20/2025 6746033905	B	11,474.910	1.0000		- 11,475	11,475	
03/20/2025 6746033905	B	393.220	1.0000		- 393	393	
03/21/2025 6746033909	B	3,160.800	1.0000		- 3,161	3,161	
03/24/2025 6746033905	B	8,085.920	1.0000		- 8,086	8,086	
03/24/2025 6746033909	B	2,525.750	1.0000		- 2,526	2,526	
03/25/2025 6746033909	B	39,586.460	1.0000		- 39,586	39,586	

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03/25/2025 6746033909	B	2,608.910	1.0000		- 2,609	2,609	
03/27/2025 6746033905	B	1,289.730	1.0000		- 1,290	1,290	
03/28/2025 6746033905	B	5,093,849.150	1.0000		- 5,093,849	5,093,849	
03/28/2025 6746033906	B	13,000,000.000	1.0000		- 13,000,000	13,000,000	
03/28/2025 6746033909	B	1,956.000	1.0000		- 1,956	1,956	
03/28/2025 6746033909	B	1,664.000	1.0000		- 1,664	1,664	
03/31/2025 6746033901	B	13,000,000.000	1.0000		- 13,000,000	13,000,000	
03/31/2025 6746033905	B	31,394.750	1.0000		- 31,395	31,395	
03/31/2025 6746033907	B	5,500,000.000	1.0000		- 5,500,000	5,500,000	
03/31/2025 6746033909	B	12,303.000	1.0000		- 12,303	12,303	
04/01/2025 6746033905	B	192.340	1.0000		- 192	192	
04/01/2025 6746033909	B	2,600.900	1.0000		- 2,601	2,601	
04/02/2025 6746033900	B	62.830	1.0000		- 63	63	
04/02/2025 6746033901	B	1,578.960	1.0000		- 1,579	1,579	

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04/02/2025 6746033905	B	13,817.010	1.0000		- 13,817	13,817	
04/02/2025 6746033906	B	4,504.700	1.0000		- 4,505	4,505	
04/02/2025 6746033907	B	637.660	1.0000		- 638	638	
04/02/2025 6746033908	B	2.100	1.0000		- 2	2	
04/02/2025 6746033909	B	5,026.610	1.0000		- 5,027	5,027	
04/03/2025 6746033905	B	6,925.220	1.0000		- 6,925	6,925	
04/07/2025 6746033900	B	27,379.600	1.0000		- 27,380	27,380	
04/07/2025 6746033905	B	6,189.210	1.0000		- 6,189	6,189	
04/07/2025 6746033909	B	57,125.260	1.0000		- 57,125	57,125	
04/11/2025 6746033905	B	6,458.680	1.0000		- 6,459	6,459	
04/11/2025 6746033909	B	144,257.090	1.0000		- 144,257	144,257	
04/14/2025 6746033905	B	7,583.920	1.0000		- 7,584	7,584	
04/15/2025 6746033905	B	4,462.770	1.0000		- 4,463	4,463	
04/17/2025 6746033909	B	645.450	1.0000		- 645	645	

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04/23/2025 6746033905	B	17,274.990	1.0000		- 17,275	17,275	
04/24/2025 6746033909	B	4,278.750	1.0000		- 4,279	4,279	
04/25/2025 6746033909	B	3,116.750	1.0000		- 3,117	3,117	
04/25/2025 6746033909	B	577.070	1.0000		- 577	577	
04/28/2025 6746033905	B	6,784.700	1.0000		- 6,785	6,785	
04/30/2025 6746033905	B	22,546.330	1.0000		- 22,546	22,546	
05/01/2025 6746033905	B	19,521.140	1.0000		- 19,521	19,521	
05/01/2025 6746033909	B	62.900	1.0000		- 63	63	
05/02/2025 6746033900	B	136.500	1.0000		- 137	137	
05/02/2025 6746033901	B	14.790	1.0000		- 15	15	
05/02/2025 6746033905	B	5,063.800	1.0000		- 5,064	5,064	
05/02/2025 6746033906	B	2.600	1.0000		- 3	3	
05/02/2025 6746033907	B	.370	1.0000				
05/02/2025 6746033908	B	.410	1.0000				

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05/02/2025 6746033909	B	3,348.890	1.0000		- 3,349	3,349	
05/05/2025 6746033900	B	2.600	1.0000		- 3	3	
05/07/2025 6746033905	B	5,356.700	1.0000		- 5,357	5,357	
05/09/2025 6746033905	B	2,254.180	1.0000		- 2,254	2,254	
05/12/2025 6746033905	B	4,854.480	1.0000		- 4,854	4,854	
05/12/2025 6746033909	B	100,664.540	1.0000		- 100,665	100,665	
05/14/2025 6746033909	B	2,730.000	1.0000		- 2,730	2,730	
05/15/2025 6746033905	B	23,509.590	1.0000		- 23,510	23,510	
05/15/2025 6746033909	B	8,549.050	1.0000		- 8,549	8,549	
05/16/2025 6746033905	B	677.000	1.0000		- 677	677	
05/16/2025 6746033909	B	57,986.460	1.0000		- 57,986	57,986	
05/19/2025 6746033909	B	1,685.550	1.0000		- 1,686	1,686	
05/20/2025 6746033909	B	188,935.270	1.0000		- 188,935	188,935	
05/22/2025 6746033905	B	3,008.030	1.0000		- 3,008	3,008	

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05/22/2025 6746033909	B	97,335.390	1.0000		- 97,335	97,335	
05/22/2025 6746033909	B	2,218.850	1.0000		- 2,219	2,219	
05/23/2025 6746033909	B	153,257.470	1.0000		- 153,257	153,257	
05/27/2025 6746033909	B	1,408.950	1.0000		- 1,409	1,409	
05/28/2025 6746033909	B	1,724.650	1.0000		- 1,725	1,725	
05/29/2025 6746033909	B	5,851.400	1.0000		- 5,851	5,851	
05/30/2025 6746033909	B	14,381.990	1.0000		- 14,382	14,382	
05/30/2025 6746033909	B	2,391.660	1.0000		- 2,392	2,392	
06/02/2025 6746033905	B	25,382.440	1.0000		- 25,382	25,382	
06/02/2025 6746033909	B	10,349.850	1.0000		- 10,350	10,350	
06/03/2025 6746033900	B	160.420	1.0000		- 160	160	
06/03/2025 6746033901	B	.050	1.0000				
06/03/2025 6746033905	B	8,103.550	1.0000		- 8,104	8,104	
06/03/2025 6746033909	B	4,394.550	1.0000		- 4,395	4,395	

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06/05/2025 6746033905	B	2,480.730	1.0000		- 2,481	2,481	
06/06/2025 6746033905	B	15,113.810	1.0000		- 15,114	15,114	
06/06/2025 6746033909	B	89,380.790	1.0000		- 89,381	89,381	
06/09/2025 6746033909	B	2,740.250	1.0000		- 2,740	2,740	
06/10/2025 6746033905	B	23,920.600	1.0000		- 23,921	23,921	
06/11/2025 6746033905	B	1,626.240	1.0000		- 1,626	1,626	
06/12/2025 6746033905	B	13,686.270	1.0000		- 13,686	13,686	
06/13/2025 6746033905	B	347,712.540	1.0000		- 347,713	347,713	
06/13/2025 6746033909	B	1,059.500	1.0000		- 1,060	1,060	
06/13/2025 6746033909	B	1,664.000	1.0000		- 1,664	1,664	
06/16/2025 6746033905	B	20,378.420	1.0000		- 20,378	20,378	
06/16/2025 6746033909	B	6,107.550	1.0000		- 6,108	6,108	
06/17/2025 6746033909	B	2,761.600	1.0000		- 2,762	2,762	
06/17/2025 6746033909	B	3,478.550	1.0000		- 3,479	3,479	

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06/18/2025 6746033909	B	2,850.000	1.0000		- 2,850	2,850	
06/20/2025 6746033905	B	1,895.550	1.0000		- 1,896	1,896	
06/20/2025 6746033909	B	1,052.500	1.0000		- 1,053	1,053	
06/23/2025 6746033905	B	7,533.660	1.0000		- 7,534	7,534	
06/23/2025 6746033909	B	294,662.960	1.0000		- 294,663	294,663	
06/24/2025 6746033900	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
06/24/2025 6746033905	B	4,045.800	1.0000		- 4,046	4,046	
06/25/2025 6746033909	B	1,728.650	1.0000		- 1,729	1,729	
06/26/2025 6746033905	B	801.150	1.0000		- 801	801	
06/27/2025 6746033909	B	144,179.980	1.0000		- 144,180	144,180	
06/30/2025 6746033909	B	135,204.550	1.0000		- 135,205	135,205	
Total For Buys				0	46,612,992	46,612,992	0
07/03/2024 6746033905	S	- 49,526.940	1.0000		49,527	49,527	
07/03/2024 6746033909	S	- 76,285.620	1.0000		76,286	76,286	

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07/05/2024 6746033905	S	- 23,561.320	1.0000		23,561	23,561	
07/09/2024 6746033909	S	- 129,167.700	1.0000		129,168	129,168	
07/10/2024 6746033905	S	- 234,004.700	1.0000		234,005	234,005	
07/11/2024 6746033909	S	- 43,175.120	1.0000		43,175	43,175	
07/15/2024 6746033909	S	- 98,412.980	1.0000		98,413	98,413	
07/19/2024 6746033909	S	- 119,009.700	1.0000		119,010	119,010	
07/22/2024 6746033905	S	- 55,117.650	1.0000		55,118	55,118	
07/22/2024 6746033905	S	- 86,887.990	1.0000		86,888	86,888	
07/22/2024 6746033909	S	- 62,018.800	1.0000		62,019	62,019	
07/25/2024 6746033909	S	- 77,271.010	1.0000		77,271	77,271	
07/26/2024 6746033909	S	- 121,418.810	1.0000		121,419	121,419	
08/07/2024 6746033909	S	- 111,345.920	1.0000		111,346	111,346	
08/08/2024 6746033909	S	- 86,579.040	1.0000		86,579	86,579	
08/09/2024 6746033909	S	- 11,093.210	1.0000		11,093	11,093	

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09/09/2024 6746033909	S	- 76,467.740	1.0000		76,468	76,468	
09/11/2024 6746033905	S	- 54,593.930	1.0000		54,594	54,594	
09/23/2024 6746033909	S	- 34,906.130	1.0000		34,906	34,906	
09/24/2024 6746033905	S	- 227,309.050	1.0000		227,309	227,309	
09/24/2024 6746033909	S	- 5,849.830	1.0000		5,850	5,850	
10/10/2024 6746033909	S	- 14,639.420	1.0000		14,639	14,639	
10/21/2024 6746033909	S	- 123,272.980	1.0000		123,273	123,273	
10/23/2024 6746033909	S	- 48,354.720	1.0000		48,355	48,355	
10/30/2024 6746033905	S	- 410,249.020	1.0000		410,249	410,249	
10/31/2024 6746033909	S	- 111,759.190	1.0000		111,759	111,759	
11/07/2024 6746033909	S	- 217,300.670	1.0000		217,301	217,301	
11/12/2024 6746033909	S	- 74,131.010	1.0000		74,131	74,131	
11/19/2024 6746033909	S	- 77,071.740	1.0000		77,072	77,072	
11/29/2024 6746033909	S	- 54,167.490	1.0000		54,167	54,167	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/2024 6746033905	S	- 399,163.560	1.0000		399,164	399,164	
12/05/2024 6746033909	S	- 377,115.870	1.0000		377,116	377,116	
12/11/2024 6746033905	S	- 82,845.100	1.0000		82,845	82,845	
12/11/2024 6746033909	S	- 179,700.090	1.0000		179,700	179,700	
12/18/2024 6746033905	S	- 227,309.700	1.0000		227,310	227,310	
12/19/2024 6746033909	S	- 82,110.460	1.0000		82,110	82,110	
12/20/2024 6746033909	S	- 78,076.370	1.0000		78,076	78,076	
12/23/2024 6746033909	S	- 51,528.130	1.0000		51,528	51,528	
12/31/2024 6746033905	S	- 206,426.570	1.0000		206,427	206,427	
01/06/2025 6746033906	S	- 1,664.220	1.0000		1,664	1,664	
01/13/2025 6746033909	S	- 81,736.000	1.0000		81,736	81,736	
01/21/2025 6746033909	S	- 106,669.400	1.0000		106,669	106,669	
01/23/2025 6746033909	S	- 106,266.720	1.0000		106,267	106,267	
01/30/2025 6746033909	S	- 76,726.740	1.0000		76,727	76,727	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/04/2025 6746033909	S	- 176,537.790	1.0000		176,538	176,538	
02/05/2025 6746033906	S	- 166.300	1.0000		166	166	
02/05/2025 6746033909	S	- 10,878.840	1.0000		10,879	10,879	
02/18/2025 6746033909	S	- 79,793.800	1.0000		79,794	79,794	
02/19/2025 6746033909	S	- 150,995.640	1.0000		150,996	150,996	
02/20/2025 6746033905	S	- 121,936.790	1.0000		121,937	121,937	
02/25/2025 6746033905	S	- 158,247.890	1.0000		158,248	158,248	
03/05/2025 6746033906	S	- .080	1.0000				
03/07/2025 6746033905	S	- 22,382.180	1.0000		22,382	22,382	
03/11/2025 6746033905	S	- 375,758.160	1.0000		375,758	375,758	
03/14/2025 6746033909	S	- 30,750.690	1.0000		30,751	30,751	
03/17/2025 6746033905	S	- 12,406.240	1.0000		12,406	12,406	
03/17/2025 6746033909	S	- 259,908.290	1.0000		259,908	259,908	
03/18/2025 6746033909	S	- 103,732.930	1.0000		103,733	103,733	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/26/2025 6746033905	S	- 26,670.710	1.0000		26,671	26,671	
03/26/2025 6746033909	S	- 42,573.920	1.0000		42,574	42,574	
03/27/2025 6746033909	S	- 69,853.720	1.0000		69,854	69,854	
03/31/2025 6746033905	S	- 5,500,000.000	1.0000		5,500,000	5,500,000	
03/31/2025 6746033906	S	- 13,000,000.000	1.0000		13,000,000	13,000,000	
04/01/2025 6746033901	S	- 13,000,000.000	1.0000		13,000,000	13,000,000	
04/01/2025 6746033907	S	- 5,500,000.000	1.0000		5,500,000	5,500,000	
04/07/2025 6746033901	S	- 21,646.760	1.0000		21,647	21,647	
04/07/2025 6746033906	S	- 4,504.700	1.0000		4,505	4,505	
04/07/2025 6746033907	S	- 637.660	1.0000		638	638	
04/07/2025 6746033908	S	- 590.480	1.0000		590	590	
04/09/2025 6746033909	S	- 87,446.970	1.0000		87,447	87,447	
04/10/2025 6746033905	S	- 34,536.710	1.0000		34,537	34,537	
04/10/2025 6746033909	S	- 97,999.920	1.0000		98,000	98,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/14/2025 6746033909	S	- 113,364.610	1.0000		113,365	113,365	
04/15/2025 6746033909	S	- 8,353.710	1.0000		8,354	8,354	
04/16/2025 6746033909	S	- 22,303.690	1.0000		22,304	22,304	
04/17/2025 6746033909	S	- 9,126.240	1.0000		9,126	9,126	
04/21/2025 6746033909	S	- 2,896.810	1.0000		2,897	2,897	
04/30/2025 6746033909	S	- 82,661.560	1.0000		82,662	82,662	
05/05/2025 6746033906	S	- 2.600	1.0000		3	3	
05/09/2025 6746033909	S	- 89,489.190	1.0000		89,489	89,489	
05/21/2025 6746033909	S	- 60,532.550	1.0000		60,533	60,533	
06/04/2025 6746033905	S	- 169,395.100	1.0000		169,395	169,395	
06/05/2025 6746033909	S	- 359,482.270	1.0000		359,482	359,482	
06/11/2025 6746033909	S	- 103,954.930	1.0000		103,955	103,955	
06/13/2025 6746033905	S	- 281,846.700	1.0000		281,847	281,847	
06/24/2025 6746033909	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/27/2025 6746033905	S	- 35,149.460	1.0000		35,149	35,149	
06/30/2025 6746033905	S	- 58,900.810	1.0000		58,901	58,901	
Total For Sells				0	46,259,711	46,259,711	0
Total First Am Treas Ob Fd Cl Z				0	92,872,703	92,872,703	0
GRAND TOTAL				0	92,872,703	92,872,703	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

Western Glaziers Retirement Plan

EIN 91-6050587

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Western Glaziers Retirement Plan

EIN 91-6050587

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Attachment to:	2024 Schedule MB (Form 5500)
Plan Name:	Western Glaziers Retirement Plan
Employer ID No.:	91-6050587
Plan Number:	001

MB Actuary Signature

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

A Name of plan Western Glaziers Retirement Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Western Glaziers Retirement Plan	D Employer Identification Number (EIN) 91-6050587

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

1a Enter the valuation date: Month 7 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	370,752,789
(2) Actuarial value of assets for funding standard account	1b(2)	361,512,152
c (1) Accrued liability for plan using immediate gain methods	1c(1)	309,884,849
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	309,884,849
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	499,334,208
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	23,203,371
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	14,579,231
(3) Expected plan disbursements for the plan year.....	1d(3)	14,850,245

Statement by Enrolled Actuary

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

SIGN HERE		4/1/2026
Jeffrey Frizzell	Signature of actuary	Date
Rael & Letson	Type or print name of actuary	26-08047
601 Union Street Suite 2415	Firm name	Most recent enrollment number
SEATTLE	Address of the firm	(206) 456-3340
		Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	370,752,789
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	551	172,811,792
(2) For terminated vested participants	339	70,104,251
(3) For active participants:		
(a) Non-vested benefits		47,899,397
(b) Vested benefits		208,518,768
(c) Total active	827	256,418,165
(4) Total	1,717	499,334,208
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	14,301,424				
Totals ►			3(b)	14,301,424	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	116.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7%
i Expense load included in normal cost reported in line 9b	6i	☒ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	11,393,594

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	35,608,415	4,654,610
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 1,043,133**e** Total charges. Add lines 9a through 9d..... **9e** 17,091,337**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 82,318,140**g** Employer contributions. Total from column (b) of line 3..... **9g** 14,301,424

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	8,249,171	3,043,630

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 6,013,311**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	44,819,919	
9j(2)	104,347,122	
9j(3)		0

k (1) Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 105,676,505**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 88,585,168**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year **9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date **9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) **9o(2)(b)** 0**(3)** Total as of valuation date **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(3)
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions ¹	Withdrawal Liability Payments	Total
2024/2025	\$ 13,593,054	\$ 0	\$ 13,593,054
2025/2026	13,593,054	0	13,593,054
2026/2027	14,828,786	0	14,828,786
2027/2028	14,828,786	0	14,828,786
2028/2029	14,828,786	0	14,828,786
2029/2030	14,828,786	0	14,828,786
2030/2031	14,828,786	0	14,828,786
2031/2032	14,828,786	0	14,828,786
2032/2033	14,828,786	0	14,828,786
2033/2034	14,828,786	0	14,828,786

¹ Assumes 1,100,000 future hours worked in each of the 2024/2025 and 2025/2026 Plan Years, and 1,200,000 future hours worked in the 2026/2027 Plan Year and each Plan Year thereafter.

Attachment to:2024 Schedule MB (Form 5500), Line 6

Plan Name:Western Glaziers Retirement Plan

Employer ID No.:91-6050587

Plan Number:001

Statement of Actuarial Assumptions / Methods

METHODOLOGY:	
Asset Valuation	Assets are valued according to a method which recognizes 20% of each year’s excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method	<u>Unit Credit Cost Method</u> Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. The normal cost is adjusted at the close of the Plan Year to reflect the actual level of contributions received during that Plan Year.
Withdrawal Liability Basis	The present value of accrued vested benefits for withdrawal liability determination uses an interest rate of 6.50% along with all other valuation assumptions. Assets for this purpose are based on the greater of the Market Value or Actuarial Value of Assets.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:	
Interest Discount Rate	6.50% for funding and FASB ASC 960 and 3.69% for current liability.
Assumed Rate of Return on Investments	6.50% compounded annually, net of all expenses.
Derivation of Net Investment Return and Discount Rate	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Investment and Operating Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions. The assumptions for mortality, retirement, form of benefit election and pop-up load were reviewed with the July 1, 2024 valuation and reflect the results of an experience review covering the period from July 1, 2019 through June 30, 2024.
Mortality	Healthy Lives: PRI 2012 Blue Collar Sex-Distinct Pre/Post Commencement Mortality Table with 100% of MP-2019 fully generational. Disabled Lives: PRI 2012 Disabled Sex-Distinct Mortality Table with 100% of MP-2019 fully generational. Current Liability: 2024 generational mortality table provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2023-73.
Mortality Improvement	The current mortality assumption, with full generational mortality improvement, is assumed to be reasonable at this time.
Termination Rates	Select period: 50% for 0 years of service and 35% for 1 year of service, followed by Table T-6 from the Actuary's Pension Handbook (Crocker-Sarason-Straight) for 2+ years of service.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:

Retirement Rates	Non-retired participants are assumed to retire based on the following rate tables: <table><tr><th colspan="4">Actives</th><th colspan="4">Vested Inactives</th></tr><tr><th>Age</th><th>Rate</th><th>Age</th><th>Rate</th><th>Age</th><th>Rate</th><th>Age</th><th>Rate</th></tr><tr><td>55-57</td><td>10%</td><td>63-64</td><td>20%</td><td>55-59</td><td>5%</td><td>64-67</td><td>20%</td></tr><tr><td>58</td><td>20%</td><td>65-67</td><td>50%</td><td>60-61</td><td>10%</td><td>68-69</td><td>25%</td></tr><tr><td>59-61</td><td>15%</td><td>68+</td><td>100%</td><td>62</td><td>20%</td><td>70+</td><td>100%</td></tr><tr><td>62</td><td>30%</td><td></td><td></td><td>63</td><td>10%</td><td></td><td></td></tr></table>	Actives				Vested Inactives				Age	Rate	Age	Rate	Age	Rate	Age	Rate	55-57	10%	63-64	20%	55-59	5%	64-67	20%	58	20%	65-67	50%	60-61	10%	68-69	25%	59-61	15%	68+	100%	62	20%	70+	100%	62	30%			63	10%		
Actives				Vested Inactives																																													
Age	Rate	Age	Rate	Age	Rate	Age	Rate																																										
55-57	10%	63-64	20%	55-59	5%	64-67	20%																																										
58	20%	65-67	50%	60-61	10%	68-69	25%																																										
59-61	15%	68+	100%	62	20%	70+	100%																																										
62	30%			63	10%																																												
Disability Rates	75% of 1975 SS Disability Experience Table for Males and Females.																																																
Form of Benefit	For those not yet in pay status, 45% of participants are assumed to elect a Life Annuity with 60 payments guaranteed and 55% of participants are assumed to elect a 75% Joint & Survivor Benefit with pop-up.																																																
Late Retirement Behavior	Active and terminated vested participants who are older than normal retirement age are assumed to receive actuarial increases based on plan actuarial equivalence.																																																
Marital Status	80% of non-retired participants are assumed to be married. Females are assumed to be two years younger than their male spouses.																																																
Active Participant	Worked at least 435 hours in covered employment.																																																
Future Employment	Each active participant is assumed to work the same hours as were worked in the prior year.																																																
Future Contributions	Based on prior year's accruals, and adjusted for expected future hour and contribution rate changes.																																																
Pop-Up Survivor Benefit	1.25% load on all benefits for non-retired participants.																																																
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.																																																

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Statement of Actuarial Assumptions / Methods (Continued)

CHANGES SINCE PRIOR VALUATION	The current liability interest rate was changed from 2.85% to 3.69% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required. Effective July 1, 2024, the following assumption changes were made: ▶ The mortality improvement scale for the mortality assumptions of both healthy and disabled lives was updated from 75% of MP-2019 fully generational to 100% of MP-2019 fully generational. ▶ Active retirement rates were updated from 10% to 20% for age 58 and from 20% to 30% for age 62. ▶ The vested inactive retirement assumption was updated from 100% retirement at age 59 to age-based rates ranging from 5% to 25% for ages 55 through 69 and 100% retirement at age 70 and older. ▶ The form of benefit election assumption was updated from all participants electing a Life Annuity with 60 payments guaranteed to 45% of participants electing a Life Annuity with 60 payments guaranteed and 55% of participants electing a 75% Joint & Survivor Benefit with pop-up. ▶ The pop-up survivor benefit load assumption was updated from 1% to 1.25% load on all benefits for non-retired participants.
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Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Summary of Plan Provisions

The Western Glaziers Retirement Plan became effective July 1, 1962 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of July 1, 2014 and last amended effective March 2025. The principal provisions of the Plan as of July 1, 2024 are summarized below.

NORMAL RETIREMENT

Eligibility	Age 62 and 3 years of credited service (or age 65 and 5th anniversary of participation, if later).
Monthly Benefit	Monthly Benefits are equal to the sum of: 1.65% of credited contributions from July 1, 2023 through June 30, 2025, plus 1.75% of credited contributions from July 1, 2020 through June 30, 2023, plus 1.50% of credited contributions from July 1, 2017 through June 30, 2020, plus 1.00% of credited contributions from July 1, 2006 through June 30, 2017, plus 2.75% of credited contributions from July 1, 2002 through June 30, 2006, plus 5.00% of credited contributions from July 1, 1998 through June 30, 2002, plus 4.00% of credited contributions from July 1, 1969 through June 30, 1998, plus \$.008 per hour worked through June 30, 1969, plus \$5.50 per year of past service (up to 10 years). The benefit accrual rate is 1.00% of contributions effective July 1, 2025.

EARLY RETIREMENT

Eligibility	Age 55 and 5 years of credited service (6 years if not active during plan year 1993 or thereafter).
Monthly Benefit	Accrued Normal Retirement Benefit reduced 6% per year for ages 55-58 and 3% per year for ages 58-62.

SPECIAL RETIREMENT

Eligibility	Age 59, 25 years of credited service (including reciprocity) and either 3,600 hours within five years or 1,305 hours within three years preceding Special Retirement Date.
Monthly Benefit	Same as the Accrued Normal Retirement Benefit.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Summary of Plan Provisions (Continued)

SPECIAL EARLY RETIREMENT

Eligibility	Age 55, 25 years of credited service (including reciprocity) and either 3,600 hours within five years or 1,305 hours within three years preceding Special Retirement Date.
Monthly Benefit	Accrued Normal Retirement Benefit reduced 3% per year for ages 55-59.

DISABILITY RETIREMENT

Eligibility	Total and permanent disability, 10 years of future service credit and 435 hours in year disability commenced or in plan year preceding onset of disability.
Monthly Benefit	Normal Retirement Benefit earned to disability retirement date paid until age 62. At age 62, the participant elects one of the annuity options available to retired participants. If the participant dies prior to age 62, a surviving spouse is eligible for the pre-retirement death benefit.

LATE RETIREMENT

Eligibility	Working past Normal Retirement Age.
Monthly Benefit	Normal Retirement Benefit based on service earned to late retirement date, but not less than the Normal Retirement Benefit actuarially increased to late retirement date, with the comparison made on a plan year-to-plan year basis.

PRE-RETIREMENT DEATH BENEFIT – SURVIVOR ANNUITY

Eligibility	Age 62 and 3 years of credited service (or age 65 and 5th anniversary of participation, if later) and married throughout the one-year period preceding the employee's death.
Monthly Benefit	50% of monthly Normal Retirement Benefit or a lump sum equal to 100% of the contributions made on behalf of the employee.

PRE-RETIREMENT DEATH BENEFIT – OTHER DEATH BENEFITS

Eligibility	1 ½ years of credited service (435 hours = ½ year) without incurring a 1-year break in service and not eligible for the Pre-Retirement Survivor Annuity.
Monthly Benefit	A lump sum equal to 100% of the credited contributions made on behalf of the employee.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Summary of Plan Provisions (Continued)

FORMS OF ANNUITY PAYMENTS

Normal Form	For married participants: 50% Joint and Survivor Benefit with pop-up. For unmarried participants: Life annuity with 60 payments guaranteed.
Optional Forms	75% Joint and Survivor Benefit with pop-up. 100% Joint and Survivor Benefit with pop-up.

OTHER

Credited Service	One year of credited future service for each plan year with 870 or more covered hours of employment.
Vesting Service	One year of vesting service for each plan year with 870 or more covered hours of employment or contiguous non-covered hours of employment with a participating employer, or a combination thereof.
Vesting	100% after 5 years of vesting service (working at least 435 hours a year) (10 years if not active during plan year ending June 30, 1993 or thereafter) or age 62 with 3 years of credited service.
Break in Service Rules	A one-year break in service is incurred if the participant works less than 435 hours in a plan year.
Pop-up Subsidy	The 75% and 100% Joint & Survivor Benefits with pop-up are subsidized for retirements on or after July 1, 2024 (the 50% Joint & Survivor Benefit with pop-up is already subsidized).
Actuarial Equivalence	For retirements prior to July 1, 2024: 1984 Unisex Pension Mortality Table with 1-year set-forward and 5.50% interest rate. For retirements on or after July 1, 2024: PRI-2012 Blue Collar Post-Retirement Blended Sex Mortality Table projected to 2031 using scale MP-2021 (ultimate rates) and 5.50% interest rate. There is a 1-year transition period for calculating late retirement factors. The 1984 Unisex Pension Mortality Table with 1-year set-forward will continue to be used for late retirements through June 30, 2025. The PRI-2012 Blue Collar Post-Retirement Blended Sex Mortality Table projected to 2031 using scale MP-2021 (ultimate rates) will be used for late retirements commencing on or after July 1, 2025.

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Summary of Plan Provisions (Continued)

CHANGES SINCE PRIOR VALUATION	Effective July 1, 2024, the mortality basis for Actuarial Equivalence was updated from the 1984 Unisex Pension Mortality Table with 1-year set-forward to the PRI-2012 Blue Collar Post-Retirement Blended Sex Mortality Table projected to 2031 using scale MP-2021 (ultimate rates), with a 1-year transition period for calculating late retirement factors (new actuarial equivalence assumption effective July 1, 2025). The 75% and 100% Joint & Survivor Benefits with pop-up are subsidized for retirements on or after July 1, 2024. Effective July 1, 2024, the benefit accrual rate of 1.65% of contributions was extended prospectively for the 2024/2025 Plan Year. The accrual rate will automatically step back down to 1.00% effective July 1, 2025.
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Attachment to: 2024 Schedule MB (Form 5500), Line 8b(1)
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024/2025	\$ 1,458,427	\$ 304,180	\$ 13,087,638	\$ 14,850,245
2025/2026	2,411,032	538,663	12,797,849	15,747,544
2026/2027	3,295,201	810,173	12,541,909	16,647,283
2027/2028	4,074,812	1,048,207	12,253,183	17,376,202
2028/2029	4,908,850	1,295,113	11,943,848	18,147,811
2029/2030	5,644,095	1,540,191	11,623,283	18,807,569
2030/2031	6,321,994	1,801,591	11,303,699	19,427,284
2031/2032	6,997,524	2,097,750	10,970,120	20,065,394
2032/2033	7,670,220	2,351,940	10,622,511	20,644,671
2033/2034	8,297,535	2,615,583	10,260,990	21,174,108
2034/2035	8,897,022	2,870,844	9,885,857	21,653,723
2035/2036	9,527,608	3,095,616	9,497,607	22,120,831
2036/2037	10,132,490	3,320,022	9,096,955	22,549,467
2037/2038	10,722,560	3,535,475	8,684,729	22,942,764
2038/2039	11,329,803	3,737,569	8,261,914	23,329,286
2039/2040	11,897,753	3,953,227	7,829,678	23,680,658
2040/2041	12,442,428	4,135,632	7,389,403	23,967,463
2041/2042	12,985,883	4,299,658	6,942,700	24,228,241
2042/2043	13,485,113	4,435,175	6,491,461	24,411,749
2043/2044	13,961,667	4,546,930	6,037,923	24,546,520
2044/2045	14,388,851	4,651,179	5,584,609	24,624,639
2045/2046	14,770,070	4,762,033	5,134,346	24,666,449
2046/2047	15,130,740	4,860,686	4,690,238	24,681,664
2047/2048	15,451,907	4,948,255	4,255,489	24,655,651
2048/2049	15,710,847	5,033,235	3,833,323	24,577,405
2049/2050	15,908,860	5,055,673	3,427,020	24,391,553
2050/2051	16,074,645	5,072,518	3,039,659	24,186,822
2051/2052	16,182,158	5,054,165	2,673,990	23,910,313
2052/2053	16,231,077	5,011,946	2,332,288	23,575,311
2053/2054	16,208,260	4,970,527	2,016,268	23,195,055
2054/2055	16,110,997	4,893,646	1,727,131	22,731,774
2055/2056	15,980,511	4,817,437	1,465,578	22,263,526
2056/2057	15,801,902	4,702,452	1,231,740	21,736,094
2057/2058	15,549,776	4,581,548	1,025,119	21,156,443
2058/2059	15,244,515	4,431,033	844,686	20,520,234
2059/2060	14,886,700	4,277,808	689,037	19,853,545
2060/2061	14,508,101	4,122,411	556,443	19,186,955
2061/2062	14,098,703	3,954,924	444,929	18,498,556
2062/2063	13,644,083	3,778,710	352,357	17,775,150
2063/2064	13,151,555	3,600,255	276,495	17,028,305
2064/2065	12,626,622	3,419,083	215,134	16,260,839
2065/2066	12,090,827	3,235,458	166,158	15,492,443
2066/2067	11,518,885	3,048,083	127,594	14,694,562
2067/2068	10,936,121	2,861,231	97,624	13,894,976
2068/2069	10,353,443	2,674,169	74,622	13,102,234
2069/2070	9,761,029	2,488,587	57,174	12,306,790
2070/2071	9,173,445	2,308,384	44,069	11,525,898
2071/2072	8,591,188	2,133,928	34,296	10,759,412
2072/2073	8,013,387	1,965,180	27,031	10,005,598
2073/2074	7,445,308	1,803,491	21,618	9,270,417

Attachment to: 2024 Schedule MB (Form 5500), Line 8b(2)
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Schedule of Active Participant Data^{1,2}

DISTRIBUTION OF ACTIVE PARTICIPANTS BY AGE AND CREDITED SERVICE (FOR 2024 SCHEDULE MB)

Age Group	Years Of Credited Service																					
	< 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 +		Total	
	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben	No.	Avg Acc Mon Ben
Under 25	1	\$	24	\$ 317	1	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	26	\$ 335
25 - 29	1		29	419	27	1,545	1		0		0		0		0		0		0		58	987
30 - 34	2		37	534	65	1,715	18		0		0		0		0		0		0		122	1,410
35 - 39	3		32	703	47	1,859	30	2,676	20	3,405	0		0		0		0		0		132	1,960
40 - 44	6		30	767	51	1,919	38	2,647	38	3,565	8		0		0		0		0		171	2,311
45 - 49	1		20	584	28	1,637	15		36	3,467	16		7		0		0		0		123	2,758
50 - 54	1		7		15		11		16		16		18		2		0		0		86	3,686
55 - 59	1		8		10		10		5		11		7		2		1		0		55	3,267
60 - 64	0		3		4		4		12		7		9		2		1		0		42	3,975
65 - 69	0		1		1		1		2		1		2		1		0		2		11	
70 and Over	0		0		0		0		0		0		0		0		1		0		1	
Total	16	\$	191	\$ 575	249	\$ 1,793	128	\$ 2,614	129	\$ 3,502	59	\$ 4,658	43	\$ 5,794	7	\$	3	\$	2	\$	827	\$ 2,364

¹ This exhibit excludes 274 non-vested inactive participants who have not yet incurred a permanent forfeiture of their benefits.

² In accordance with the Schedule MB instructions, the average accrued monthly benefit for groups with less than 20 participants is not shown.

Attachment to: 2024 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Schedule of Funding Standard Account Bases

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Charges	3	Plan Amendment	6/30/1996	\$ 316,200	2.00	\$ 163,080
	3	Plan Amendment	6/30/1997	572,278	3.00	202,894
	3	Plan Amendment	6/30/1998	720,705	4.00	197,536
	3	Plan Amendment	6/30/1999	151,642	5.00	34,266
	3	Plan Amendment	6/30/2000	99,337	6.00	19,270
	3	Plan Amendment	6/30/2006	2,012,220	12.00	231,581
	3	Plan Amendment	6/30/2007	6,768,110	13.00	738,981
	8	Net Investment Loss Incurred in 2008/2009	6/30/2009	12,980,573	14.00	1,352,178
	8	Net Investment Loss Incurred in 2008/2009	6/30/2010	30,796	14.00	3,208
	8	Net Investment Loss Incurred in 2008/2009	6/30/2011	9,751,563	14.00	1,015,815
	1	Experience Loss	6/30/2012	1,316,249	3.00	466,648
	4	Assumption Change	6/30/2012	306,886	3.00	108,803
	1	Experience Loss	6/30/2013	201,529	4.00	55,237
	1	Experience Loss	6/30/2016	380,327	7.00	65,113
				\$ 35,608,415		\$ 4,654,610

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Credits	1	Experience Gain	6/30/2010	\$ (128,449)	1.00	\$ (128,449)
	1	Experience Gain	6/30/2011	(3,943,844)	2.00	(2,033,995)
	1	Experience Gain	6/30/2014	(2,220,719)	5.00	(501,768)
	1	Experience Gain	6/30/2015	(1,956,159)	6.00	(379,418)
				\$ (8,249,171)		\$ (3,043,630)

Attachment to: 2024 Schedule MB (Form 5500), Line 11
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Justification for Change in Actuarial Assumptions

The current liability interest rate was changed from 2.85% to 3.69% recognizing that the rate must be within the permissible corridor under IRC Section 431(c)(6)(E). The current liability mortality table was also changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions. Effective July 1, 2024, the following assumptions were changed to better reflect future estimates of plan experience based on the experience study performed over the period from July 1, 2019 through June 30, 2024:

- ▶ The mortality improvement scale for the mortality assumptions of both healthy and disabled lives was updated from 75% of MP-2019 fully generational to 100% of MP-2019 fully generational.
- ▶ Active retirement rates were updated from 10% to 20% for age 58 and from 20% to 30% for age 62.
- ▶ The vested inactive retirement assumption was updated from 100% retirement at age 59 to age-based rates ranging from 5% to 25% for ages 55 through 69 and 100% retirement at age 70 and older.
- ▶ The form of benefit election assumption was updated from all participants electing a Life Annuity with 60 payments guaranteed to 45% of participants electing a Life Annuity with 60 payments guaranteed and 55% of participants electing a 75% Joint & Survivor Benefit with pop-up.
- ▶ The pop-up survivor benefit load assumption was updated from 1% to 1.25% load on all benefits for non-retired participants.

Attachment to: 2024 Schedule MB (Form 5500), Line 2b
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Participant Count

The active participant count consists of 827 active participants, and excludes 274 non-vested inactive participants that have not incurred 5 consecutive break years, whose liability is included with the nonvested actives.

Attachment to: 2024 Schedule MB (Form 5500), Lines 3 and 9g
Plan Name: Western Glaziers Retirement Plan
Employer ID No.: 91-6050587
Plan Number: 001

Employer Contributions

Employer contributions shown in lines 3 and 9g are paid pursuant to Collective Bargaining Agreements and are received throughout the year. Contributions are assumed to occur mid-year.

There were no withdrawal liability payments during the Plan Year.

Western Glaziers Retirement Plan

EIN 91-6050587

Plan No. 001

Plan Year Ended June 30, 2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Western Glaziers Retirement Plan
EIN: 91-6050587
FYE: June 30, 2025

Plan Number: 001

Schedule R, Line 13e - Information on Contribution Rates and Base Units

All New Glass Inc.				Goldfinch Bros., Inc.				Mission Glass				Herzog Glass				Sargent Construction Services - SJA			
91-348004				91-0725768				20-8740122				26-1269653				20-8827416			
Rate (Swgc)	Rate (SWG)	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Base Unit	Rate	Base Unit
7.18	1.00	Hourly		7.18	1.00	4.26	Hourly	7.18	1.00	Hourly		7.18	1.00	4.26	Hourly	7.18	Hourly		
7.89	1.00	Hourly		7.89	1.00	4.65	Hourly	7.89	1.00	Hourly		7.89	1.00	4.65	Hourly	7.89	Hourly		
8.61	1.50	Hourly		8.61	1.50	5.04	Hourly	8.61	1.50	Hourly		8.61	1.50	5.04	Hourly	8.61	Hourly		
9.33	1.50	Hourly		9.33	1.50	5.43	Hourly	9.33	1.50	Hourly		9.33	1.50	5.43	Hourly	9.33	Hourly		
10.05	2.50	Hourly		10.05	2.50	6.2	Hourly	10.05	2.50	Hourly		10.05	2.50	6.2	Hourly	10.05	Hourly		
10.76	2.50	Hourly		10.76	2.50	6.98	Hourly	10.76	2.50	Hourly		10.76	2.50	6.98	Hourly	10.76	Hourly		
11.48	5.00	Hourly		11.48	5.00	7.75	Hourly	11.48	5.00	Hourly		11.48	5.00	7.75	Hourly	11.48	Hourly		
12.92		Hourly		12.92			Hourly	12.92		Hourly		12.92			Hourly	12.92	Hourly		
14.35		Hourly		14.35			Hourly	14.35		Hourly		14.35			Hourly	14.35	Hourly		
Sound Glass Sales				Eastside Glass & Sealants				Benson Industries				Vetero Building Envelope				Crown Corr			
91-1195656				26-1564898				93-0471970				47-2147260				35-1056065			
Rate	Rate	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Rate	Rate	Base Unit	Rate	Base Unit	Rate	Base Unit
7.18	1.00	4.26	Hourly	7.18	1.00	Hourly		7.18	1.00	Hourly		7.18	Hourly			7.18	Hourly		
7.89	1.00	4.65	Hourly	7.89	1.00	Hourly		7.89	1.00	Hourly		7.89	Hourly			7.89	Hourly		
8.61	1.50	5.04	Hourly	8.61	1.50	Hourly		8.61	1.50	Hourly		8.61	Hourly			8.61	Hourly		
9.33	1.50	5.43	Hourly	9.33	1.50	Hourly		9.33	1.50	Hourly		9.33	Hourly			9.33	Hourly		
10.05	2.50	6.2	Hourly	10.05	2.50	Hourly		10.05	2.50	Hourly		10.05	Hourly			10.05	Hourly		
10.76	2.50	6.98	Hourly	10.76	2.50	Hourly		10.76	2.50	Hourly		10.76	Hourly			10.76	Hourly		
11.48	5.00	7.75	Hourly	11.48	5.00	Hourly		11.48	5.00	Hourly		11.48	Hourly			11.48	Hourly		
12.92			Hourly	12.92			Hourly	12.92		Hourly		12.92	Hourly			12.92	Hourly		
14.35			Hourly	14.35			Hourly	14.35		Hourly		14.35	Hourly			14.35	Hourly		

Western Glaziers Retirement Plan**EIN: 91-6050587****Plan Number: 001****FYE: June 30, 2025**

Schedule R, Line 13d - Information on Collective Bargaining Agreement Expiration Dates

All New Glass Inc.

91-1348004

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

Goldfinch Bros., Inc.

91-0725768

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

SWGR 9/30/2028

Mission Glass

20-8740122

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

Herzog Glass

26-1269653

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

SWGR 9/30/2028

Sargent Construction

Services - SJA

20-8827416

CBA Expiration Date

SWCG 6/30/2026

Sound Glass Sales

91-1195656

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

SWGR 9/30/2028

Eastside Glass & Sealants

26-1564898

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

Benson Industries

93-0471970

CBA Expiration Date

SWCG 6/30/2026

SWGIS 9/30/2026

Vetero Building Envelope

47-2147260

CBA Expiration Date

SWCG 6/30/2026

Crown Corr

35-1056065

CBA Expiration Date

SWCG 6/30/2026

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WESTERN GLAZIERS RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1964
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) BOARD OF TRUSTEES, WESTERN GLAZIERS RETIREMENT PLAN 18300 CASCADE AVE. S, SUITE 141 TUKWILA WA 98188-4747
2b	Employer Identification Number (EIN) 91-6050587
2c	Plan Sponsor's telephone number (206) 441-7574
2d	Business code (see instructions) 327210

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	<i>Steve Malcom</i>	4/13/2026 6:21 PM EDT	STEVE MALCOLM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Lisa Derosia</i>	4/13/2026 4:07 PM EDT	LISA DEROSIA
	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

Form 5500 (2024)		Page 2	
3a Plan administrator's name and address ☒ 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	1,610
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)	1,031
		6a(2)	887
		6b	456
		6c	343
		6d	1,686
		6e	71
		6f	1,757
		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	64
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III

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

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

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

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

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

Receipt Confirmation Code_____