

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 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ 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 GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 11/01/1982
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 OF GLAZIERS ARCH METAL & GLASSWKRS LU 513 401K SPPLM 5916 WILSON AVENUE ST. LOUIS, MO 63110	2b Employer Identification Number (EIN) 43-6058944 2c Plan Sponsor's telephone number 314-644-3922 2d Business code (see instructions) 238900
	5916 WILSON AVENUE ST. LOUIS, MO 63110	

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.	07/17/2026	THERESA CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2026	JOHN DEEKEN
	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	5 338
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) 165 6a(2) 163 6b 22 6c 136 6d 321 6e 2 6f 323 6g(1) 338 6g(2) 323 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 26

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2G 2J 2T

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 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 11/01/2024 and ending 10/31/2025		
A Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GLAZIERS ARCH METAL & GLASSWKRS LU 513 401K SPPLM	D Employer Identification Number (EIN) 43-6058944	

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	
AMERICAN CENTURY REAL ESTATE FUND	350 MAIN ST, FL 3 MALDEN, MA 02148-5089

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS AMERICAN MUTUAL FUND	PO BOX 2280 NORFOLK, VA 23501-2280

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS NEW PERSPECTIVE FUND	PO BOX 2280 NORFOLK, VA 23501-2280

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS NEW WORLD FUND	PO BOX 2280 NORFOLK, VA 23501-2280

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

FIDELITY TOTAL BOND FUND

PO BOX 28007
ALBUQUERQUE, NM 87125-8007

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

FIDELITY BLUE CHIP GROWTH FUND

PO BOX 28007
ALBUQUERQUE, NM 87125-8007

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

FRANKLIN SMALL CAP VALUE FUND

3344 QUALITY DRIVE
RANCHO CORDOVA, CA 95741-2258

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

FRANKLIN SMALL CAP GROWTH FUND

3344 QUALITY DRIVE
RANCHO CORDOVA, CA 95741-2258

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

FRANKLIN INTERNATIONAL GROWTH FUND

3344 QUALITY DRIVE
RANCHO CORDOVA, CA 95741-2258

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

MFS MID CAP VALUE FUND

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

MFS MID CAP GROWTH FUND

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VANGUARD 500 INDEX FUND

PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD BALANCED INDEX FUND
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD GNMA FUND
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD GROWTH INDEX FUND
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD HIGH-YIELD CORPORATE FUND
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2020 FUN
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2025 FUN
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2030 FUN
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2035 FUN
PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD TARGET RETIREMENT 2040 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT 2045 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT 2050 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT 2055 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT 2060 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT 2065 FUN	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD TARGET RETIREMENT INC FUND	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD INTERMEDIATE-TERM BOND IND	PO BOX 982903 EL PASO, TX 79998-2903
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD MID-CAP INDEX FUND

PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD SMALL-CAP INDEX FUND

PO BOX 982903
EL PASO, TX 79998-2903

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

VANGUARD VALUE INDEX FUND

PO BOX 982903
EL PASO, TX 79998-2903

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

AMERICAN FUNDS SMALL CAP WORLD FUND

PO BOX 2280
NORFOLK, VA 23501-2280

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

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

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

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

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

EKON BENEFITS

43-1317863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	64354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GPB CORPORATION

43-1240518

(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?
14 50	RELATED PARTY	34496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE & ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	21304	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)

ROMOLO & ASSOCIATES, LLC

84-2885766

(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	18351	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 ☐

(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.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN				B Three-digit plan number (PN) 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GLAZIERS ARCH METAL & GLASSWKRS LU 513 401K SPPLM				D Employer Identification Number (EIN) 43-6058944	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY COLLECTIVE INV TRUST III					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC					
c EIN-PN 26-0142858-094		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1759608		
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)		
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,					

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 11/01/2024 and ending 10/31/2025	
	A Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GLAZIERS ARCH METAL & GLASSWKRS LU 513 401K SPPLM	D Employer Identification Number (EIN) 43-6058944	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	140086	166593
(2) Participant contributions.....	1b(2)	14364	15859
(3) Other	1b(3)	33805	27342
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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1637398	1759608
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46054766	52243156
(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	47880419	54212558
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	18173	19015
i Acquisition indebtedness	1i		
j Other liabilities	1j	5613	5572
k Total liabilities (add all amounts in lines 1g through 1j)	1k	23786	24587
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47856633	54187971

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)	1452105	
(B) Participants	2a(1)(B)	138726	
(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)		1590831
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	951	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		951
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1101782	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1101782
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		34730
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6414632
c Other income	2c		680
d Total income. Add all income amounts in column (b) and enter total	2d		9143606

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2660148	
(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)		2660148
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)	34496	
(3) Recordkeeping fees	2i(3)	65205	
(4) IQPA audit fees	2i(4)	17500	
(5) Investment advisory and investment management fees	2i(5)	21304	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3996	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1469	
(11) Other expenses	2i(11)	8150	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		152120
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2812268

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6331338
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: **ROMOLO & ASSOCIATES, LLC**

(2) EIN: **84-2885766**

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.)	☒	☐	8728
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 _____.

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 11/01/2024 and ending 10/31/2025		
A Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF GLAZIERS ARCH METAL & GLASSWKRS LU 513 401K SPPLM		D Employer Identification Number (EIN) 43-6058944
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
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
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

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

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

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Independent Auditor's Report

To the Trustees of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan

Opinion

We have audited the financial statements of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of October 31, 2025 and 2024 and the changes in net assets available for benefits for the years then ended, of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan's ability to continue as a going concern for at least one year following 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 of Assets (Held at End of Year) and Delinquent Contributions as of or for the year ended October 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (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 black ink that reads "Romolo & Associates LLC". The signature is stylized and cursive.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

July 13, 2026

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 43-6058944

Plan Number: 002

As of October 31, 2025

		(c) Description of investment including maturity date, rate of interest, collateral,						(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party	par, or maturity value	Maturity date	Rate of interest	Shares/par value	(d) Cost		
	American Century Real Estate Fund	Mutual Fund	N/A	N/A	8,396.1292	\$ -	\$	220,567
	American Funds American Mutual Fund	Mutual Fund	N/A	N/A	2,819.9381	-		175,288
	American Funds New Perspective Fund	Mutual Fund	N/A	N/A	5,423.7290	-		407,919
	American Funds Small Cap World Fund	Mutual Fund	N/A	N/A	2,484.5704	-		195,536
	American Funds New World Fund	Mutual Fund	N/A	N/A	2,067.1199	-		201,999
	Fidelity Total Bond K6 Fund	Mutual Fund	N/A	N/A	18,622.1096	-		167,040
	Fidelity Blue Chip Growth K6 Fund	Mutual Fund	N/A	N/A	18,248.5190	-		809,139
	Franklin Small Cap Value Fund	Mutual Fund	N/A	N/A	1,558.5765	-		97,177
	Franklin Small Cap Growth Fund	Mutual Fund	N/A	N/A	8,969.4812	-		250,966
	Franklin International Growth Fund	Mutual Fund	N/A	N/A	12,491.3267	-		230,090
	MFS Mid Cap Value Fund	Mutual Fund	N/A	N/A	6,157.5528	-		202,707
	MFS Mid Cap Growth Fund	Mutual Fund	N/A	N/A	9,049.1133	-		304,955
	Vanguard 500 Index Fund	Mutual Fund	N/A	N/A	1,200.4121	-		758,324
	Vanguard Balanced Index Fund	Mutual Fund	N/A	N/A	56,836.7354	-		3,027,693
	Vanguard GNMA Fund	Mutual Fund	N/A	N/A	8,778.6359	-		83,134
	Vanguard Growth Index fund	Mutual Fund	N/A	N/A	1,443.6142	-		370,792
	Vanguard High-Yield Corporate Fund	Mutual Fund	N/A	N/A	40,997.0435	-		227,534
	Vanguard Target Retirement 2020 Fund	Mutual Fund	N/A	N/A	83,685.0729	-		2,472,057
	Vanguard Target Retirement 2025 Fund	Mutual Fund	N/A	N/A	232,398.2422	-		4,943,111
	Vanguard Target Retirement 2030 Fund	Mutual Fund	N/A	N/A	143,079.4627	-		6,248,280
	Vanguard Target Retirement 2035 Fund	Mutual Fund	N/A	N/A	228,313.3617	-		6,376,792
	Vanguard Target Retirement 2040 Fund	Mutual Fund	N/A	N/A	192,645.2602	-		9,786,379
	Vanguard Target Retirement 2045 Fund	Mutual Fund	N/A	N/A	169,800.3471	-		5,978,670
	Vanguard Target Retirement 2050 Fund	Mutual Fund	N/A	N/A	64,640.8129	-		3,864,874
	Vanguard Target Retirement 2055 Fund	Mutual Fund	N/A	N/A	11,192.5632	-		746,656
	Vanguard Target Retirement 2060 Fund	Mutual Fund	N/A	N/A	8,401.1687	-		516,504
	Vanguard Target Retirement 2065 Fund	Mutual Fund	N/A	N/A	1,548.8838	-		62,482
	Vanguard Target Retirement Income Fund	Mutual Fund	N/A	N/A	177,807.2862	-		2,526,642
	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund	N/A	N/A	6,057.5593	-		64,028
	Vanguard Mid-Cap Index Fund	Mutual Fund	N/A	N/A	932.4212	-		335,867
	Vanguard Small-Cap Index Fund	Mutual Fund	N/A	N/A	1,830.0511	-		223,559
	Vanguard Value Index Fund	Mutual Fund	N/A	N/A	5,057.9164	-		366,395
	Total Mutual Funds				1,532,935.0164	-		52,243,156

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 43-6058944

Plan Number: 002

As of October 31, 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	Maturity date	Rate of interest	Shares/par value	(d) Cost	(e) Current value
	Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	Collective Investment Trust	N/A	N/A	80,667.0939	-	1,759,608
	Total Collective Investment Trusts				1,613,602.1103	-	54,002,764

*Denotes a party-in-interest.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan

Financial Statements and Supplemental Schedules

Including Independent Auditor's Report

As of October 31, 2025 and 2024

and for the Years Then Ended

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Independent Auditor's Report

To the Trustees of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan

Opinion

We have audited the financial statements of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of October 31, 2025 and 2024 and the changes in net assets available for benefits for the years then ended, of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan's ability to continue as a going concern for at least one year following 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental 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 of Assets (Held at End of Year) and Delinquent Contributions as of or for the year ended October 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (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 black ink that reads "Romolo & Associates LLC". The signature is fluid and cursive, with the company name written in a single line.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

July 13, 2026

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Statements of Net Assets Available for Benefits

As of October 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Registered Investment Companies	\$ 52,243,156	\$ 46,054,766
Collective Investment Funds	1,759,608	1,637,398
Total Investments at fair value	54,002,764	47,692,164
Receivables		
Participant contributions	15,859	14,364
Employer contributions	166,593	140,086
Due from related parties	21,275	27,810
Total Receivables	203,727	182,260
Prepaid expenses	6,067	5,995
Total assets	54,212,558	47,880,419
Liabilities		
Payables		
Administrative expenses payable	19,015	18,173
Due to related parties	5,572	5,613
Total payables	24,587	23,786
Total liabilities	24,587	23,786
Net assets available for benefits	\$ 54,187,971	\$ 47,856,633

See accompanying notes to the financial statements.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended October 31, 2025 and 2024

	2025	2024
Additions		
Investment income (loss), net		
Net appreciation (depreciation) in fair value of investments	\$ 5,773,705	\$ 8,613,634
Interest and dividends	1,778,390	1,031,936
Total investment income (loss), net	7,552,095	9,645,570
Contributions		
Participant contributions	138,726	132,184
Employer contributions	1,452,105	1,368,512
Total contributions	1,590,831	1,500,696
Liquidated damages	680	128
Total additions	9,143,606	11,146,394
Deductions		
Benefits paid to participants	2,660,148	3,469,508
Administrative expenses	152,120	160,673
Total deductions	2,812,268	3,630,181
Net increase (decrease)	6,331,338	7,516,213
 Net assets available for benefits		
Beginning of year	47,856,633	40,340,420
End of year	\$ 54,187,971	\$ 47,856,633

See accompanying notes to the financial statements.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

1. Description of Plan

The following description of the Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and Supplemental Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer contributory defined contribution plan that was established effective November 1, 1982 as a result of a collective bargaining agreement (CBA) between employers of Glaziers Architectural Metal & Glassworkers of St. Louis and Vicinity and the Glaziers, Architectural Metal & Glassworkers Local Union No. 513 (the Union); the Plan was restated effective November 1, 2023. To be eligible for death, disability or retirement benefits, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the Union.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation, as defined in the plan document, up to the maximum limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan, as applicable. In accordance with the CBAs, employers are required to make monthly contributions at a fixed dollar amount per hour based on hours worked by participants. Hourly contribution rates vary by CBA from \$2.68 to \$12.26. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and contributions made on behalf of the participating employers, as well as an allocation of the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

1. Description of Plan (continued)

Participant account balances do not reflect the miscellaneous income and ERISA spending accounts. Participant account balances differ from investments as follows:

	2025	2024
Total participant account balances	\$ 53,925,269	\$ 47,616,751
ERISA spending account	77,495	75,413
Total investments per audited financial statements	54,002,764	47,692,164

Prior to January 1, 2020, participant accounts were non-participant-directed, and each participant account was adjusted on a pro rata basis for earnings or losses. Effective January 1, 2020, the Plan was converted from a money purchase plan to a participant-directed plan qualified as a profit-sharing plan, including the addition of a voluntary before-tax 401(k) feature. The account value of all participants as of December 31, 2019, retained the characteristics of a money purchase pension plan, and all employer and employee contributions beginning January 1, 2020, were deemed profit sharing funds. The account accumulates on a daily basis by adding employer contributions and investment earnings based on participant elected choices. All monies are held in a trust and maintained by the trustees.

Vesting

Participants are vested immediately.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or installment payments as provided in the plan document. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. In addition, the Plan allows for hardship distributions if certain criteria are met.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

2. Summary of Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 3 for discussion of fair value measurements.

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.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Management of the Plan allocates certain administrative and recordkeeping costs to the Plan, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the various other entities administered by the Plan Administrator. (See Note 5.) Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

2. Summary of Accounting Policies (continued)

Employers' Contributions and Related Receivables

The Plan's policy is to recognize contributions based on the latest executed CBA on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on factors related to specific employers' or groups of participants' ability to pay, and current and future economic trends and conditions. As of October 31, 2025 and 2024, the allowance was insignificant. The Plan does maintain an ongoing audit program to collect these amounts.

Subsequent Events

Subsequent events were evaluated through July 13, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation technique include:

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

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

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

3. Fair Value Measurements (continued)

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to transact at their net asset value.

Investments measured at net asset value: Consisting of collective investment trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2025 and 2024:

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
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Notes to Financial Statements

3. Fair Value Measurements (continued)

Assets at Fair Value as of October 31, 2025						
	Level 1		Level 2		Level 3	
						Total
Registered investment companies	\$	52,243,156	\$	-	\$	52,243,156
Investments measured at net asset value (a)		-		-		1,759,608
Total investments at fair value	\$	52,243,156	\$	-	\$	54,002,764

Assets at Fair Value as of December 31, 2024						
	Level 1		Level 2		Level 3	
						Total
Registered investment companies	\$	46,054,766	\$	-	\$	46,054,766
Investments measured at net asset value (a)		-		-		1,637,398
Total investments at fair value	\$	46,054,766	\$	-	\$	47,692,164

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of October 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

October 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	\$ 1,759,608	\$ -	See (a)	See (a)

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

3. Fair Value Measurements (continued)

October 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	\$ 1,637,398	\$ -	See (a)	See (a)

Collective Investment Trust:

Great Gray (formerly Wilmington Trust) Collective Investment Trust III for Metlife Annuity Contract No. 25554 (a).

The fund sells new units and repurchases outstanding units on a daily basis. Unit purchases and redemptions are transacted at the NAV per fee class of the fund determined as of the close of business each day. The NAV is calculated daily based on the contract value.

The contract simulates the performance of a guaranteed investment contract through the guarantee of a specific interest rate and a portfolio of financial instruments that are owned by MetLife. The participating plans' assets are the unit ownership interests in the contract. The separate account investments are owned by MetLife. The contract provides that the Fund execute transactions at contract value. MetLife guarantees the contract value, which represents contributions, plus interest, less participant-initiated withdrawals or transfers. This is the contract's guaranteed value. The contract's fair value equals the contract's proportionate share of the fair value of the separate accounts. A participating plan's fair value in the contract equals the contract's fair value times the ratio of the plan's guaranteed value to the contract's guaranteed value. If a participating plan terminates participation in the fund, it will receive the lesser of the guaranteed value or the fair value of its share of the fund.

4. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

4. Nonparticipant-Directed Investments (continued)

	October 31, 2025	October 31, 2024
Net assets:		
Registered Investment Companies	\$ 582	\$ 1,214
Collective Investment Funds	76,913	74,199
Total net assets	77,495	75,413

	Year Ended October 31, 2025
Change in net assets:	
Net investment income (loss)	\$ 2,091
Other Income	1,332
Administrative expenses	(1,341)
Total	2,082

5. Related-Party and Party In Interest Transactions

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the custodian. These transactions qualify as party in interest transactions.

Additionally, the Plan shares common governance and transactions with related organizations, including Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary (Pension Plan), St. Louis Glass and Allied Industries Health and Welfare Fund (Welfare Fund), Glaziers and Glassworkers Local Union No. 513 Vacation and Holiday Pay Trust Fund, Glaziers and Glassworkers Local Union No. 513 Joint Apprenticeship and Training Fund and Glaziers, Architectural Metal and Glassworkers Local Union 513, all of which are tax exempt.

Effective November 1, 2022, the Plan has a cost sharing agreement with GPB Corporation, a subsidiary of the Pension Plan, for the sharing of common expenses, including operating expenses and payroll compliance exams. The allocation of expenses is based on the time studies performed by the employees. During the years ended October 31, 2025 and 2024, the Plan reimbursed the Pension Plan \$35,083 and \$35,124 for their share of these expenses. As of October 31, 2025 and 2024, the Plan owed the Pension Plan \$5,572 and \$5,613, related to the shared expenses. This amount is included in Due to Affiliates on the Statements of Net Assets Available for Benefits.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
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5. Related-Party and Party In Interest Transactions (continued)

The Plan also reimburses GPB Corporation for various expenses. For the years ended October 31, 2025 and 2024, the Plan reimbursed the Corporation \$428 and \$340 for these expenses. As of October 31, 2025 and 2024, the Plan owed the Corporation \$0 and \$340 for these expenses.

The Welfare Fund collects and processes employer contributions through a clearing account, and maintains employer and participant records, on behalf of the Plan. As of October 31, 2025 and 2024, the Welfare Fund owed the Plan \$21,275 and \$27,810 for contributions and liquidated damages received, but not yet transferred as of the year end. Interest earned on the clearing account is allocated among the funds. For the years ended October 31, 2025 and 2024, the Plan received \$653 and \$1,622 in interest income from the Welfare Fund.

6. Plan Termination

Although the Trustees have not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event the Plan terminates, each participant shall receive the balance in their account as of the final valuation date.

7. Tax Status

The IRS has determined and informed the Trustees by a letter dated October 15, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all tax years are open for examination by federal and state taxing authorities related to UBIT.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
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Notes to Financial Statements

8. Concentrations

Participating employer concentrations

Contributions from four employers represented 61% and 48% of total employer contributions for the years ended October 31, 2025 and 2024, respectively. As of November 2023, one of these contractors is no longer making contributions to the Plan. The Plan retains the risk of meeting its current obligations until the appropriate adjustments are made.

Concentration of revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

9. Administrative Expenses

The Plan recorded the following expenses for the years ended October 31, 2025 and 2024:

Administrative Expenses	2025	2024
Investment consultant	\$ 21,304	\$ 20,432
Recordkeeping	64,354	61,856
Computer expense	-	5,692
Insurance	8,150	8,551
Audit and accounting	18,351	20,494
Legal	3,996	8,184
Cost sharing expenses	34,496	35,124
Conference and travel expenses	1,469	340
Total Administrative Expenses	\$ 152,120	\$ 160,673

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan
Notes to Financial Statements

11. Delinquent Participant Contributions

For the years ended October 31, 2025 and 2024, certain participating employers did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions, which totaled \$428, were corrected outside of the Department of Labor Voluntary Fiduciary Correction Program in 2025. Untimely remittances of \$8,300 were identified on the Schedule of Delinquent Participant Contributions in a prior year and were not corrected prior to November 1, 2024. The prior year untimely remittances were not corrected in 2025. Additionally, the participating employers will be compensating participants for lost earnings resulting from the delay in contributions.

12. Prior Year Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

13. Plan Amendments

The plan and trust document was restated, effective November 1, 2023. The plan and trust document was amended regarding contribution rates, effective November 1, 2024.

The Summary Plan Description was restated, effective January 1, 2025.

Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for further information regarding changes to the Plan.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

EIN: 43-6058944

Plan Number: 002

For the Year Ended October 31, 2025

Total that Constitute Nonexempt Prohibited Transactions					
		Contributions		Contributions	
		Corrected		Pending	
Participant Contributions	Contributions	Contributions	Contributions	Correction in	Total Fully Corrected Under
Transferred Late to Plan (1)	Not Corrected	Outside VFCP	Outside VFCP	VFCP	VFCP and PTE 2002-51
\$ 428	\$ 8,300	\$ 428	\$ 428	\$ -	\$ -

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 43-6058944

Plan Number: 002

As of October 31, 2025

		(c) Description of investment including maturity date, rate of interest, collateral,						(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party	par, or maturity value	Maturity date	Rate of interest	Shares/par value	(d) Cost		
	American Century Real Estate Fund	Mutual Fund	N/A	N/A	8,396.1292	\$ -	\$	220,567
	American Funds American Mutual Fund	Mutual Fund	N/A	N/A	2,819.9381	-		175,288
	American Funds New Perspective Fund	Mutual Fund	N/A	N/A	5,423.7290	-		407,919
	American Funds Small Cap World Fund	Mutual Fund	N/A	N/A	2,484.5704	-		195,536
	American Funds New World Fund	Mutual Fund	N/A	N/A	2,067.1199	-		201,999
	Fidelity Total Bond K6 Fund	Mutual Fund	N/A	N/A	18,622.1096	-		167,040
	Fidelity Blue Chip Growth K6 Fund	Mutual Fund	N/A	N/A	18,248.5190	-		809,139
	Franklin Small Cap Value Fund	Mutual Fund	N/A	N/A	1,558.5765	-		97,177
	Franklin Small Cap Growth Fund	Mutual Fund	N/A	N/A	8,969.4812	-		250,966
	Franklin International Growth Fund	Mutual Fund	N/A	N/A	12,491.3267	-		230,090
	MFS Mid Cap Value Fund	Mutual Fund	N/A	N/A	6,157.5528	-		202,707
	MFS Mid Cap Growth Fund	Mutual Fund	N/A	N/A	9,049.1133	-		304,955
	Vanguard 500 Index Fund	Mutual Fund	N/A	N/A	1,200.4121	-		758,324
	Vanguard Balanced Index Fund	Mutual Fund	N/A	N/A	56,836.7354	-		3,027,693
	Vanguard GNMA Fund	Mutual Fund	N/A	N/A	8,778.6359	-		83,134
	Vanguard Growth Index fund	Mutual Fund	N/A	N/A	1,443.6142	-		370,792
	Vanguard High-Yield Corporate Fund	Mutual Fund	N/A	N/A	40,997.0435	-		227,534
	Vanguard Target Retirement 2020 Fund	Mutual Fund	N/A	N/A	83,685.0729	-		2,472,057
	Vanguard Target Retirement 2025 Fund	Mutual Fund	N/A	N/A	232,398.2422	-		4,943,111
	Vanguard Target Retirement 2030 Fund	Mutual Fund	N/A	N/A	143,079.4627	-		6,248,280
	Vanguard Target Retirement 2035 Fund	Mutual Fund	N/A	N/A	228,313.3617	-		6,376,792
	Vanguard Target Retirement 2040 Fund	Mutual Fund	N/A	N/A	192,645.2602	-		9,786,379
	Vanguard Target Retirement 2045 Fund	Mutual Fund	N/A	N/A	169,800.3471	-		5,978,670
	Vanguard Target Retirement 2050 Fund	Mutual Fund	N/A	N/A	64,640.8129	-		3,864,874
	Vanguard Target Retirement 2055 Fund	Mutual Fund	N/A	N/A	11,192.5632	-		746,656
	Vanguard Target Retirement 2060 Fund	Mutual Fund	N/A	N/A	8,401.1687	-		516,504
	Vanguard Target Retirement 2065 Fund	Mutual Fund	N/A	N/A	1,548.8838	-		62,482
	Vanguard Target Retirement Income Fund	Mutual Fund	N/A	N/A	177,807.2862	-		2,526,642
	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund	N/A	N/A	6,057.5593	-		64,028
	Vanguard Mid-Cap Index Fund	Mutual Fund	N/A	N/A	932.4212	-		335,867
	Vanguard Small-Cap Index Fund	Mutual Fund	N/A	N/A	1,830.0511	-		223,559
	Vanguard Value Index Fund	Mutual Fund	N/A	N/A	5,057.9164	-		366,395
	Total Mutual Funds				1,532,935.0164	-		52,243,156

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 43-6058944

Plan Number: 002

As of October 31, 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	Maturity date	Rate of interest	Shares/par value	(d) Cost	(e) Current value
	Great Gray Collective Investment Trust III for Metlife Group Annuity Contract No. 25554	Collective Investment Trust	N/A	N/A	80,667.0939	-	1,759,608
	Total Collective Investment Trusts				1,613,602.1103	-	54,002,764

*Denotes a party-in-interest.

Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) and
Supplemental Retirement Plan

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

EIN: 43-6058944

Plan Number: 002

For the Year Ended October 31, 2025

Total that Constitute Nonexempt Prohibited Transactions					
		Contributions		Contributions	
Participant Contributions	Contributions	Contributions	Pending	Correction in	Total Fully Corrected Under
Transferred Late to Plan (1)	Not Corrected	Corrected	Correction in	VFCP	VFCP and PTE 2002-51
		Outside VFCP			
\$ 428	\$ 8,300	\$ 428	\$ -	\$ -	\$ -

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 11/01/2024 and ending 10/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan GLAZIERS ARCHITECTURAL METAL & GLASSWORKERS LOCAL 513, DIVISION A, GLAZIERS UNIT 401(K) AND SUPPLEMENTAL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 11/01/1982
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 OF GLAZIERS ARCH METAL & GLASSWKR 5916 WILSON AVENUE ST. LOUIS MO 63110
2b	Employer Identification Number (EIN) 43-6058944
2c	Plan Sponsor's telephone number 314-644-3922
2d	Business code (see instructions) 238900

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	Theresa Carpenter Signature of plan administrator	7/17/26 Date	THERESA CARPENTER Enter name of individual signing as plan administrator
SIGN HERE	John Deeken Signature of employer/plan sponsor	7-17-26 Date	JOHN DEEKEN Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311