

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 AND GLASSWORKERS LOCAL 513 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 11/01/1959
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) TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND 5916 WILSON AVENUE ST. LOUIS, MO 63110-2725	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	Filed with authorized/valid electronic signature.	08/11/2026	THERESA CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/11/2026	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	5 417
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) 167 6a(2) 160 6b 146 6c 53 6d 359 6e 46 6f 405 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 25

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

1B

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND	D Employer Identification Number (EIN) 43-6058944	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	435759		11/01/2024	10/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	7185275
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	37299147

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	7988005
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	234925	
(4) Transferred from separate account	7c(4)	1000000	
(5) Other (specify below).....	7c(5)	127937	

▶ CHANGE IN PRESENT VALUE

(6) Total additions	7c(6)	1362862
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d Total of balance and additions (add lines 7b and 7c(6))	7d	9350867
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1099404	
(2) Administration charge made by carrier.....	7e(2)	24770	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below).....	7e(4)	939901	

▶ ALLOCATED RETIRED LIFE ADJ

(5) Total deductions	7e(5)	2064075
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	7286792
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

Round off amounts to nearest dollar.

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

A Name of plan GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND	D Employer Identification Number (EIN) 43-6058944

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

1a Enter the valuation date: Month 11 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 79095922
(2) Actuarial value of assets for funding standard account	1b(2) 78803537
c (1) Accrued liability for plan using immediate gain methods	1c(1) 79931089
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 79931089
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 116489705
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2404978
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6143100
(3) Expected plan disbursements for the plan year	1d(3) 6143100

Statement by Enrolled Actuary

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

SIGN HERE	08/07/2026
Signature of actuary KEITH KOWALCZYK	Date 26-02812
Type or print name of actuary EKON BENEFITS	Most recent enrollment number 314-367-6555
Firm name 4940 WASHINGTON BLVD ST LOUIS, MO 63108	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	79095922
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	197	74228440
(2) For terminated vested participants	53	5737665
(3) For active participants:		
(a) Non-vested benefits		293122
(b) Vested benefits		36230478
(c) Total active	167	36523600
(4) Total	417	116489705
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	67.90 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2025	2240169	0			
Totals ►			3(b)	2240169	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.89 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P21
(2) Females	6c(2)	9FP21
d Valuation liability interest rate	6d	% %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	18.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	135000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-464554	-48311

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1272584

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	12813964	2339504
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 261876**e** Total charges. Add lines 9a through 9d.....**9e** 3873964**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 4624878**g** Employer contributions. Total from column (b) of line 3.....**9g** 2240169**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	7061534	1109385

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 483814**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

9j(1)		
9j(2)		
9j(3)		

k (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 8458246**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 4584282**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

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

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025		
A Name of plan GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND	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	
DFA US LARGE CAP VALUE	6300 BEE CAVE ROAD, BUILDING ON AUSTIN, TX 78746

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD RUSSELL 1000 CR INDEX	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	
HARBOURVEST PARTNERS LP	
74-3130888	

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	NONE	110615	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYEE 2

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?
30 50	EMPLOYEE	94555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 1

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?
30 50	EMPLOYEE	74673	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)

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	34116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
11 50	NONE	32700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONGRESS ASSET MANAGEMENT

04-2848965

(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	25588	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	22469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENTERPRISE TRUST

43-1472619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	15070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMMOND & SHINNERS, PC

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8970	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)

PARAMETRIC PORTFOLIO ASSOCIATES, LL

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6757	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
NEUBERGER BERMAN INVESTMENT ADVISER 02-0654486	28 52	DID NOT RESPOND TO REQUEST FOR SCHEDULE C INFORMATION
(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 AND GLASSWORKERS LOCAL 513 PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND		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: PRINCIPAL SMALL CAP SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4454956
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6198351
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL CORE PLUS BOND SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12655943
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERSIFIED INTL SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11158967
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LGCP S&P 500 INDEX SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7071740
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND LL		
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC		
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2180190
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN US EQUITY INDEX		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN INVESTMENT ADVISERS LL		
c EIN-PN 81-4341513-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2093065

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST 2018 GLOBAL FUND LP

b Name of sponsor of entity listed in (a): HARBOURVEST 2018 GLOBAL FUND LP

c EIN-PN 82-4027136-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3205965
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST 2021 GLOBAL FUND LP

b Name of sponsor of entity listed in (a): HARBOURVEST 2021 GLOBAL FUND LP

c EIN-PN 98-1561630-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1668783
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST 2024 GLOBAL FUND LP

b Name of sponsor of entity listed in (a): HARBOURVEST 2024 GLOBAL FUND LP

c EIN-PN 98-1753465-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437425
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a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW COLLECTIVE INVESTMENT MASTE

b Name of sponsor of entity listed in (a): SIE TRUST COMPANY

c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3115623
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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)
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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)
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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)
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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)
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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)
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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)
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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 AND GLASSWORKERS LOCAL 513 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND	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)	224263	253982
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	120093	60250
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1385187	1372961
(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)	5055787	5158918
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	880000	880000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3239350	3115624
(10) Value of interest in pooled separate accounts	1c(10)	39056674	41539958
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	9116055	9585429
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12497732	13985904
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	7538868	7986165
(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	6730	11681
f Total assets (add all amounts in lines 1a through 1e)	1f	79120739	83950872
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	24817	74027
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	24817	74027
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	79095922	83876845

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)	2240169	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2240169
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41621	
(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)		41621
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	22462	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	149490	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		171952
(3) Rents	2b(3)		64290
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3338066	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3094727	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		243339
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	214871	
(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)		176274
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5102456
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		844197
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2188172
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11287341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6142609	
(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)		6142609
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)		
(3) Recordkeeping fees	2i(3)	1469	
(4) IQPA audit fees	2i(4)	21000	
(5) Investment advisory and investment management fees	2i(5)	59704	
(6) Bank or trust company trustee/custodial fees	2i(6)	201072	
(7) Actuarial fees	2i(7)	32700	
(8) Legal fees	2i(8)	8970	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	38894	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		363809
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6506418

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4780923
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.)		☒	
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 577773.

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 AND GLASSWORKERS LOCAL 513 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513 PENSION FUND				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	
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): 26-4128719					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☒ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **IWR BUILDING SYSTEMS**

b EIN **26-4128719**

c Dollar amount contributed by employer **502250**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **BUDGET GLASS & DOOR CO**

b EIN **43-1361153**

c Dollar amount contributed by employer **331663**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **COMMERCIAL GLASS & GLAZING**

b EIN **85-2655151**

c Dollar amount contributed by employer **50575**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

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

b EIN **43-1345272**

c Dollar amount contributed by employer **176349**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **MIDWEST GLAZING SYSTEMS**

b EIN **82-4134132**

c Dollar amount contributed by employer **252333**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **STL GLAZING**

b EIN **46-0585147**

c Dollar amount contributed by employer **166578**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **SERVICE CENTRAL GLASS**

b EIN **84-4719936**

c Dollar amount contributed by employer **282784**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **ACME GLASS CO**

b EIN **43-1149034**

c Dollar amount contributed by employer **181781**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **GLASSTEK GLAZING INC**

b EIN **43-1451871**

c Dollar amount contributed by employer **71092**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

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

a Name of contributing employer **HUTSON GLASS CO**

b EIN **43-1935154**

c Dollar amount contributed by employer **19520**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2025**

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

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

(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

1.06

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

Board of Trustees

Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary
St. Louis, Missouri

Opinion

We have audited the accompanying consolidated financial statements of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Consolidated Statements of Net Assets Available for Benefits as of October 31, 2025 and 2024, the related Consolidated Statements of Changes in Net Assets Available for Benefits for the years then ended, the Consolidated Statement of Accumulated Plan Benefits as of October 31, 2024, the related Consolidated Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements (collectively referred to as the "consolidated financial statements").

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary as of October 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of October 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated 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 and Glassworkers Local 513, Division A, Pension Plan and Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 and Glassworkers Local 513, Division A, Pension Plan and Subsidiary'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary'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 Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements but are

supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Romolo & Associates, LLC", is written over the printed name of the firm.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

August 13, 2026

GLAZIERS AND GLASS WORKERS LOCAL #513 PENSION PLAN

EIN: 43-6058944 PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Year of Service 0.1 years of Credited Service for each full 140 Hours of Service.
No maximum after 10/31/76, before 10/31/76 maximum of 1.0.

Normal Pension

- a) Eligibility requirements: Age 62 or 5th anniversary of participation, if later.
- b) Benefit: 101.98 per Year of Service adjusted by Actual Contribution Rate/Base Contribution Rate.

Early Pension

- a) Eligibility requirements: Age 52 and 8 Years of Service.
- b) Benefit: The Accrued Benefit reduced by 5% per year early.

Normal Form of Benefit The Normal Form of payment of the Normal and Early Pension is a 50% Joint & Survivor Annuity for married participants and a Life Only in an increased amount for single participants.

Disability Pension

- a) Eligibility requirements: Total and Permanent Disability as determined by eligibility for Social Security Disability.
- b) Benefit: 80% of Vested Accrued Benefit for non-occupational disability.

Termination Pension

- a) Eligibility requirements: 4 Years of Vesting Service
- b) Benefit: Vested portion of Accrued Benefit based on the following table:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 4	0%
4	25%
5	100%

This vesting schedule is applicable to those participants who work one hour after 11/1/98. A year of Vesting Service is a Plan Year of 140 Hours of Service.

Death Benefit

- a) Eligibility Requirement: Death while in Service or Terminated Vested
- b) Benefit: 50% Joint and Survivor Spouse's benefit is payable to the spouse or if greater the return of contributions.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

43-6058944 PLAN #001

FOR THE YEAR ENDED 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				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value		
	Fidelity Treasury Money Market Fund	Money Market	N/A	4.05%	1,181,293.48	\$ 1,181,293	\$ 1,181,293
	DFA US Large Cap Value PRTF Instl	Registered Inv. Co.	N/A	N/A	116,947.10	\$ 4,177,095	\$ 6,323,329
	Vanguard Russell 1000 GR Index Instl	Registered Inv. Co.	N/A	N/A	7,973.62	1,961,470	7,662,575
						\$ 6,138,565	\$ 13,985,904
	Credo Technology Group Holding Ltd	Common Stock	N/A	N/A	650.00	\$ 75,912	\$ 121,953
	Nvent Electric PL Com	Common Stock	N/A	N/A	1,750.00	100,341	200,113
	Viking Holdings Ltd Ord	Common Stock	N/A	N/A	2,300.00	134,811	139,955
	Garmin Ltd Com	Common Stock	N/A	N/A	635.00	130,782	135,852
	Cyberark Software Ltd	Common Stock	N/A	N/A	275.00	93,376	143,215
	Advanced Energy Industries Inc	Common Stock	N/A	N/A	650.00	125,514	131,774
	Alnylam Pharmaceuticals Inc	Common Stock	N/A	N/A	300.00	138,670	136,812
	Booz Allen Hamilton Hldg Corp Cl A	Common Stock	N/A	N/A	1,025.00	80,470	89,339
	Brown & Brown Inc	Common Stock	N/A	N/A	1,175.00	85,296	93,694
	Caseys General Stores Inc	Common Stock	N/A	N/A	250.00	79,431	128,297
	Cava Group Inc Cl A	Common Stock	N/A	N/A	1,800.00	130,081	96,714
	Cloudflare Inc Cl A	Common Stock	N/A	N/A	765.00	131,237	193,775
	Crane Company Common Stock	Common Stock	N/A	N/A	850.00	69,894	161,500
	Curtiss-Wright Corp	Common Stock	N/A	N/A	375.00	101,699	223,399
	Dr Horton Inc	Common Stock	N/A	N/A	635.00	103,688	94,666
	Datadog Inc Cl A	Common Stock	N/A	N/A	1,400.00	121,176	138,389
	Descartes Sys Group Inc Com	Common Stock	N/A	N/A	1,400.00	132,727	123,494
	Dynatrace Inc Com new	Common Stock	N/A	N/A	2,600.00	146,877	131,482
	Emcor Group Inc Com Stk	Common Stock	N/A	N/A	340.00	62,430	229,765
	Encompass Health Corp Com	Common Stock	N/A	N/A	1,175.00	116,060	133,774
	Fair Isaac Corp	Common Stock	N/A	N/A	72.00	153,251	119,486
	Fastenal Com Stk	Common Stock	N/A	N/A	2,850.00	115,919	117,278
	Guidewire Software Inc Com	Common Stock	N/A	N/A	660.00	125,592	154,202
	Halozyme Therapeutics Inc	Common Stock	N/A	N/A	1,461.00	90,716	95,243
	Heico Corp New Com	Common Stock	N/A	N/A	417.00	126,512	132,510
	Houlihan Lokey Inc Cl A	Common Stock	N/A	N/A	700.00	130,503	125,356
	Monolithic Power Systems Inc	Common Stock	N/A	N/A	190.00	46,446	190,950
	Ollies Bargain Outlet Hldgs In Com	Common Stock	N/A	N/A	1,350.00	129,303	163,093
	Penumbra Inc Com	Common Stock	N/A	N/A	600.00	113,283	136,422
	Pinterest Cl A	Common Stock	N/A	N/A	3,925.00	112,642	129,917
	Pure Storage Inc Cl A	Common Stock	N/A	N/A	2,175.00	121,605	214,672
	Quanta Serivces Com	Common Stock	N/A	N/A	340.00	136,981	152,704
	Raymond James Finl Inc Com	Common Stock	N/A	N/A	1,100.00	66,530	174,537
	Sprouts Farmers Market Inc	Common Stock	N/A	N/A	925.00	135,813	73,038
	Tapestry Inc Com	Common Stock	N/A	N/A	1,340.00	129,892	147,159
	Texas Roadhouse	Common Stock	N/A	N/A	650.00	117,870	106,327
	Toast Inc Cl A	Common Stock	N/A	N/A	2,160.00	90,300	78,062
						\$ 4,103,630	\$ 5,158,918

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

43-6058944 PLAN #001

FOR THE YEAR ENDED OCTOBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate interest, collateral, par or maturity value				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value		
	Rental Property	Rental Property	N/A	N/A	N/A	\$ 763,939	\$ 880,000
	Principal Life Insurance Company- General Investment	Unallocated Insurance Contract	N/A	N/A	N/A	\$ 6,105,210	\$ 7,986,165
	Mesirow High Yield CIT	Commingled Fund	N/A	N/A	205,923.56	\$ 2,722,610	\$ 3,115,624
	Principal Life Insurance Company- Core Plus Bond Separate Account	Pooled Separate Account	N/A	N/A	80,589.26	\$ 12,033,539	\$ 12,655,943
	Principal Life Insurance Company- Large Cap Stock Index Separate Account	Pooled Separate Account	N/A	N/A	18,167.06	1,395,929	7,071,740
	Principal Life Insurance Company- Diversified International Separate Account	Pooled Separate Account	N/A	N/A	66,597.43	3,317,196	11,158,967
	Principal Life Insurance Company- Real Estate Separate Account	Pooled Separate Account	N/A	N/A	37,451.42	2,294,337	6,198,351
	Principal Life Insurance Company- Small Cap Blend Separate Account	Pooled Separate Account	N/A	N/A	12,486.55	1,616,917	4,454,957
						\$ 20,657,918	\$ 41,539,958
	HarbourVest 2018 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	\$ 2,348,871	\$ 3,205,965
	HarbourVest 2021 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	1,440,409	1,668,783
	HarbourVest 2021 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	400,000	437,425
						\$ 4,189,280	\$ 5,312,173
	Neuberger Berman U.S. Equity Index PutWrite Fund LLC	Hedge Fund of Funds	N/A	N/A	N/A	\$ 950,000	\$ 2,093,066
	Parametric Defensive Equity Fund LLC	Hedge Fund of Funds	N/A	N/A	N/A	1,021,261	2,180,190
						\$ 1,971,261	\$ 4,273,256
	Enterprise Bank & Trust	Interest-Bearing Cash	N/A	Variable	191,668.00	\$ 191,668	\$ 191,668
							\$ 83,624,959

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS AND GLASS WORKERS
LOCAL #513 PENSION PLAN**

EIN: 43-6058944 PN: 001

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

Age		Years of Credited Service														Total							
		< 1		0-4		5-9		10-14		15-19		20-24		25-29				30-34		35-39		40+	
	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	No.	Avg. Ben	
0	Under 25	2	\$ 21.54	9	\$ 175.56	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	11	\$ 197.57
1	25 - 29	1	\$ 7.18	6	\$ 182.21	5	\$ 831.99	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	12	\$ 470.46
2	30 - 34	1	\$ 51.12	6	\$ 321.59	7	\$ 855.68	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	14	\$ 556.50
3	35 - 39	-	\$ -	6	\$ 216.97	13	\$ 943.63	3	\$ 1,071.14	8	\$ 2,216.38	2	\$ 2,726.91	-	\$ -	-	\$ -	-	\$ -	-	\$ -	32	\$ 738.59
4	40 - 44	1	\$ 7.18	3	\$ 222.51	6	\$ 911.83	1	\$ 1,521.68	3	\$ 1,790.92	11	\$ 3,412.29	1	\$ 4,429.83	-	\$ -	-	\$ -	-	\$ -	26	\$ 1,153.74
5	45 - 49	-	\$ -	3	\$ 323.08	4	\$ 1,076.35	1	\$ 1,410.70	8	\$ 2,163.72	10	\$ 3,152.27	11	\$ 4,172.35	-	\$ -	-	\$ -	-	\$ -	37	\$ 2,230.97
6	50 - 54	-	\$ -	1	\$ 39.24	3	\$ 1,200.18	-	\$ -	-	\$ -	1	\$ 3,387.56	7	\$ 4,190.08	1	\$ 4,490.32	-	\$ -	-	\$ -	13	\$ 3,066.66
7	55 - 59	-	\$ -	-	\$ -	-	\$ -	-	\$ -	2	\$ 2,009.61	3	\$ 2,919.60	4	\$ 4,687.37	2	\$ 2,637.65	3	\$ 5,294.83	-	\$ -	14	\$ 3,748.62
8	60 - 64	-	\$ -	-	\$ -	1	\$ 1,262.48	-	\$ -	-	\$ -	1	\$ 3,877.85	1	\$ 1,614.20	2	\$ 3,435.72	-	\$ -	3	\$ 6,566.97	8	\$ 6,660.55
9	65 - 69	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
10	70 +	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -
		5	\$ 87.02	34	\$ 1,481.15	39	\$ 7,082.13	5	\$ 4,003.52	21	\$ 8,180.63	28	\$ 19,476.47	24	\$ 19,093.82	5	\$ 10,563.68	3	\$ 5,294.83	3	\$ 6,566.97	167	\$ 18,823.67

**GLAZIERS AND GLASS WORKERS
LOCAL #513 PENSION PLAN
EIN: 43-6058944 PN: 001**

**Schedule MB, lines 9c and 9h -
Schedule of Funding Standard Account Bases
as of November 1, 2024**

Minimum Funding Bases

Charge Bases:

<u>Date Established</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Outstanding Balance</u>	<u>Annual Payment</u>	<u>Number of years Remaining</u>
11/01/11	1,831,644	Gain/Loss	371,016	191,997	2.00
11/01/12	2,969,567	Amendment	871,269	310,971	3.00
11/01/12	355,040	Gain/Loss	104,169	37,180	3.00
11/01/15	2,444,644	Assump. Change	1,295,037	255,285	6.00
11/01/15	1,042,578	Gain/Loss	552,300	108,873	6.00
11/01/16	2,902,463	Assump. Change	1,735,193	302,827	7.00
11/01/16	4,822,406	Gain/Loss	2,883,004	503,144	7.00
11/01/17	404,366	Gain/Loss	267,365	42,154	8.00
11/01/18	653,242	Gain/Loss	470,430	68,041	9.00
11/01/19	441,600	Gain/Loss	342,241	45,960	10.00
11/01/20	3,207,651	Assump. Change	2,649,665	333,580	11.00
11/01/20	112,773	Gain/Loss	93,155	11,728	11.00
11/01/22	35,433	Gain/Loss	32,566	3,685	13.00
11/01/23	1,193,127	Gain/Loss	1,146,554	124,079	14.00
 TOTAL CHARGES	 22,416,534		 12,813,964	 2,339,504	

Credit Bases:

<u>Date</u>	<u>Initial Balance</u>	<u>Type of Base</u>	<u>Outstanding</u>	<u>Annual</u>	<u>Number of</u>
11/01/10	2,505,536	Gain/Loss	262,903	262,903	1.00
11/01/13	50,428	Gain/Loss	19,059	5,276	4.00
11/01/14	366,863	Gain/Loss	167,499	38,345	5.00
11/01/17	330,647	Assump. Change	218,621	34,468	8.00
11/01/19	1,243,869	Assump. Change	964,001	129,457	10.00
11/01/21	5,679,357	Gain/Loss	4,964,897	590,625	12.00
11/01/24	464,554	Gain/Loss	464,554	48,311	15.00
 TOTAL CREDITS	 10,641,254		 7,061,534	 1,109,385	
 NET CHARGES	 11,775,280		 5,752,430	 1,230,119	

GLAZIERS AND GLASS WORKERS LOCAL #513 PENSION PLAN

EIN: 43-6058944 PN: 001

Schedule MB, Line 6 – Statement of Actuarial Methods and Assumptions

Funding Method:

Unit Credit (UC) Funding Method - Under this method, the Normal Cost is based exclusively on plan liabilities. The accrued liability under the UC Funding Method is essentially the present value of benefits accrued to date.

The Unfunded Accrued Liability equals the Accrued Liability less the Actuarial Value of Assets. Increases and decreases in the Unfunded Accrued Liability cause the plan to establish amortization bases. Level annual payments are charged and/or credited to the plan until the bases are fully amortized or until the plan reaches the Full-Funding Limit. The type of base and the date established determine the amount of the payment and the number of years of amortization.

Each experience gain or loss is amortized over the next following 15 years.

Valuation of Assets

5-year smoothing of gains and losses, limited to 80% to 120% of Market Value.

Mortality Rates

Pre-Retirement:	Males: PRI-12 Employee Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
	Females: PRI-12 Employee Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
Post-Retirement:	Males: PRI-12 Annuitant Blue Collar Table for males, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
	Females: PRI-12 Annuitant Blue Collar Table for females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).
Disabled Retirees:	PRI-12 Mortality for Disabled lives with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Investment Earnings

Pre-Retirement:	7.25% per annum: compounded annually
Post-Retirement:	7.25% per annum: compounded annually

GLAZIERS AND GLASS WORKERS LOCAL #513 PENSION PLAN

Schedule MB, Line 6 – Statement of Actuarial Methods and Assumptions (continued)

Current Liability

Interest Rate: 3.89% per annum: compounded annually

Salary Appreciation

Increase Rate: None Assumed

Assumed Retirement Age

For participants with the required years of service for eligibility, retirement is assumed to occur at the following rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
52	10%	59	15%
53	5%	60	20%
54	5%	61	30%
55	5%	62	60%
56	5%	63	10%
57	10%	64	10%
58	10%	65	100%

Termination prior to Retirement other than Death

T-1 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.03705
40	0.01130
50	0.00000
60 & over	0.00000

Expense Load

\$135,000 is the assumed annual expense

Amortization Methods for Contribution Alternatives

The Recommended Contribution is based on the Unit Credit Cost Method. The Unfunded Accrued Liability is amortized over an open 20-year period.

The Minimum Required and Maximum Deductible contribution amortization periods are based on IRS regulations and the Unit Credit (UC) Funding Method.

**GLAZIERS, ARCHITECTURAL METAL, AND
GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY
OCTOBER 31, 2025 AND 2024**

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT

FINANCIAL STATEMENTS

Consolidated Statements of Net Assets Available for Benefits – Statement A	1
Consolidated Statements of Changes in Net Assets Available for Benefits – Statement B	2
Consolidated Statement of Accumulated Plan Benefits – Statement C	3
Consolidated Statement of Changes in Accumulated Plan Benefits – Statement D	4
Notes to Consolidated Financial Statements	5

SUPPLEMENTAL INFORMATION

Schedule of Assets (Held at End of Year) – Schedule 1	26
Schedule of Reportable Transactions – Schedule 2	28

INDEPENDENT AUDITOR'S REPORT

Board of Trustees

Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary
St. Louis, Missouri

Opinion

We have audited the accompanying consolidated financial statements of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Consolidated Statements of Net Assets Available for Benefits as of October 31, 2025 and 2024, the related Consolidated Statements of Changes in Net Assets Available for Benefits for the years then ended, the Consolidated Statement of Accumulated Plan Benefits as of October 31, 2024, the related Consolidated Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements (collectively referred to as the "consolidated financial statements").

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary as of October 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of October 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated 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 and Glassworkers Local 513, Division A, Pension Plan and Subsidiary's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated 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 and Glassworkers Local 513, Division A, Pension Plan and Subsidiary'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary'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 Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements but are

supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Romolo & Associates, LLC", is written over the printed name of the firm.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

August 13, 2026

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2025 AND 2024

STATEMENT A

	ASSETS	
	2025	2024
Investments, at Fair Value		
Registered Investment Companies	\$ 13,985,904	\$ 12,497,732
Common Stocks	5,158,918	5,055,787
Pooled Separate Accounts	41,539,958	39,056,674
Limited Partnerships - Private Equity	5,312,173	4,898,006
Hedge Fund of Funds	4,273,256	4,218,049
Unallocated Insurance Contract	7,986,165	7,538,868
Commingled Funds	3,115,624	3,239,350
Interest-Bearing Cash	191,668	709,618
Money Market Funds	1,181,293	675,569
Rental Property	880,000	880,000
Total Investments	<u>\$ 83,624,959</u>	<u>\$ 78,769,653</u>
Receivables		
Employers' Contributions	\$ 253,982	\$ 224,263
Accrued Interest and Dividends	1,119	661
Due from Related Parties	36,288	98,502
Total Receivables	<u>\$ 291,389</u>	<u>\$ 323,426</u>
Prepaid Expenses	\$ 22,843	\$ 20,930
Fixed Assets	<u>11,681</u>	<u>6,730</u>
TOTAL ASSETS	<u>\$ 83,950,872</u>	<u>\$ 79,120,739</u>
	LIABILITIES	
Accounts Payable	\$ 65,334	\$ 11,060
Accrued Expenses	<u>8,693</u>	<u>13,757</u>
TOTAL LIABILITIES	<u>\$ 74,027</u>	<u>\$ 24,817</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 83,876,845</u>	<u>\$ 79,095,922</u>

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED OCTOBER 31, 2025 AND 2024**

STATEMENT B

	<u>2025</u>	<u>2024</u>
ADDITIONS		
Investment Income (Loss):		
Net Appreciation (Depreciation) in Fair Value of Investments \$	8,932,760	\$ 12,497,603
Interest	41,621	45,880
Dividends	171,952	184,031
Capital Gains	-	98,088
Net Rental Income from Investment Property-Note 16	64,290	61,375
Other Net Investment Income (Loss)- Note 16	(163,451)	(99,967)
Total Investment Income (Loss)	\$ 9,047,172	\$ 12,787,010
Less Investment Fees	(226,660)	(208,667)
Net Investment Income (Loss)	\$ 8,820,512	\$ 12,578,343
Contributions from Employers	\$ 2,238,252	\$ 2,172,756
Other Income	1,917	34
TOTAL ADDITIONS	<u>\$ 11,060,681</u>	<u>\$ 14,751,133</u>
DEDUCTIONS		
Benefits Paid Directly to Participants	\$ 6,142,609	\$ 6,028,274
Administrative Expenses - Note 17	137,149	152,741
Unrelated Business Income Taxes	-	-
TOTAL DEDUCTIONS	<u>\$ 6,279,758</u>	<u>\$ 6,181,015</u>
Net Increase (Decrease)	\$ 4,780,923	\$ 8,570,118
Net Assets Available for Benefits		
Beginning of Year	<u>79,095,922</u>	<u>70,525,804</u>
End of Year - Statement A	<u>\$ 83,876,845</u>	<u>\$ 79,095,922</u>

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

CONSOLIDATED STATEMENT OF ACCUMULATED PLAN BENEFITS
OCTOBER 31, 2024

STATEMENT C

	<u>2024</u>
Actuarial Present Value of Accumulated Plan Benefits (Note 2):	
Vested Benefits:	
Participants Currently Receiving Payments	\$ 56,762,103
Other Vested Benefits	<u>23,060,059</u>
Total Vested Benefits	\$ 79,822,162
Nonvested Benefits	108,927
Present Value of Expected Administrative Expenses	<u>135,000</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 80,066,089</u></u>

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

CONSOLIDATED STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED OCTOBER 31, 2024

STATEMENT D

		<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits at November 1, 2023	\$	79,742,909
Increase During the year Attributed to:		
Benefits Accumulated, Net Experience Gain, and Changes in Data		1,382,400
Benefits Paid		(6,028,274)
Changes in Actuarial Assumptions		-
Change in Present Value of Expected Administrative Expenses		-
Amendments		-
Interest		<u>4,969,054</u>
Actuarial Present Value of Accumulated Plan Benefits at October 31, 2023	\$	<u>80,066,089</u>

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 1: DESCRIPTION OF THE PLAN

The following description of Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary (the Plan) provides only general information. Participants should refer to the Summary Plan Description booklets for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer collectively bargained defined benefit pension plan. The Plan was established effective November 1, 1959, as a result of a collective bargaining agreement between Glaziers Architectural Metal and Glassworkers Local Union No. 513 and employers of Glaziers Architectural Metal and Glassworkers of St. Louis Vicinity to provide retirement, death and disability benefits for eligible Division A and Division B (art glass and shower door) employees of the employers covered by collective bargaining agreements and participation agreements. Additionally, office employees of the Plan are eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The administration of the Plan is the responsibility of the Plan's board of trustees and is governed by a joint board consisting of equal representation from the participating employers and the local union.

Benefits under the Plan are provided by means of a group annuity contract on the group pension funding basis between the Plan as the contract holder and Principal Life Insurance Company.

The number of participants in active service, as defined by the actuary, under the Plan at November 1, 2024 and November 1, 2023, was 167 and 175, respectively.

Funding Policy

The participating employers make monthly contributions to the Plan on behalf of covered participants in amounts determined by the collective bargaining agreement (CBA) and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the IRC. Hourly contribution rates vary by collective bargaining agreements. Contributions by participants are not permitted under the Plan. The plan trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met.

Pension Benefits

The Plan generally covers employees who are working in covered employment. To become a participant, employees must work in covered employment for at least 1400 hours during the plan year of November 1-October 31. Participants who earn four years of vesting credit before incurring a permanent break in service become vested and eligible for a regular pension at the normal retirement age of sixty-two. The Plan permits early retirement at ages 52-61 with at least ten years of credit. Participants may elect to receive their pension benefits in the form of a single life annuity or a joint and survivor annuity. Please see the Summary Plan Description for more complete information.

Death and Disability Benefits

If a participant dies before receiving a pension from the Plan, benefits may be payable to his/her surviving spouse, beneficiaries, or his/her estate. Death benefits are paid as a lump sum or as a 50 percent Joint and

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 1: DESCRIPTION OF THE PLAN (continued)

Survivor Annuity. Participants who become totally disabled may be eligible for a disability pension if younger than 55 years of age. The amount of disability pension for total and permanent disability is calculated at 80 percent of the vested accrued benefit.

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of November 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of November 1, 2024, and audited financial information as of October 31, 2024, as well as other financial information, including estimated cash flows for the year ended October 31, 2025, and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan. The Plan was certified not to be in endangered, critical, or critical and declining status in the plan year. The Plan's funding status at October 31, 2025 and 2024, was 98.33% and 96.87%, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Principles of Consolidation

The consolidated financial statements include the accounts of the Plan and GPB Corporation, its wholly owned subsidiary. All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of the consolidated 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, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the consolidated financial statements, and changes therein. Actual results could differ from those estimates.

Receivables

The receivables for employer and employee contributions at October 31, 2025 and 2024, consists of amounts collected in the succeeding months for work performed prior to October 31, 2025 and 2024. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of October 31, 2025 and 2024, the allowance for credit losses was insignificant. The Plan does maintain an on-going audit program to collect these amounts.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fixed Assets

The Plan maintains records of its fixed assets. Fixed assets are carried on the books at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are expensed currently. Depreciation is recorded by using the straight-line method over the estimated useful life of the asset. Depreciation expense for 2025 and 2024 was \$2,933 and \$1,852.

	<u>2025</u>	<u>2024</u>
Equipment	\$ 18,052	\$ 10,224
Total	\$ 18,052	\$ 10,224
Less Accumulated Depreciation	(6,371)	(3,494)
Total Fixed Assets	<u>\$ 11,681</u>	<u>\$ 6,730</u>

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, consultant, and custodians. See Note 3 for a 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 includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Consolidated Statements of Changes in Net Assets Available for Benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Consolidated Statements of Changes in Net Assets Available for Benefits.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Reciprocity Agreements

The Plan has entered into reciprocity agreements with various pension funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating local unions.

For the years ended October 31, 2025 and 2024, the Plan remitted \$1,659 and \$15,373 of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Consolidated Statement of Changes in Net Assets Available for Benefits. No allowance for credit losses as of October 31, 2025 or 2024, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Consolidated Statement of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Consolidated Statement of Net Assets Available for Benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Revenue Recognition

Cost sharing agreement service fees are recorded when earned by the Plan. The administrative services are for the wages and benefits of the employees of the Plan and various common expenses that administer the various related funds. See note 14 for further description.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of October 31, 2024, were as follows:

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD

Net Investment Return: 7.25%

Mortality Rates: *Preretirement:* PRI-12 Employee Blue Collar Table for males/females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Postretirement: PRI-12 Annuitant Blue Collar Table for males/females, with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

Disabled Retirees: PRI-12 Mortality for Disabled lives with projected mortality improvement based on the most recent improvement Scale published (Scale MP 2021).

<i>Termination Prior to Retirement Other Than</i>		T-1 Actuaries Table	
<i>Death:</i>	<u>Age</u>	<u>Probability of Termination</u>	
	20	0.05441	
	30	0.03705	
	40	0.01130	
	50	0.00000	
	60 & Over	0.00000	

Assumed Retirement Age:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
52	10%	59	15%
53	5%	60	20%
54	5%	61	30%
55	5%	62	60%
56	5%	63	10%
57	10%	64	10%
58	10%	65	100%

Administrative Expenses: \$135,000 is the assumed annual expense.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2024. Had the valuations been performed as of October 31, 2024, there would be no material differences.

NOTE 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements

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

Level 2 Fair Value Measurements

Inputs to the valuation methodology 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.

Level 3 Fair Value Measurements

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

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

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

Interest-Bearing Cash: This is held in insured deposit accounts and is valued using observable inputs, including stated interest rates and other market-corroborated data.

Money Market Funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Common Stock: Valued at the closing price reported on the active market in which the individual securities are traded.

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.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate, and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market.

Commingled Funds: Valued at the Net Asset Value (NAV) of units of a bank collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the 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.

Hedge Fund of Funds: Valued based on the net asset value per share, without further adjustment. Net asset value is based upon the fair value of the underlying investments. The NAV is not a publicly quoted price in an active market.

Limited Partnerships: Valued based on audited financial statements received by the Plan from the limited partnerships. These financial statements are audited by independent accountants other than the Plan's independent auditor.

Rental Property: Valued based on an independent appraisal done every three years. This includes estimating future rental receipts and estimated residual values discounted at interest rates.

Unallocated Insurance Contract: The unallocated insurance contract is valued at the fair value based on a formula specified in the Plan's group annuity contract with Principal Life Insurance Company, which takes into account currently credited interest rates.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

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

Assets at Fair Value as of October 31, 2025				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Co.	\$ 13,985,904	\$ -	\$ -	\$ 13,985,904
Common Stocks	5,158,918	-	-	5,158,918
Money Market Funds	1,181,293	-	-	1,181,293
Interest-Bearing Cash	-	191,668	-	191,668
LP- Private Equity	-	-	5,312,173	5,312,173
Unallocated Insurance Contract	-	-	7,986,165	7,986,165
Rental Property	-	-	880,000	880,000
Total Assets in the Fair Value Hierarchy	20,326,115	191,668	14,178,338	34,696,121
Investments Measured at NAV	-	-	-	48,928,838
Total Investments at Fair Value	\$ 20,326,115	\$ 191,668	\$ 14,178,338	\$ 83,624,959

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

Assets at Fair Value as of October 31, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Co.	\$ 12,497,732	\$ -	\$ -	\$ 12,497,732
Common Stocks	5,055,787	-	-	5,055,787
Money Market Funds	675,569	-	-	675,569
Interest-Bearing Cash	-	709,618	-	709,618
LP- Private Equity	-	-	4,898,006	4,898,006
Unallocated Insurance Contract	-	-	7,538,868	7,538,868
Rental Property	-	-	880,000	880,000
Total Assets in the Fair Value Hierarchy	18,229,088	709,618	13,316,874	32,255,580
Investments Measured at NAV	-	-	-	46,514,073
Total Investments at Fair Value	\$ 18,229,088	\$ 709,618	\$ 13,316,874	\$ 78,769,653

Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair market value level to another.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets for the year ended October 31, 2025 and 2024.

	Unallocated Insurance Contract		LP - Private Equity		Rental Property	
	10/31/2025	10/31/2024	10/31/2025	10/31/2024	10/31/2025	10/31/2024
Purchases	\$ 1,000,000	\$ 2,120,000	\$ 774,500	\$ 412,500	\$ -	\$ -
Issuances	-	-	-	-	-	-
Transfers In	-	-	-	-	-	-
Transfers Out	-	-	-	-	-	-

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following tables represent the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of October 31, 2025 and 2024, and the significant unobservable inputs and the ranges of values for those inputs:

As of October 31, 2025 and 2024:

Fair Value 10/31/2025	Fair Value 10/31/2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
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RENTAL PROPERTY

5916 Wilson Avenue (a)

\$880,000	\$880,000	Market Approach	Capitalization Rate	8.00%	N/A
			Price/Square Foot	\$61-\$65/Square Foot	N/A

UNALLOCATED INSURANCE CONTRACT

Principal General Investment (b)

\$7,986,165	\$7,538,868	Discounted Cash Flow	Discount Rates	0.53%-4.10%	N/A
			Duration	0.5-30 years	N/A

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Fair Value 10/31/2025	Fair Value 10/31/2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
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LIMITED PARTNERSHIPS – PRIVATE EQUITY

Harbourvest 2018 Global Feeder Fund LP (c)

\$3,205,965	\$3,473,670	See Below (c)	See Below (c)	See Below (c)	N/A
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Harbourvest 2021 Global Feeder Fund LP (d)

\$1,668,783	\$1,424,336	See Below (d)	See Below (d)	See Below (d)	N/A
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Harbourvest 2024 Global Feeder Fund LP (d)

\$437,425	\$-	See Below (e)	See Below (e)	See Below (e)	N/A
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Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value (NAV) per share as of October 31, 2025 and 2024, respectively.

October 31, 2025:

	Fair Value 10/31/2025	Fair Value 10/31/2024	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
POOLED SEPARATE ACCOUNT					
Fixed Income Funds	\$12,655,943	\$13,828,525	-	Daily	Daily
Large Cap Funds	7,071,740	6,125,755	-	Daily	Daily
Small Cap Funds	4,454,956	3,924,213	-	Daily	Daily
Real Estate Funds	6,198,351	5,496,233	-	Daily	Daily
International Funds	11,158,967	9,681,948	-	Daily	Daily
HEDGE FUND OF FUNDS					
Neuberger Berman U.S. Equity Index Fund	\$2,093,065	\$2,118,292	-	Monthly	7 Days
Parametric Defensive Equity Fund	2,180,190	2,099,757	-	Monthly	5 Days
Commingled Funds					
Mesirow High Yield CIT	\$3,115,623	\$3,239,350	-	Daily	Daily

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Rental Property (a):

The fair value of real estate investments, which is principally rental property subject to long-term leases, has been estimated on the basis of future rental receipts and estimated residual values discounted at interest rates that commensurate with the risks involved. The rental property is independently appraised every three years and fair market value is adjusted accordingly.

Limited Partnerships-Private Equity:

HarbourVest 2018 Global Feeder Fund L.P. (c)

HarbourVest 2018 Global Feeder Fund L.P. (the "Feeder Partnership") was legally formed on December 18, 2017, as a Cayman Islands exempted limited partnership under Cayman Law and began admitting limited partners on March 30, 2018. The sole purpose of the Feeder Partnership is to hold the investment in HarbourVest 2018 Global Fund which, in turn, makes a commitment as a limited partner in HarbourVest 2018 Global Investment L.P. (the "Aggregating Partnership"). The Aggregating Partnership shall make investments in limited partnerships or other pooled investment vehicles ("Partnership Investments") which, in turn, make private equity investments and to invest directly in private equity transactions ("Direct Investments"). The Feeder Partnership is scheduled to terminate on March 31, 2028, provided that such date shall be extended to the extent the term of the Partnership is extended.

Income derived from the Feeder Partnership's investment in the Partnership is recorded using the equity pick-up method. Under the equity pick-up method of accounting, the Feeder Partnership's proportionate share of the net investment income (loss), net realized gains (losses), and aggregate increase or decrease in unrealized appreciation (depreciation), as reported by the underlying Partnership, is reflected in the statement of operations.

There are unfunded commitments of \$363,000 and \$577,500 as of October 31, 2025 and 2024, respectively.

HarbourVest 2021 Global Feeder Fund L.P. (d)

HarbourVest 2021 Global Feeder Fund L.P. (the "Feeder Partnership") was legally formed on August 31, 2020, as a Cayman Islands exempted limited partnership under Cayman Law and began admitting limited partners on February 22, 2021. The sole purpose of the Feeder Partnership is to hold the investment in HarbourVest 2018 Global Fund which, in turn, makes a commitment as a limited partner in HarbourVest 2021 Global Investment L.P. (the "Aggregating Partnership"). The Aggregating Partnership shall make investments in limited partnerships or other pooled investment vehicles ("Partnership Investments") which, in turn, make private equity investments and to invest directly in private equity transactions ("Direct Investments"). The Feeder Partnership is scheduled to terminate on March 1, 2031, provided that such date shall be extended to the extent the term of the Partnership is extended.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Income derived from the Feeder Partnership's investment in the Partnership is recorded using the equity pick-up method. Under the equity pick-up method of accounting, the Feeder Partnership's proportionate share of the net investment income (loss), net realized gains (losses), and aggregate increase or decrease in unrealized appreciation (depreciation), as reported by the underlying Partnership, is reflected in the statement of operations.

There are unfunded commitments of \$523,784 and \$683,784 as of October 31, 2025 and 2024, respectively.

HarbourVest 2024 Global Feeder Fund L.P. (e)

HarbourVest 2024 Global Feeder Fund L.P. (the "Feeder Partnership") was legally formed on September 6, 2023, as a Cayman Islands exempted limited partnership under Cayman Law and began admitting limited partners on February 29, 2024. The sole purpose of the Feeder Partnership is to hold the investment in HarbourVest 2018 Global Fund which, in turn, makes a commitment as a limited partner in HarbourVest 2024 Global Investment L.P. (the "Aggregating Partnership"). The Aggregating Partnership shall make investments in limited partnerships or other pooled investment vehicles ("Partnership Investments") which, in turn, make private equity investments and to invest directly in private equity transactions ("Direct Investments"). The Feeder Partnership is schedule to terminate on March 1, 2034, provided that such date shall be extended to the extent the term of the Partnership is extended.

Income derived from the Feeder Partnership's investment in the Partnership is recorded using the equity pick-up method. Under the equity pick-up method of accounting, the Feeder Partnership's proportionate share of the net investment income (loss), net realized gains (losses), and aggregate increase or decrease in unrealized appreciation (depreciation), as reported by the underlying Partnership, is reflected in the statement of operations.

There are unfunded commitments of \$1,600,000 and \$2,000,000 as of October 31, 2025 and 2024, respectively.

NOTE 4: PLAN TERMINATION

Although it has not expressed any intention to do so, the board of trustees has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 4: PLAN TERMINATION (continued)

during the five years preceding plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

For plan terminations occurring during 2025, there are three limits that apply to multiemployer pension benefits:

- (1) *Accrued-at-normal retirement age*: PBGC guarantees only up to the monthly amount that participant's multiemployer plan would have paid the participant as single-life annuity starting at normal retirement age. (A single-life annuity pays benefits, typically monthly, for one person's life, with no survivor benefits after that person dies.) PBGC cannot guarantee the portion of any combined early retirement benefit and temporary supplemental benefit that is above this amount.
- (2) *Phase-in of guarantee (60 month rule)*: PBGC does not guarantee a participant's pension benefit or benefit increase until it has been part of the plan for 60 full months. If the multiemployer plan was insolvent or terminated by mass withdrawal in any month, that month does not count toward the 60-month requirement.
- (3) *Guarantee*: Generally, PBGC's guarantee is based on a pension for each year of service a person earns under his or her pension plan. As a monthly benefit amount, PBGC guarantees a payment equal to: 100% of the first \$11 of the monthly benefit rate, *plus* 75% of the next \$33 of the monthly benefit rate, *times* the participant's years of credit service. The guaranteed monthly benefit, therefore, is limited to \$35.75 per month $[(\$11 \times 100\%) + (\$33 \times 75\%) = \$35.75]$ times a participant's years of credited service. The guaranteed benefit is not adjusted for inflation or cost-of-living increases.

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

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 5: TAX STATUS

The Plan obtained its latest determination letter on November 18, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the latest IRS determination letter. However, the board of trustees and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

The total amounts of interest and penalties recognized in the Consolidated Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Consolidated 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 consolidated 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.

NOTE 6: PRIOR YEAR RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's consolidated 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.

NOTE 7: PLAN AMENDMENTS

Effective November 1, 2022, the Plan was amended to allow retirees to work more than 40 hours in covered employment as long as they have been retired six months prior to the return to work date and there are no active members of the Union who are unemployed and available to do the work.

Effective January 1, 2023, the Plan was amended regarding Required Minimum Distribution date.

Effective November 1, 2023, the Plan was amended regarding the credited rate.

Effective November 1, 2024, the Plan was restated.

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 AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 8: REPORTABLE TRANSACTIONS

Transactions in excess of 5% of the Plan's beginning assets are detailed in Schedule 2 of the supplemental information.

NOTE 9: SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 13, 2026, the date the consolidated financial statements were available to be issued.

NOTE 10: RISKS AND UNCERTAINTIES

Investment Risk

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 Consolidated Statements of Net Assets Available for Benefits.

Accumulated Plan Benefits Risk

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the consolidated financial statements.

Concentration of Revenue

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

Concentration of Credit Risk

Credit risk related to the Plan's financial instruments is the vulnerability from concentrations when a plan is exposed to risk of loss greater than it would have had it mitigated its risk through diversification. The board of trustees has established various procedures to monitor credit risk, including oversight of the investment portfolio by a qualified investment consultant and continual review of the portfolio by the trustees.

Significant Contributing Employers

In the year ended October 31, 2025, contributions from three employers represented 39 percent of total employer contributions. In the year ended October 31, 2024, contributions from three employers represented 42 percent of total employer contributions. As of November 2023, one of these contractors is no longer making contributions to the Plan. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 11: EMPLOYEE BENEFIT PLAN COVERAGE

Defined Benefit Pension Plan

The Plan's office employees are covered by the Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary, a multiemployer defined benefit pension. The risks of participating in a multiemployer plan are different from single employer plans in the following aspects:

- Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in this plan, the Plan may be required to pay those plans an amount based on the underfunded status of the Plan, referred to as withdrawal liability.

The Plan's participation in this plan for the years ended October 31, 2025 and 2024, is outlined in the following table. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number (PN). The zone status is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone are below 65% funded; plans in the yellow zone are between 65% and 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2025 and 2024.

<u>Pension Fund</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status 2025</u>	<u>Pension Protection Act Zone Status 2024</u>	<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions 2024</u>	<u>Contributions 2023</u>	<u>Surcharge Imposed</u>
Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary	43-6058944/ 001	Green	Green	No	\$23,077	\$21,055	No

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to the Pension Plan as indicated in the Pension Plan's most recently available annual report.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 11: EMPLOYEE BENEFIT PLAN COVERAGE (continued)

Welfare Plan That Provides Postretirement Benefits

The Plan's office employees are also covered by the St. Louis Glass and Allied Industries Health and Welfare Fund that provides medical benefits to retirees and to eligible employees and their dependents. Contributions to this Plan for the years ended October 31, 2025 and 2024, totaled \$37,808 and \$34,022, respectively.

NOTE 12: CONTINGENCIES

The Plan has entered into several contracts with investment companies committing to invest specific dollar amounts. However, not all of the money has been requested by the investment companies as of October 31, 2025 and 2024. The following is a list of capital commitments still due to various investment companies:

	<u>As of 10/31/2025</u>	<u>As of 10/31/2024</u>
HarbourVest 2018 Global Feeder Fund L.P.	\$ 363,000	\$ 577,500
HarbourVest 2021 Global Feeder Fund L.P.	523,784	683,784
HarbourVest 2024 Global Feeder Fund L.P.	1,600,000	2,000,000
Total Capital Commitments	<u>\$ 2,486,784</u>	<u>\$ 3,261,284</u>

NOTE 13: OTHER INCOME

Other income as shown on Statement B consists of the following:

	<u>As of 10/31/2025</u>	<u>As of 10/31/2024</u>
Liquidated Damages & Interest	\$ 1,917	\$ -
Class Action Lawsuit	-	34
Total Other Income	<u>\$ 1,917</u>	<u>\$ 34</u>

NOTE 14: RELATED PARTIES

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. These expenses are recorded as administrative expenses on the Consolidated Statement of Changes in Net Assets Available for Benefits.

The Plan is affiliated with Glaziers and Glassworkers Local Union No. 513 Joint Apprenticeship and Training Fund (Apprentice Fund), 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 (Vacation and Holiday Fund), Glaziers Architectural Metal & Glassworkers Local 513, Division A, Glaziers Unit 401(k) (Defined Contribution Fund) and Architectural Metal and Glassworkers Local Union 513 (Local).

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 14: RELATED PARTIES (continued)

The Plan, through its wholly owned subsidiary, GPB Corporation, has invested in real estate. GPB Corporation handles the administration of the affiliated funds. Effective November 1, 2022, a cost sharing agreement was executed between the affiliated funds. For the years ended October 31, 2025 and 2024, the Plan received the following lease payments relative to the office space rented and the common expenses shared:

	<u>10/31/2025</u>	<u>10/31/2024</u>
Local	\$ 37,865	\$ 34,670
Defined Contribution Fund	31,043	35,124
Welfare Fund	106,432	118,860
Holiday and Vacation Fund	23,197	54,408
Apprentice Fund	<u>21,150</u>	<u>32,567</u>
TOTAL RENT AND EXPENSES REIMBURSED	<u>\$ 219,687</u>	<u>\$ 275,629</u>

The amounts due from(to) the affiliated funds relative to the shared common expenses is detailed below:

	<u>10/31/2025</u>	<u>10/31/2024</u>
Local	\$ 3,945	\$ 1,227
Defined Contribution Fund	5,572	5,613
Welfare Fund	14,106	20,125
Holiday and Vacation Fund	(21,572)	8,402
Apprentice Fund	<u>(3,166)</u>	<u>4,937</u>
TOTAL DUE FROM (TO) AFFILIATED FUNDS	<u>\$ (1,115)</u>	<u>\$ 40,304</u>

The Plan also has a lease with the Apprentice Fund for use of land. The Apprentice Fund constructed a training facility which sits on the leased land. The Apprentice Fund paid the Plan \$8,400 and \$8,400 for the years ended October 31, 2025 and 2024. The lease began March 2018 for a term of ten years, ending March 2028. Effective November 1, 2023, this lease was terminated and a new lease effective for twenty five years with the annual expense of \$8,400 was executed. As of October 31, 2024, the Apprentice Fund owed the Plan \$300 in rent. This is shown as Due from Affiliates on the Consolidated Statements of Net Assets Available for Benefits.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
OCTOBER 31, 2025 AND 2024**

NOTE 14: RELATED PARTIES (continued)

The minimum lease payments to be received in the future years from the affiliated funds are as follows:

Year Ending October 31:	<u>Amount</u>
2026	\$ 8,400
2027	\$ 8,400
2028	\$ 8,400
2029	\$ 8,400
2030	\$ 8,400

The Apprentice Fund reimburses the Plan its share of property taxes as stated in the lease agreement. As of October 31, 2025 and 2024, the Apprentice Fund reimbursed the Plan \$4,802 and \$4,874, respectively, for the Apprentices Fund portion of the taxes. As of October 31, 2025 and 2024, the Apprentice Fund owed the Plan \$4,802 and \$4,874, respectively, for real estate taxes not yet reimbursed. As of October 31, 2025 and 2024, these amounts are included in Due from Affiliates on the Consolidated Statements of Net Assets Available for Benefits.

The Welfare Fund collects and processes employer contributions through a clearing account, and maintains employer records, on behalf of the Plan. As of October 31, 2025 and 2024, the Welfare Fund owed the Plan \$32,604 and \$53,023 for contributions received, but not yet transferred as of the year end. These amounts are shown as Due from Affiliates on the Consolidated Statements of Net Assets Available for Benefits.

NOTE 15: OPERATING LEASE – AS LESSOR

The Plan leases a portion of the parking lot and a portion of the office space as well as the Union Hall in the building held for investment purposes (Note 16) under various written and nonwritten agreements. As of October 31, 2023, there were currently no long term leases in effect.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 16: RENTAL INCOME AND OTHER INVESTMENT INCOME

The Plan owns an office building (see note 14) located at 5916 Wilson Avenue St. Louis, Missouri, which is leased to affiliated funds and third parties. The Plan recognizes the real estate as a plan investment, which is recorded at fair value. The following is a summary of the net rental income:

	<u>As of 10/31/2025</u>	<u>As of 10/31/2024</u>
Rent Income	\$ 64,290	\$ 61,375
Rent Expense	-	-
Net Rental Income (Loss)	<u>\$ 64,290</u>	<u>\$ 61,375</u>

The following is a summary of the other net investment income:

	<u>As of 10/31/2025</u>	<u>As of 10/31/2024</u>
Cost Sharing Reimbursements	<u>\$ 219,687</u>	<u>\$ 275,629</u>
Cleaning and Laundry	18,765	16,198
Insurance	10,183	12,420
Maintenance and Repairs	92,607	102,265
Payroll Taxes	8,966	8,686
Salaries and Benefits	170,668	162,167
Supplies-building and office	11,675	12,971
Computer Expense	27,873	20,410
Taxes and licenses	14,849	15,225
Utilities	20,307	21,330
Waste and Snow Removal	4,760	888
Miscellaneous Expense	<u>2,485</u>	<u>3,036</u>
Total Cost Sharing Expense	383,138	375,596
Other Net Investment Income (Loss)	<u>\$ (163,451)</u>	<u>\$ (99,967)</u>

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

OCTOBER 31, 2025 AND 2024

NOTE 17: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended October 31, 2025 and 2024, follows:

	<u>2025</u>	<u>2024</u>
Administrative Expenses		
Insurance	\$ 14,779	\$ 10,408
Investment Consulting Fees	34,116	34,008
Meeting and Conventions	5,070	529
Office Expense	567	364
Computer Expense	-	9,823
Auditing Fees	21,000	21,000
Payroll Audit Fees	1,469	5,150
Actuary Fees	32,700	32,700
Legal Fees	8,970	19,241
Miscellaneous Expense	116	2,966
Depreciation Expense	2,933	1,852
PBGC Premium	15,429	14,700
Total Administrative Expenses	<u>\$ 137,149</u>	<u>\$ 152,741</u>

**GLAZIERS, ARCHITECTURAL METAL AND GLASS WORKERS
LOCAL 513, DIVISION A, PENSION PLAN AND SUBSIDIARY
SUPPLEMENTAL INFORMATION**

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

43-6058944 PLAN #001

FOR THE YEAR ENDED 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				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value		
	Fidelity Treasury Money Market Fund	Money Market	N/A	4.05%	1,181,293.48	\$ 1,181,293	\$ 1,181,293
	DFA US Large Cap Value PRTF Instl	Registered Inv. Co.	N/A	N/A	116,947.10	\$ 4,177,095	\$ 6,323,329
	Vanguard Russell 1000 GR Index Instl	Registered Inv. Co.	N/A	N/A	7,973.62	1,961,470	7,662,575
						\$ 6,138,565	\$ 13,985,904
	Credo Technology Group Holding Ltd	Common Stock	N/A	N/A	650.00	\$ 75,912	\$ 121,953
	Nvent Electric PL Com	Common Stock	N/A	N/A	1,750.00	100,341	200,113
	Viking Holdings Ltd Ord	Common Stock	N/A	N/A	2,300.00	134,811	139,955
	Garmin Ltd Com	Common Stock	N/A	N/A	635.00	130,782	135,852
	Cyberark Software Ltd	Common Stock	N/A	N/A	275.00	93,376	143,215
	Advanced Energy Industries Inc	Common Stock	N/A	N/A	650.00	125,514	131,774
	Alnylam Pharmaceuticals Inc	Common Stock	N/A	N/A	300.00	138,670	136,812
	Booz Allen Hamilton Hldg Corp Cl A	Common Stock	N/A	N/A	1,025.00	80,470	89,339
	Brown & Brown Inc	Common Stock	N/A	N/A	1,175.00	85,296	93,694
	Caseys General Stores Inc	Common Stock	N/A	N/A	250.00	79,431	128,297
	Cava Group Inc Cl A	Common Stock	N/A	N/A	1,800.00	130,081	96,714
	Cloudflare Inc Cl A	Common Stock	N/A	N/A	765.00	131,237	193,775
	Crane Company Common Stock	Common Stock	N/A	N/A	850.00	69,894	161,500
	Curtiss-Wright Corp	Common Stock	N/A	N/A	375.00	101,699	223,399
	Dr Horton Inc	Common Stock	N/A	N/A	635.00	103,688	94,666
	Datadog Inc Cl A	Common Stock	N/A	N/A	1,400.00	121,176	138,389
	Descartes Sys Group Inc Com	Common Stock	N/A	N/A	1,400.00	132,727	123,494
	Dynatrace Inc Com new	Common Stock	N/A	N/A	2,600.00	146,877	131,482
	Emcor Group Inc Com Stk	Common Stock	N/A	N/A	340.00	62,430	229,765
	Encompass Health Corp Com	Common Stock	N/A	N/A	1,175.00	116,060	133,774
	Fair Isaac Corp	Common Stock	N/A	N/A	72.00	153,251	119,486
	Fastenal Com Stk	Common Stock	N/A	N/A	2,850.00	115,919	117,278
	Guidewire Software Inc Com	Common Stock	N/A	N/A	660.00	125,592	154,202
	Halozyme Therapeutics Inc	Common Stock	N/A	N/A	1,461.00	90,716	95,243
	Heico Corp New Com	Common Stock	N/A	N/A	417.00	126,512	132,510
	Houlihan Lokey Inc Cl A	Common Stock	N/A	N/A	700.00	130,503	125,356
	Monolithic Power Systems Inc	Common Stock	N/A	N/A	190.00	46,446	190,950
	Ollies Bargain Outlet Hldgs In Com	Common Stock	N/A	N/A	1,350.00	129,303	163,093
	Penumbra Inc Com	Common Stock	N/A	N/A	600.00	113,283	136,422
	Pinterest Cl A	Common Stock	N/A	N/A	3,925.00	112,642	129,917
	Pure Storage Inc Cl A	Common Stock	N/A	N/A	2,175.00	121,605	214,672
	Quanta Serivces Com	Common Stock	N/A	N/A	340.00	136,981	152,704
	Raymond James Finl Inc Com	Common Stock	N/A	N/A	1,100.00	66,530	174,537
	Sprouts Farmers Market Inc	Common Stock	N/A	N/A	925.00	135,813	73,038
	Tapestry Inc Com	Common Stock	N/A	N/A	1,340.00	129,892	147,159
	Texas Roadhouse	Common Stock	N/A	N/A	650.00	117,870	106,327
	Toast Inc Cl A	Common Stock	N/A	N/A	2,160.00	90,300	78,062
						\$ 4,103,630	\$ 5,158,918

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE 1

43-6058944 PLAN #001

FOR THE YEAR ENDED OCTOBER 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate interest, collateral, par or maturity value				(d) Cost	(e) Current Value
		Description	Maturity Date	Rate of Interest	Par or Maturity Value		
	Rental Property	Rental Property	N/A	N/A	N/A	\$ 763,939	\$ 880,000
	Principal Life Insurance Company- General Investment	Unallocated Insurance Contract	N/A	N/A	N/A	\$ 6,105,210	\$ 7,986,165
	Mesirow High Yield CIT	Commingled Fund	N/A	N/A	205,923.56	\$ 2,722,610	\$ 3,115,624
	Principal Life Insurance Company- Core Plus Bond Separate Account	Pooled Separate Account	N/A	N/A	80,589.26	\$ 12,033,539	\$ 12,655,943
	Principal Life Insurance Company- Large Cap Stock Index Separate Account	Pooled Separate Account	N/A	N/A	18,167.06	1,395,929	7,071,740
	Principal Life Insurance Company- Diversified International Separate Account	Pooled Separate Account	N/A	N/A	66,597.43	3,317,196	11,158,967
	Principal Life Insurance Company- Real Estate Separate Account	Pooled Separate Account	N/A	N/A	37,451.42	2,294,337	6,198,351
	Principal Life Insurance Company- Small Cap Blend Separate Account	Pooled Separate Account	N/A	N/A	12,486.55	1,616,917	4,454,957
						<u>\$ 20,657,918</u>	<u>\$ 41,539,958</u>
	HarbourVest 2018 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	\$ 2,348,871	\$ 3,205,965
	HarbourVest 2021 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	1,440,409	1,668,783
	HarbourVest 2021 Global Feeder Fund LP	LP-Private Equity	N/A	N/A	N/A	400,000	437,425
						<u>\$ 4,189,280</u>	<u>\$ 5,312,173</u>
	Neuberger Berman U.S. Equity Index PutWrite Fund LLC	Hedge Fund of Funds	N/A	N/A	N/A	\$ 950,000	\$ 2,093,066
	Parametric Defensive Equity Fund LLC	Hedge Fund of Funds	N/A	N/A	N/A	1,021,261	2,180,190
						<u>\$ 1,971,261</u>	<u>\$ 4,273,256</u>
	Enterprise Bank & Trust	Interest-Bearing Cash	N/A	Variable	191,668.00	\$ 191,668	\$ 191,668
							<u><u>\$ 83,624,959</u></u>

The accompanying notes are an integral part of these consolidated financial statements.

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

43-6058944 PLAN #001

FOR THE YEAR ENDED OCTOBER 31, 2025

SCHEDULE 2

(A) Identity of Party Involved	(B) Description of Asset	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expense Incurred with Transaction	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain or (Loss)
Fidelity Treasury MM Fund	Money Market	\$6,408,714	-	N/A	-	\$6,408,714	\$6,408,714	N/A
Fidelity Treasury MM Fund	Money Market	-	\$5,902,990	N/A	-	\$5,902,990	\$5,902,990	\$0

The accompanying notes are an integral part of these consolidated financial statements.

Glaziers, Architectural Metal and Glassworkers Local 513, Division A, Pension Plan and Subsidiary
FEIN #43-6058944
10/31/2025

Schedule R, line 13e – Information on Contribution Rates and Base Units

For all employers:

Journeyman Rate: \$9.16
50% Apprentice Rate: \$4.58
55% Apprentice Rate: \$5.04
60% Apprentice Rate: \$5.50
65% Apprentice Rate: \$5.95
70% Apprentice Rate: \$6.41
75% Apprentice Rate: \$6.87
80% Apprentice Rate: \$7.33

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2024****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **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 ☐

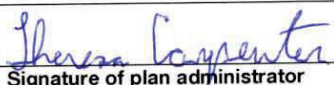
Part II Basic Plan Information - enter all requested information**1a** Name of plan**GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN****1b** Three-digitplan number (PN) ► **001****1c** Effective date of plan**11/01/1959****2a** Plan sponsor's name (employer, if for a single-employer plan)

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)

TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513**2b** Employer Identification Number (EIN)**43-6058944****2c** Plan Sponsor's telephone number**3146443922****2d** Business code (see instructions)**238900****5916 WILSON AVENUE****ST. LOUIS****MO 63110-2725****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		8/11/26	THERESA CARPENTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/11/26	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

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

**Form 5500 (2024)
v. 240311**

**GLAZIERS, ARCHITECTURAL METAL AND GLASSWORKERS LOCAL 513, DIVISION A,
PENSION PLAN AND SUBSIDIARY**

SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

43-6058944 PLAN #001

FOR THE YEAR ENDED OCTOBER 31, 2025

SCHEDULE 2

(A) Identity of Party Involved	(B) Description of Asset	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expense Incurred with Transaction	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain or (Loss)
Fidelity Treasury MM Fund	Money Market	\$6,408,714	-	N/A	-	\$6,408,714	\$6,408,714	N/A
Fidelity Treasury MM Fund	Money Market	-	\$5,902,990	N/A	-	\$5,902,990	\$5,902,990	\$0

The accompanying notes are an integral part of these consolidated financial statements.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

▶ Round off amounts to nearest dollar.

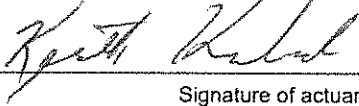
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GLAZIERS AND GLASSWORKERS LOCAL 513 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF GLAZIERS & GLASSWORKERS LOCAL UNION 513	D Employer Identification Number (EIN) 43-6058944

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 11 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 79,095,922
(2) Actuarial value of assets for funding standard account	1b(2) 78,803,537
c (1) Accrued liability for plan using immediate gain methods	1c(1) 79,931,089
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 79,931,089
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 116,489,705
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,404,978
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6,143,100
(3) Expected plan disbursements for the plan year	1d(3) 6,143,100

Statement by Enrolled Actuary

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

SIGN HERE		08/07/2026
Signature of actuary		Date
KEITH KOWALCZYK		2602812
Type or print name of actuary		Most recent enrollment number
EKON BENEFITS		314-367-6555
Firm name		Telephone number (including area code)
4940 WASHINGTON BLVD.		
ST. LOUIS MO 63108		
Address of the firm		

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

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	79,095,922
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	197	74,228,440
(2) For terminated vested participants	53	5,737,665
(3) For active participants:		
(a) Non-vested benefits		293,122
(b) Vested benefits		36,230,478
(c) Total active	167	36,523,600
(4) Total	417	116,489,705
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	67.89 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2025	2,240,169	0			
Totals ▶			3(b)	2,240,169	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability 6a 3.89 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P21 | 9P21 |
| (2) Females | 6c(2) 9FP21 | 9FP21 |
| d Valuation liability interest rate | 6d 7.25 % | 7.25 % |
| e Salary scale | 6e 0.00 % ☐ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☐ Single rate ☐ ERISA 4044 ☐ Other ☒ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 7.2 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 18.3 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 135,000 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-464,554	-48,311

8 Miscellaneous information:

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).

8e

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any

9a

b Employer's normal cost for plan year as of valuation date

9b

1,272,584

c Amortization charges as of valuation date:

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

9c(1)

Outstanding balance

12,813,964

2,339,504

(2) Funding waivers

9c(2)

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

9c(3)

9d

261,876

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

9e

3,873,964

e Total charges. Add lines 9a through 9d

Credits to funding standard account:

f Prior year credit balance, if any

9f

4,624,878

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

9g

2,240,169

h Amortization credits as of valuation date

9h

Outstanding balance

7,061,534

1,109,385

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

9i

483,814

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

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

9j(2)

(3) FFL credit

9j(3)

k (1) Waived funding deficiency

9k(1)

(2) Other credits

9k(2)

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

9l

8,458,246

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

9m

4,584,282

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

9n

o Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

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

☐ Yes ☒ No