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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
VITRO FLAT GLASS LLC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2016

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)
VITRO FLAT GLASS LLC

400 GUYS RUN ROAD
CHESWICK, PA 15024

2b Employer Identification Number (EIN) 81-3489093

2c Plan Sponsor's telephone number 412-820-8003

2d Business code (see instructions) 327210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	ANGELA VAVROCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	326
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	65
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	56
b	Retired or separated participants receiving benefits	**6b**	221
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	305
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	317
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
VITRO FLAT GLASS LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VITRO FLAT GLASS LLC

D Employer Identification Number (EIN)
81-3489093

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	57670442
b Actuarial value	**2b**	57670442

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	233	51441615	51441615
b For terminated vested participants	32	1900071	1900071
c For active participants	65	12665129	12929852
d Total	330	66006815	66271538

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	305
b Expected plan-related expenses	**6b**	398000
c Target normal cost	**6c**	398305

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

ELIZABETH WELBORNE, FSA, EA
Type or print name of actuary

26-08703
Most recent enrollment number

OCTOBER THREE CONSULTING LLC
Firm name

810-252-9373
Telephone number (including area code)

6191 N. STATE HIGHWAY
SUITE 470
IRVING, TX 75038

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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	292910	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	292910	0
10	Interest on line 9 using prior year's actual return of 8.31 %	24341	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2255
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05 %		114
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2369
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	317251	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.54 %
15	Adjusted funding target attainment percentage	15	86.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.96 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
08/12/2025	285000	0			
11/12/2025	307000	0			
01/15/2026	307000	0			
09/14/2026	189000	0			
			Totals ► 18(b)	1088000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1031429

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	398305
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8918347	949575
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1347880

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	317251	0	317251

36 Additional cash requirement (line 34 minus line 35)	**36**	1030629
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1031429

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	800
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	800
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VITRO FLAT GLASS LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITRO FLAT GLASS LLC

D Employer Identification Number (EIN)
81-3489093

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK

22-1146430

(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 50 51	NONE	114060	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

OCTOBER THREE CONSULTING LLC

27-1175487

(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 15 50	NONE	98838	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FOCUS PARTNERS WEALTH LLC

90-0751149

(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 51	NONE	25000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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: JASON MELBYE
b EIN: 27-1175487
c Position: ENROLLED ACTUARY
d Address: 233 SOUTH WACKER DRIVE
SUITE 8350
CHICAGO, IL 60606
e Telephone: 312-878-2413

Explanation: REASSIGNMENT WITHIN OCTOBER THREE

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VITRO FLAT GLASS LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITRO FLAT GLASS LLC

D Employer Identification Number (EIN)
81-3489093

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)	619000	496000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	261914	313070
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2165380	1641002
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54632322	56025503
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	57678616	58475575
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	35765	36547
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	35765	36547
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	57642851	58439028

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)	1088000	
(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)		1088000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	57336	
(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)		57336
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1619038	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1619038
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4969209
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7733583
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6422260	
(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)		6422260
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)	66996	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	139522	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	32163	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	268299	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		506980
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6929240
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		804343
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		8166

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) [X] 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) [X] 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: SCHNEIDER DOWNS & CO., INC. **(2)** EIN: 25-1408703

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
PITTSBURGH GLASS WORKS RETIREMENT INCOME PLAN	26-2998228	002

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590119.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VITRO FLAT GLASS LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VITRO FLAT GLASS LLC

D Employer Identification Number (EIN)
81-3489093

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-1146430

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** 6

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Vitro Flat Glass, LLC Retirement Plan
Cheswick, Pennsylvania

Financial Statements and Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

and Independent Auditor's Report Thereon

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Independent Auditor's Report

To the Participants and Plan Administrator
Vitro Flat Glass, LLC Retirement Plan
Cheswick, Pennsylvania

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Vitro Flat Glass, LLC Retirement Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025 stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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FAX 614.621.4062

1660 International Drive
Suite 600
McLean, VA 22102
TEL 571.380.9003

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Pittsburgh, Pennsylvania
October 7, 2026

Vitro Flat Glass, LLC Retirement Plan

Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 57,666,505	$ 56,797,702
Receivables		
Employer contributions	496,000	619,000
Other assets		
Accrued investment income	313,070	261,914
Total assets	58,475,575	57,678,616
Liabilities		
Payables		
Administrative expenses payable	36,547	35,765
Total liabilities	36,547	35,765
Net assets available for benefits	$ 58,439,028	$ 57,642,851

See accompanying notes to the financial statements.

Vitro Flat Glass, LLC Retirement Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

	2025
Additions	
Investment income	
Interest and dividends	$ 1,676,374
Net appreciation in fair value of investments	4,969,209
Total investment income	6,645,583
Contributions	
Employer contributions	1,088,000
Total additions	7,733,583
Deductions	
Benefits paid to participants	6,422,260
Administrative expenses	506,980
Total deductions	6,929,240
Net increase	804,343
Transfers to another plan	(8,166)
Net assets available for benefits	
Beginning of year	57,642,851
End of year	$ 58,439,028

See accompanying notes to the financial statements.

Vitro Flat Glass, LLC Retirement Plan

Statements of Accumulated Plan Benefits
As of December 31, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active participants	$ 10,420,442	$ 12,579,339
Inactive participants receiving benefits	1,904,047	1,907,384
Retired participants and beneficiaries	51,944,543	51,823,616
Total vested benefits	64,269,032	66,310,339
Nonvested benefits	44,414	262,978
Total actuarial present value of accumulated plan benefits	$ 64,313,446	$ 66,573,317

See accompanying notes to the financial statements.

Vitro Flat Glass, LLC Retirement Plan

Statement of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2025

	2025
Actuarial present value of accumulated plan benefits at beginning of year	$ 66,573,317
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	1,114,764
Benefits accumulated	(317,075)
Increase for interest	3,372,867
Benefits paid	(6,430,427)
Net decrease	(2,259,871)
Actuarial present value of accumulated plan benefits at end of year	$ 64,313,446

See accompanying notes to the financial statements.

1. Description of Plan

The following description of the Vitro Flat Glass, LLC Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by Vitro Flat Glass, LLC (the Company and Plan Sponsor) covering the following groups of employees. Effective October 1, 2016, Vitro S.A.B. de C.V. acquired the flat glass manufacturing and glass coatings operations of PPG Industries, Inc. (PPG). In connection with the acquisition, PPG employees and certain salaried employees on PPG-approved leaves of absence involved with those lines of business were offered the opportunity to change their employment from PPG to Vitro, and assets and liabilities of certain tax-qualified defined benefit pension plans maintained by PPG corresponding to those employees were transferred to the Vitro Flat Glass, LLC Retirement Plan, the defined benefit plan established by Vitro to receive the transfer of assets and liabilities and to provide retirement benefits to eligible employees of Vitro in accordance with the provisions of the Plan.

Effective October 1, 2016, employees who were participating in the applicable PPG retirement plans who changed their employment to Vitro in connection with Vitro’s acquisition of the flat glass manufacturing and glass coatings operations of PPG were eligible to participate. No employee hired or rehired on or after October 1, 2016 is 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.

Funding policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of continuous service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. Upon becoming vested, participants are entitled to monthly pension benefits under the Plan for salaried employees, whereas monthly pension benefits for non-represented hourly production and maintenance employees vary, depending on the employees' date of separation of service from the Company, final average monthly earnings, and years of continuous service as defined in the Plan document. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity. For salaried employees and non-represented hourly production and maintenance employees, the Plan provides either a monthly pension benefit or a lump-sum payment when employees separate from service from the Company. For employees covered by the collective bargaining agreement with the United States Steel, Paper, and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW) AFL-CIO, CLC on behalf of its ABG Division Local No. 474, the Plan provides for a monthly pension benefit or a lump sum payment when employees separate from service from the Company. Monthly pension benefits under the Plan for eligible bargained employees are based on continuous service multiplied by a rate as specified in the Plan document.

Benefits are payable in the form of a joint and survivor annuity, a single life annuity or other optional forms, as defined in the Plan document.

Future benefit accruals for active participants with less than 60 points (age plus continuous service) at January 1, 2012 were frozen. Future benefit accruals for active participants who had at least 60 points (based on age plus continuous service) at January 1, 2012 were frozen effective December 31, 2020.

Death and disability benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through October 7, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2025	December 31, 2024
Discount rate	5.14%	5.35%
Mortality	Pri-2012 generational mortality table with MP-2021	Pri-2012 generational mortality table with MP-2021
Retirement age	Participants are assumed to retire at their normal retirement age	Participants are assumed to retire at their normal retirement age

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.

Benefits paid to participants reported in the Statement of Changes in Net Assets Available for Benefits are less than the amount reflected in the Statement of Changes in Accumulated Plan Benefits by approximately $8,000 due to payments made to a participant in another defined benefit plan sponsored by the Plan Sponsor. This amount represents a transfer to another plan and is not included in the change in accumulated plan benefits of the Plan.

4. Fair Value Measurements

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

Level 1 - 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 - 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 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market funds	$ 1,641,002	$ -	$ -	$ 1,641,002
Mutual funds	24,731,424	-	-	24,731,424
U.S. government securities	-	13,448,717	-	13,448,717
Corporate bonds	-	17,845,362	-	17,845,362
Total assets in the fair value hierarchy	26,372,426	31,294,079	-	57,666,505
Total investments at fair value	$ 26,372,426	$ 31,294,079	$ -	$ 57,666,505

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market funds	$ 2,165,380	$ -	$ -	$ 2,165,380
Mutual funds	28,210,754	-	-	28,210,754
U.S. government securities	-	10,822,873	-	10,822,873
Corporate bonds	-	15,598,695	-	15,598,695
Total assets in the fair value hierarchy	30,376,134	26,421,568	-	56,797,702
Total investments at fair value	$ 30,376,134	$ 26,421,568	$ -	$ 56,797,702

5. Information Certified by Trustee

The Plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by PNC Bank, National Association (PNC), the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

6. Related-Party and Party-In-Interest Transactions

The Plan's investments are administered under a contract with PNC, the Trustee of the Plan. Contributions are held and managed by PNC, which invests cash received, interest and dividend income and makes distributions to participants. These transactions are party-in-interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

7. Plan Termination

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 employees or their beneficiaries have been receiving for at least three years, or that employees 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 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.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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.

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

8. Tax Status

The IRS has determined and informed the Company by a letter dated April 24, 2018, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

9. Risks and Uncertainties

The Plan invests in securities that 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 value will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Supplemental Schedules

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
Money Market Funds				
*	PNC	IAM Bank Sweep Collateralized	$ 1,641,002	$ 1,641,002
Mutual Funds				
	Fidelity	500 Index Fund	5,043,641	7,845,931
	BlackRock	iShares Core MSCI Developed Markets	3,132,597	4,318,570
	Vanguard	Vanguard Emerging Markets Government Bond	2,285,946	2,486,953
	BlackRock	iShares MSCI USA Quality Factor	1,484,442	2,464,278
	Xtrackers	Xtrackers USD High Yield	1,678,665	1,815,719
	BlackRock	iShares Core S&P Mid-Cap	901,454	1,669,602
	Vanguard	Vanguard FTSE Emerging Markets	1,373,139	1,657,421
	BlackRock	iShares Core S&P Small Cap	706,777	1,092,196
	Invesco	Invesco QQQ Trust	411,207	856,962
	WisdomTree	WisdomTree U.S. Quality Dividend Growth	302,488	523,792
		Total Mutual Funds	17,320,356	24,731,424
Corporate Bonds				
	Citigroup Inc.	Corporate Bonds, VAR% Due 06/11/2035	410,064	414,228
	Morgan Stanley	Corporate Bonds, VAR% Due 10/20/2032	425,256	394,618
	JP Morgan Chase & Co	Corporate Bonds, VAR% Due 04/23/2029	428,930	389,626
	Verizon Communication	Corporate Bonds, 04.500% Due 08/10/2033	360,770	314,931
	Goldman Sachs Group Inc	Corporate Bonds, VAR% Due 04/22/2032	332,364	314,574
	T-Mobile USA Inc.	Corporate Bonds, 04.375% Due 04/15/2040	308,283	313,968

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Nisource Inc.	Corporate Bonds, 05.350% Due 07/15/2035	$ 301,758	$ 306,717
	Microsoft Corp	Corporate Bonds, 03.450% Due 08/08/2036	357,090	296,793
	Duke Energy Progress LLC	Corporate Bonds, 02.900% Due 08/15/2051	346,720	289,469
	Prologis LP	Corporate Bonds, 05.125% Due 01/15/2034	271,747	282,304
	Bank of America Corporation	Corporate Bonds, VAR% Due 06/19/2041	265,553	276,499
	Wells Fargo & Company	Corporate Bonds, 03.900% Due 05/01/2045	258,006	275,743
	Metlife Inc.	Corporate Bonds, 04.050% Due 03/01/2045	267,239	272,936
	Walt Disney Company/The	Corporate Bonds, 02.000% Due 09/01/2029	266,813	257,125
	Capital One Financial Co	Corporate Bonds, 03.750% Due 03/09/2027	267,745	249,255
	Conocophillips	Corporate Bonds, 06.500% Due 02/01/2039	244,523	247,267
	Kinder Morgan Ener Part	Corporate Bonds, 06.950% Due 01/15/2038	241,962	247,115
	Sumitomo Mitsui Finl Grp	Corporate Bonds, 02.750% Due 01/15/2030	250,412	235,433
	Consolidated Edison Co	Corporate Bonds, 03.875% Due 06/15/2047	332,088	232,719
	Burlington North Santa Fe	Corporate Bonds, 04.450% Due 01/15/2053	255,937	231,883
	Berkshire Hathaway Fin Com Gtd	Corporate Bonds, 04.400% Due 05/15/2042	269,483	229,583
	Midamerican Energy Co	Corporate Bonds, 03.650% Due 08/01/2048	274,548	224,535

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Florida Power & Light Co	Corporate Bonds, 03.150% Due 10/01/2049	$ 332,449	$ 222,576
	Eversource Energy	Corporate Bonds, 01.650% Due 08/15/2030	239,987	216,249
	Sysco Corporation	Corporate Bonds, 06.000% Due 01/17/2034	213,356	216,106
	Alphabet Inc.	Corporate Bonds, 05.350% Due 11/15/2045	214,525	213,641
	Oracle Corp	Corporate Bonds, 04.300% Due 07/08/2034	292,307	212,503
	Apple Inc.	Corporate Bonds, 03.850% Due 05/04/2043	267,059	211,168
	Public Service Colorado	Corporate Bonds, 03.800% Due 06/15/2047	307,443	210,141
	Johnson & Johnson	Corporate Bonds, 03.550% Due 03/01/2036	199,204	206,957
	Virginia Elec & Power Co	Corporate Bonds, 03.300% Due 12/01/2049	307,356	206,604
	State Street Corp	Corporate Bonds, VAR% Due 02/28/2036	201,570	204,692
	Home Depot Inc	Corporate Bonds, 03.125% Due 12/15/2049	296,148	204,477
	Banco Santander Sa	Corporate Bonds, 05.365% Due 07/15/2028	201,382	203,854
	Walmart Inc.	Corporate Bonds, 02.650% Due 09/22/2051	322,489	201,738
	CSX Corp	Corporate Bonds, 04.750% Due 11/15/2048	277,141	200,030
	Ameriprise Financial Inc.	Corporate Bonds, 02.875% Due 09/15/2026	206,160	198,628
	Bank of America Corp	Corporate Bonds, 03.248% Due 10/21/2027	209,174	198,140

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Anheuser-Busch Co/Inbev	Corporate Bonds, 04.700% Due 02/01/2036	$ 232,686	$ 193,021
	Progressive Corp	Corporate Bonds, 04.200% Due 03/15/2048	274,038	190,723
	Abbvie Inc.	Corporate Bonds, 04.500% Due 05/14/2035	227,549	186,464
	AT&T Inc.	Corporate Bonds, 03.500% Due 06/01/2041	184,153	180,918
	BP Cap Markets America	Corporate Bonds, 04.989% Due 04/10/2034	171,481	178,458
	Comcast Corp	Corporate Bonds, 03.200% Due 07/15/2036	182,602	166,306
	Meta Platforms Inc.	Corporate Bonds, 04.875% Due 11/15/2035	161,000	159,786
	Air Products & Chemicals	Corporate Bonds, 02.700% Due 05/15/2040	172,234	157,508
	AEP Transmission Co LLC	Corporate Bonds, 05.375% Due 06/15/2035	153,078	154,707
	Marriott International	Corporate Bonds, 05.500% Due 04/15/2037	142,775	153,552
	Amgen Inc.	Corporate Bonds, 05.650% Due 03/02/2053	155,218	151,776
	Pfizer Investment Enter	Corporate Bonds, 05.300% Due 05/19/2053	161,842	151,501
	Energy Transfer Operating	Corporate Bonds, 03.750% Due 05/15/2030	150,900	145,976
	Westpac Banking Corp	Corporate Bonds, VAR% Due 11/15/2035	162,725	144,891
	American Honda Finance	Corporate Bonds, 05.050% Due 07/10/2031	140,049	143,772
	Bank of Montreal	Corporate Bonds, 05.203% Due 02/01/2028	139,994	143,546

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	John Deere Capital Corp	Corporate Bonds, 05.100% Due 04/11/2034	$ 134,445	$ 139,597
	Realty Income Corp	Corporate Bonds, 04.850% Due 03/15/2030	135,197	138,622
	Chevron USA Inc.	Corporate Bonds, 04.687% Due 04/15/2030	134,988	138,110
	Nvidia Corp	Corporate Bonds, 03.500% Due 04/01/2050	140,950	136,909
	Ecolab Inc.	Corporate Bonds, 04.300% Due 06/15/2028	134,779	136,413
	Enterprise Products Oper	Corporate Bonds, 03.950% Due 01/31/2060	184,552	135,030
	JP Morgan Chase & Co.	Corporate Bonds, VAR% Due 07/24/2038	132,437	134,664
	Fiserv Inc.	Corporate Bonds, 04.200% Due 10/01/2028	155,691	134,660
	Kroger Co	Corporate Bonds, 03.950% Due 01/15/2050	173,721	133,585
	Broadcom Inc.	Corporate Bonds, 05.200% Due 07/15/2035	129,528	133,194
	Cummins Inc.	Corporate Bonds, 05.300% Due 05/09/2035	125,823	129,621
	AT&T Inc.	Corporate Bonds, 05.700% Due 11/01/2054	134,303	129,488
	State Street Corp	Corporate Bonds, 04.993% Due 03/18/2027	124,260	126,674
	Exxon Mobil Corporation	Corporate Bonds, 04.114% Due 03/01/2046	177,318	125,417
	Realty Income Corp	Corporate Bonds, 01.800% Due 03/15/2033	149,329	124,517
	Bank of NY Mellon Corp	Corporate Bonds, VAR% Due 10/25/2028	119,839	124,019

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Nike Inc.	Corporate Bonds, 03.250% Due 03/27/2040	$ 117,543	$ 121,748
	KeyCorp	Corporate Bonds, VAR% Due 06/01/2033	119,873	119,938
	Public Service Electric	Corporate Bonds, 03.200% Due 08/01/2049	179,011	119,889
	Lockheed Martin Corp	Corporate Bonds, 04.150% Due 06/15/2053	147,456	119,880
	Westpac Banking Corp	Corporate Bonds, 02.650% Due 01/16/2030	125,569	118,653
	Pepsico Inc.	Corporate Bonds, 04.650% Due 02/15/2053	130,645	114,499
	Toyota Motor Credit Corp	Corporate Bonds, 05.100% Due 03/21/2031	109,968	114,255
	Advanced Micro Devices	Corporate Bonds, 04.319% Due 03/24/2028	110,000	111,162
	United Parcel Service	Corporate Bonds, 05.050% Due 03/03/2053	119,374	110,020
	Kroger Co	Corporate Bonds, 05.500% Due 09/15/2054	110,364	104,753
	EIDP Inc.	Corporate Bonds, 05.125% Due 05/15/2032	99,808	102,602
	Paccar Financial Corp	Corporate Bonds, 05.200% Due 11/09/2026	99,923	101,200
	Church & Dwight Co Inc.	Corporate Bonds, 05.600% Due 11/15/2032	94,824	101,002
	Texas Instruments Inc.	Corporate Bonds, 05.050% Due 05/18/2063	109,084	98,328
	Amazon.com Inc.	Corporate Bonds, 03.950% Due 04/13/2052	124,477	97,555
	Target Corp.	Corporate Bonds, 04.000% Due 07/01/2042	117,677	97,098

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	US Bancorp	Corporate Bonds, VAR% Due 02/01/2034	$ 95,000	$ 95,698
	Prudential Financial Inc.	Corporate Bonds, 03.700% Due 03/13/2051	132,596	93,288
	Pub Svc New Hamp	Corporate Bonds, 03.600% Due 07/01/2049	136,032	91,795
	Caterpillar Inc.	Corporate Bonds, 03.250% Due 09/19/2049	126,652	88,913
	Novartis Capital Corp	Corporate Bonds, 03.700% Due 09/21/2042	111,281	82,965
	US Bancorp	Corporate Bonds, 03.000% Due 07/30/2029	93,812	81,851
	Abbott Laboratories	Corporate Bonds, 04.750% Due 11/30/2036	79,387	80,491
	Marathon Petroleum Corp	Corporate Bonds, 04.500% Due 04/01/2048	107,872	80,482
	Gilead Sciences Inc.	Corporate Bonds, 04.600% Due 09/01/2035	96,734	79,064
	Allstate Corp	Corporate Bonds, 05.250% Due 03/30/2033	74,873	78,068
	Unilever Capital Corp	Corporate Bonds, 02.625% Due 08/12/2051	113,514	70,939
	San Diego G&E	Corporate Bonds, 02.950% Due 08/15/2051	109,305	69,836
	Eli Lilly & Co	Corporate Bonds, 02.500% Due 09/15/2060	96,467	67,904
	Eli Lilly & Co	Corporate Bonds, 05.650% Due 10/15/2065	64,765	65,495
	Eli Lilly & Co	Corporate Bonds, 05.050% Due 08/14/2054	64,682	60,884
	KLA Corp	Corporate Bonds, 03.300% Due 03/01/2050	84,968	59,007

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Union Pacific Corp	Corporate Bonds, 03.850% Due 02/14/2072	$ 85,587	$ 58,749
	Amazon.com Inc.	Corporate Bonds, 05.450% Due 11/20/2055	59,710	58,561
	Home Depot Inc.	Corporate Bonds, 04.875% Due 06/25/2027	54,818	55,930
	Huntington Bancshares	Corporate Bonds, VAR% Due 08/04/2028	55,000	55,300
	Abbvie Inc.	Corporate Bonds, 05.500% Due 03/15/2064	54,794	53,396
	Unitedhealth Group Inc.	Corporate Bonds, 04.950% Due 05/15/2062	56,228	47,617
	Texas Instruments Inc.	Corporate Bonds, 05.000% Due 03/14/2053	50,120	45,860
	Alphabet Inc.	Corporate Bonds, 02.250% Due 08/15/2060	77,068	43,546
	Apple Inc.	Corporate Bonds, 03.950% Due 08/08/2052	49,670	39,661
	State Street Corp	Corporate Bonds, VAR% Due 08/04/2033	40,000	39,230
		Total Corporate Bonds	20,011,056	17,845,362
U.S. Government Securities				
	U.S. Government	Treasury Bond, 02.500% Due 02/15/2045	1,605,605	1,604,071
	U.S. Government	Treasury Bond, 00.875% Due 11/15/2030	1,593,486	1,595,379
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2040	2,322,415	1,529,277
	U.S. Government	Treasury Bond, Zero Cpn Due 02/15/2035	1,850,287	1,483,024
	U.S. Government	Treasury Bond, 02.875% Due 08/15/2028	936,641	944,592

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	U.S. Government	Treasury Bond, 02.000% Due 11/15/2026	$ 847,318	$ 893,045
	U.S. Government	Treasury Bond, 03.875% Due 09/30/2029	581,366	585,005
	U.S. Government	Treasury Bond, 04.625% Due 02/15/2035	533,351	544,955
	U.S. Government	Treasury Bond, 02.375% Due 05/15/2027	534,125	536,781
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2036	615,006	479,408
	U.S. Government	Treasury Bond, 03.500% Due 02/15/2033	445,932	461,624
	U.S. Government	Treasury Bond, 02.875% Due 05/15/2043	451,886	426,960
	U.S. Government	Treasury Bond, 03.000% Due 02/15/2048	413,405	424,160
	U.S. Government	Treasury Bond, 01.125% Due 08/15/2040	416,672	408,233
	U.S. Government	Treasury Bond, 02.250% Due 05/15/2041	475,241	382,465
	U.S. Government	Treasury Bond, 04.500% Due 05/15/2038	200,355	198,672
	U.S. Government	Treasury Bond, 03.75% Due 08/15/2041	190,041	189,263
	U.S. Government	Treasury Bond, 04.750% Due 02/15/2037	184,707	188,536
	U.S. Government	Treasury Bond, 04.250% Due 08/15/2054	131,977	126,580
	U.S. Government	Treasury Bond, 03.125% Due 02/15/2042	120,223	123,428
	U.S. Government	Treasury Bond, 04.500% Due 11/15/2033	111,169	113,579

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	U.S. Government	Treasury Bond, 02.250% Due 02/15/2027	$ 108,470	$ 108,479
	U.S. Government	Treasury Bond, 03.625% Due 02/15/2053	106,842	101,201
		Total U.S. Government Securities	14,776,520	13,448,717
	Grand Total		$ 53,748,934	$ 57,666,505

*Party-in-interest.

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 81-3489093
Plan Number: 001
For the Year Ended December 31, 2025

	(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Net gain/(loss)
Series of Transactions							
*	PNC	IAM Bank Sweep Collateralized	$ 1,543,277 (A)	$ -	$ 1,543,277	$ 1,543,277	$ -
*	PNC	IAM Bank Sweep Collateralized	-	2,067,655 (B)	2,067,655	2,067,655	-
Total Series Transactions			$ 1,543,277	$ 2,067,655	$ 3,610,932	$ 3,610,932	$ -

*Party-in-interest

(A) - consists of 10 purchase transactions
(B) - consists of 14 sales transactions

See independent auditor's report.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Line 26 – Schedule of Active Participant Data

	Completed years of credited service as of January 1, 2025									
Attained age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	1	-	-	-	-	-	-
35 to 39	-	-	-	4	-	-	-	-	-	-
40 to 44	-	-	-	1	-	-	-	-	-	-
45 to 49	-	-	-	3	-	-	-	-	-	-
50 to 54	-	-	-	2	1	-	-	-	-	-
55 to 59	-	-	-	-	1	-	4	4	-	-
60 to 64	-	-	-	-	-	4	9	-	10	8
65 to 69	-	-	-	-	-	2	-	2	-	7
70 & over	-	-	-	-	-	-	-	-	-	2

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election:	The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).
Applicable month:	The plan sponsor elected to base the segment rates on the rates published for the September immediately preceding the valuation

Economic Assumptions

	Funding Target		PBGC
	With stabilization	Without stabilization	Funding Target
First segment rate (years 0 to 4):	5.07%	5.07%	4.65%
Second segment rate (years 5 to 19):	5.31%	5.33%	5.28%
Third segment rate (years 20 and after):	5.50%	5.36%	5.63%
Effective interest rate (current year):	5.34%	5.31%	N/A

ASC 960 discount rate (current year): 5.35%

The interest rates listed above are compounded annually.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age is 65 and is summarized in Exhibit B.

RETIREMENT

The retirement decrement assumptions for active participants are described in Exhibits A.

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit C.

DISABILITY

No disability decrement is valued for salaried employees. The disability decrement assumption for hourly employees is summarized in Exhibit D.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL, AND DISABILITY ASSUMPTIONS

The retirement, withdrawal, and disability assumptions are based on a review of prior experience from 2017-2020 as well as a best estimate for future expectations. We find these assumptions appear to be reasonable and reflect the early retirement options available under the plan.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2025 Generational Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, mortality follows the Pri-2012 generational mortality table with MP-2021 improvement.

MARITAL STATUS

75% of male employees and 60% of female employees are assumed to be married; male employees are assumed to be 3 years older than their spouses, and female employees are assumed to be 2 years younger.

DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Other Assumptions

FORM OF PAYMENT

Payment forms are assumed to be elected according to the following probabilities:

Payment Form	Salaried	Fresno
Single Life Annuity	12%	25%
Qualified Joint and Survivor Annuity	18%	25%
Lump Sum	70%	50%

SALARY SCALE

No longer applicable as all benefits are frozen.

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is $350,000 for 2025.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is $280,000 for 2025.

EXPENSES

Assumed expenses for 2025 are $398,000. The assumed expenses are based on actual expenses paid in the prior plan year and based on expected PBGC premiums for the current year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

Assumed expenses were updated to reflect plan experience and future expectations.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Methods and Models

VALUATION DATE
The valuation date is January 1, 2025.

ACTUARIAL VALUE OF ASSETS
The actuarial value of assets is equal to the market value of assets.

MINIMUM FUNDING METHOD
The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

ASC 960 COST METHOD
The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

Changes in Method from Prior Year and Rationale for Changes
None.

MODELS
ProVal, a valuation model developed by Winklevoss Technologies, LLC, was used to generate the valuation liabilities. ProVal was set up and reviewed to reflect the data, assumptions, methods, and provisions of this plan.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions and Methods

Exhibit A – Retirement Rates

	Salaried		Fresno Hourly Employees	
Age	SSNRA 66	SSNRA 67	<30 YOS	30+ YOS
51	0.00	0.00	0.00	0.10
52	0.00	0.00	0.00	0.10
53	0.00	0.00	0.00	0.10
54	0.00	0.00	0.00	0.10
55	0.00	0.00	0.10	0.10
56	0.07	0.00	0.10	0.15
57	0.07	0.07	0.10	0.15
58	0.07	0.07	0.10	0.15
59	0.10	0.07	0.10	0.15
60	0.12	0.10	0.10	0.15
61	0.20	0.12	0.10	0.15
62	0.30	0.30	0.40	0.50
63	0.30	0.30	0.10	0.30
64	0.30	0.30	0.50	0.30
65	0.45	0.30	0.50	0.30
66	0.70	0.45	0.50	0.30
67	0.45	0.70	0.50	0.30
68	0.45	0.45	0.50	0.30
69	1.00	0.30	0.50	0.30
70	1.00	1.00	1.00	1.00

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions and Methods

Exhibit B – Weighted retirement age calculation

The weighted average retirement age rounded to the nearest whole age is 66, where (2) is the number of expected active plan participants at that age and (3) is a blended retirement rate based on the number of active plan participants at that age under which schedule listed in Exhibit A those participants fall.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	10.69	0.03	0.34	19.39
58	10.95	0.04	0.39	22.35
59	12.18	0.05	0.58	33.94
60	13.23	0.10	1.28	76.82
61	16.70	0.11	1.84	112.28
62	18.56	0.33	6.05	375.29
63	19.25	0.26	4.94	311.06
64	22.10	0.29	6.45	412.51
65	22.46	0.31	6.87	446.57
66	18.42	0.44	8.08	533.05
67	14.26	0.67	9.53	638.79
68	4.67	0.43	2.00	135.74
69	4.65	0.60	2.80	193.15
70	1.83	1.00	1.83	128.36
71	-	1.00	-	-
72	-	1.00	-	-
73	-	1.00	-	-
74	-	1.00	-	-
75	-	1.00	-	-
76	-	1.00	-	-
77	-	1.00	-	-
78	1.00	1.00	1.00	78.00
79	1.00	1.00	1.00	79.00
Total			54.9680	3,596.3041
Average				65.43

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial Assumptions and Methods

Exhibit C – Sample Withdrawal Rates

Age	Rate
20	0.260
25	0.180
30	0.112
35	0.087
40	0.069
45	0.061
50	0.056
55	0.044
60	0.000

Exhibit D – Sample Fresno Hourly Disability Rates

Age	Male	Female
20	0.00151	0.00089
25	0.00219	0.00150
30	0.00309	0.00252
35	0.00431	0.00388
40	0.00597	0.00547
45	0.00829	0.00777
50	0.01224	0.01201
55	0.02118	0.01962
60	0.03240	0.02326

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
VITRO FLAT GLASS LLC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/2016

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)

VITRO FLAT GLASS LLC

400 GUYS RUN ROAD

CHESWICK PA 15024

2b Employer Identification Number (EIN) 81-3489093

2c Plan Sponsor's telephone number 412-820-8003

2d Business code (see instructions) 327210

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

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

SIGN HERE	Angela Vavrock	10/13/26	Angela Vavrock
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 [X] 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	326
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	65
a(2)	Total number of active participants at the end of the plan year	56
b	Retired or separated participants receiving benefits	221
c	Other retired or separated participants entitled to future benefits	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	305
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	12
f	Total. Add lines **6d** and **6e**.	317
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	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1B 1I 3H

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

9a Plan funding arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules
- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 81-3489093
Plan Number: 001
For the Year Ended December 31, 2025

	(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(e) Cost	(f) Current value	(g) Net gain/(loss)
Series of Transactions							
*	PNC	IAM Bank Sweep Collateralized	$ 1,543,277 (A)	$ -	$ 1,543,277	$ 1,543,277	$ -
*	PNC	IAM Bank Sweep Collateralized	-	2,067,655 (B)	2,067,655	2,067,655	-
Total Series Transactions			$ 1,543,277	$ 2,067,655	$ 3,610,932	$ 3,610,932	$ -

*Party-in-interest

(A) - consists of 10 purchase transactions
(B) - consists of 14 sales transactions

See independent auditor's report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Vitro Flat Glass LLC Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Vitro Flat Glass LLC

D Employer Identification Number (EIN)
81-3489093

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	2a	57,670,442
b Actuarial value	2b	57,670,442

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	233	51,441,615	51,441,615
b For terminated vested participants	32	1,900,071	1,900,071
c For active participants	65	12,665,129	12,929,852
d Total	330	66,006,815	66,271,538

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.34%

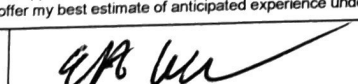
6 Target normal cost

a Present value of current plan year accruals	6a	305
b Expected plan-related expenses	6b	398,000
c Target normal cost	6c	398,305

Statement by Enrolled Actuary

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

SIGN HERE



Signature of actuary

9/24/2026
Date

Elizabeth Welborne, FSA, EA
Type or print name of actuary

2608703
Most recent enrollment number

October Three Consulting LLC
Firm name

810-252-9373
Telephone number (including area code)

6191 N. State Highway
Suite 470
Irving TX 75038
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 [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	292,910	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	292,910	0
10	Interest on line 9 using prior year's actual return of 8.31%	24,341	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,255
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05%		114
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,369
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	317,251	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.54%
15	Adjusted funding target attainment percentage	15	86.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.96%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 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
08/12/2025	285,000	0			
11/12/2025	307,000	0			
01/15/2026	307,000	0			
09/14/2026	189,000	0			
			Totals ► 18(b)	1,088,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,031,429

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	398,305
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8,918,347	949,575
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,347,880

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	317,251	0	317,251

36 Additional cash requirement (line 34 minus line 35)	**36**	1,030,629
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,031,429
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	800
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	800
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age

The weighted average retirement age rounded to the nearest whole age is 65, where (2) is the number of expected active plan participants at that age and (3) is a blended retirement rate based on the number of active plan participants at that age under which schedule listed in the assumptions those participants fall.

(1)Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	10.6883	0.0318	0.3401	19.3851
58	10.9477	0.0352	0.3853	22.3483
59	12.1833	0.0472	0.5753	33.9422
60	13.2255	0.0968	1.2803	76.8183
61	16.6989	0.1102	1.8407	112.2837
62	18.5608	0.3261	6.0530	375.2878
63	19.2498	0.2565	4.9375	311.0625
64	22.1009	0.2916	6.4455	412.5129
65	22.4600	0.3059	6.8703	446.5714
66	18.4198	0.4385	8.0766	533.0528
67	14.2607	0.6686	9.5341	638.7872
68	4.6693	0.4275	1.9961	135.7381
69	4.6491	0.6021	2.7993	193.1506
70	1.8338	1.0000	1.8338	128.3630
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
Total			54.9680	3,596.3041
Average				65.43

Vitro Flat Glass LLC Retirement Plan

EIN / PN 81-3489093 / 001

Schedule SB, Line 19 - Discounted Employer Contributions

Contributions Applied to 2025 Plan Year

Contribution Date	Contribution Amount	Contribution Plan Year	# of Days to Discount 5.34%	# of Days to Discount 10.34%	Discounted Contributions to 1/1 of Plan Year
8/12/2025	$ 285,000	2025	195	28	$ 275,104
11/12/2025	$ 307,000	2025	287	28	$ 292,479
1/15/2026	$ 307,000	2025	379	0	$ 290,856
9/14/2026	$ 189,000	2025	621	0	$ 172,990

The contribution amounts for 8/12/2025 and 11/12/2025 were late contributions for the July 15, 2025 and October 15, 2025, respectively, required quarterly contributions. The April 15, 2025 required quarterly contribution and a portion of the July 15, 2025 required quarterly contribution were satisfied with credit balance.

Total Contributions:	$	1,088,000
Total 2025 Plan Year Contributions Discounted to 1/1/2025:	$	1,031,429

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Effective date
October 1, 2016

Plan year
January 1 to December 31, except that the first plan year begins on October 1, 2016 and ends on December 31, 2016.

Eligibility
Effective October 1, 2016, employees who were participating in a PPG Industries pension plan who changed their employment to Vitro in connection with Vitro's acquisition of the flat glass business unit of PPG Industries are eligible to participate. No employee first hired or rehired on or after October 1, 2016 shall be eligible to participate in the plan.

Continuous Service
Salaried Employees: Elapsed time from Date of hire
Hourly Employees: One month for every 125 hours worked up to 12 months per calendar year, from date of hire.

Final Average Monthly Salary (FAMS)
Average of the highest consecutive 60 months of monthly base salary out of the last 120 months.

Vesting
Participants are always 100% vested.

Salaried Employees

Accrued Benefit
The accrued benefit for salaried employees is the greater of the Regular Formula and the Alternate formula

Regular Formula
0.855% of FAMS + 0.585% of FAMS in excess of Social Security Covered Compensation multiplied up Continuous Service (maximum of 35 years)

Alternate Formula
$36.00 per year of Continuous Service

Effective January 1, 2006, the salaried formula was frozen to new entrants. Benefits were frozen effective 12/31/2011 for active participants who had less than 60 points (age + service) as of 12/31/2011. Benefit accruals were frozen effective 12/31/2020 for active participants who had at least 60 points as of 12/31/2011.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Normal Retirement Age
Social Security normal retirement age.

Normal Retirement Benefit
Accrued Benefit payable monthly.

Early Retirement Age
Ten years prior to Normal Retirement Age.

Early Retirement Benefit
Accrued benefit reduced 3% per year under the Regular Formula, or 5% per year under the Alternate Formula, starting from four years prior to Social Security normal retirement age.

Deferred Vested Benefit
Accrued Benefit deferred to Normal Retirement Age

Late Retirement Benefit
Accrued Benefit payable monthly at actual retirement date.

Pre-retirement Death Benefit
Survivor portion of a 50% Joint and Survivor annuity calculated as if the participant retired at earliest possible retirement date and elected the 50% J&S.

Minimum Benefit
Prior to April 1, 2000, The Regular Formula was 0.950% of FAMS + 0.650% of FAMS in excess of Social Security Covered Compensation multiplied by Continuous Service (maximum of 35 years).

Employees hired on or before April 1, 2000 will have a minimum benefit equal to (a) plus (b), with:

a) The benefit under the old Regular Formula using FAMS at retirement and service as of April1, 2000.

b) the benefit under the new Regular Formula using FAMS at retirement and service since April1, 2000.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Early retirement factors for benefits earned under (a) are:

Age[1]	Factor
55	0.442
56	0.475
57	0.512
58	0.553
59	0.598
60	0.648
61	0.704
62	0.766
63	0.835
64	0.912
65	1.000

1 Reduction Factors begin 10 years prior to Social Security normal retirement age. The factors shown are for age 65.

Hourly Employees

Accrued Benefit

$25.00 per year of service for the first 18 years of Continuous Service, plus
$27.00 per year of service for the next 10 years of Continuous Service, plus
$29.00 per year of service for years of Continuous Service in excess of 28 years.

Effective September 29, 2011, the Fresno hourly formula was frozen to new entrants. Benefits were frozen effective 12/31/2011 for active participants who had less than 60 points (age + service) as of 12/31/2011. Benefit accruals were frozen effective 12/31/2020 for active participants who had at least 60 points as of 12/31/2011.

Normal Retirement Age

Age 65

Normal Retirement Benefit

Accrued Benefit payable monthly

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Early Retirement Age

Earlier of:
Age 60 with 10 years of Continuous Service
Age 55 with 80 points (age + Continuous Service)

Early Retirement Benefit

Accrued Benefit reduced for each year prior to age 62. The reduction factors are:

Age	Factor
50	0.383
51	0.415
52	0.450
53	0.489
54	0.532
55	0.579
56	0.635
57	0.694
58	0.752
59	0.808
60	0.867
61	0.933
62	1.000
63	1.000
64	1.000
65	1.000

Special Early Retirement Age

Age 62 with 15 years of Continuous Service

Special Early Retirement Benefit

Accrued Benefit payable immediately plus a temporary supplement payable to age 65 calculated using $17/$19/$21 benefit levels in place of $25/$27/$29.

Special 30-year Retirement Age

Any age with 30 years of Continuous Service

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Special 30-year Retirement Benefit

Early or Normal Retirement Benefit payable immediately, subject to a minimum benefit of $1,215 prior to 62 and $415 after 62 and prior to age 65. If over age 56, the $1,215 minimum is increased to $1,515.

Deferred Vested Benefit

Accrued Benefit deferred to 65 or reduced 6.667% per year prior to age 65, after reaching early retirement eligibility.

Disability Benefit

For at participants with at least 10 years of Continuous Service, their Accrued Benefit payable immediately, plus, if not eligible for Social Security, a temporary supplement payable to age 65 of $14.00 per year of Continuous Service up to $350.00, less disability payments.

Pre-retirement Death Benefit

Survivor portion of a 50% Joint and Survivor annuity calculated as if the participant retired at earliest possible retirement date and elected the 60% J&S.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
Money Market Funds				
*	PNC	IAM Bank Sweep Collateralized	$ 1,641,002	$ 1,641,002
Mutual Funds				
	Fidelity	500 Index Fund	5,043,641	7,845,931
	BlackRock	iShares Core MSCI Developed Markets	3,132,597	4,318,570
	Vanguard	Vanguard Emerging Markets Government Bond	2,285,946	2,486,953
	BlackRock	iShares MSCI USA Quality Factor	1,484,442	2,464,278
	Xtrackers	Xtrackers USD High Yield	1,678,665	1,815,719
	BlackRock	iShares Core S&P Mid-Cap	901,454	1,669,602
	Vanguard	Vanguard FTSE Emerging Markets	1,373,139	1,657,421
	BlackRock	iShares Core S&P Small Cap	706,777	1,092,196
	Invesco	Invesco QQQ Trust	411,207	856,962
	WisdomTree	WisdomTree U.S. Quality Dividend Growth	302,488	523,792
		Total Mutual Funds	17,320,356	24,731,424
Corporate Bonds				
	Citigroup Inc.	Corporate Bonds, VAR% Due 06/11/2035	410,064	414,228
	Morgan Stanley	Corporate Bonds, VAR% Due 10/20/2032	425,256	394,618
	JP Morgan Chase & Co	Corporate Bonds, VAR% Due 04/23/2029	428,930	389,626
	Verizon Communication	Corporate Bonds, 04.500% Due 08/10/2033	360,770	314,931
	Goldman Sachs Group Inc	Corporate Bonds, VAR% Due 04/22/2032	332,364	314,574
	T-Mobile USA Inc.	Corporate Bonds, 04.375% Due 04/15/2040	308,283	313,968

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Nisource Inc.	Corporate Bonds, 05.350% Due 07/15/2035	$ 301,758	$ 306,717
	Microsoft Corp	Corporate Bonds, 03.450% Due 08/08/2036	357,090	296,793
	Duke Energy Progress LLC	Corporate Bonds, 02.900% Due 08/15/2051	346,720	289,469
	Prologis LP	Corporate Bonds, 05.125% Due 01/15/2034	271,747	282,304
	Bank of America Corporation	Corporate Bonds, VAR% Due 06/19/2041	265,553	276,499
	Wells Fargo & Company	Corporate Bonds, 03.900% Due 05/01/2045	258,006	275,743
	Metlife Inc.	Corporate Bonds, 04.050% Due 03/01/2045	267,239	272,936
	Walt Disney Company/The	Corporate Bonds, 02.000% Due 09/01/2029	266,813	257,125
	Capital One Financial Co	Corporate Bonds, 03.750% Due 03/09/2027	267,745	249,255
	Conocophillips	Corporate Bonds, 06.500% Due 02/01/2039	244,523	247,267
	Kinder Morgan Ener Part	Corporate Bonds, 06.950% Due 01/15/2038	241,962	247,115
	Sumitomo Mitsui Finl Grp	Corporate Bonds, 02.750% Due 01/15/2030	250,412	235,433
	Consolidated Edison Co	Corporate Bonds, 03.875% Due 06/15/2047	332,088	232,719
	Burlington North Santa Fe	Corporate Bonds, 04.450% Due 01/15/2053	255,937	231,883
	Berkshire Hathaway Fin Com Gtd	Corporate Bonds, 04.400% Due 05/15/2042	269,483	229,583
	Midamerican Energy Co	Corporate Bonds, 03.650% Due 08/01/2048	274,548	224,535

See independent auditor's report.

Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Florida Power & Light Co	Corporate Bonds, 03.150% Due 10/01/2049	$ 332,449	$ 222,576
	Eversource Energy	Corporate Bonds, 01.650% Due 08/15/2030	239,987	216,249
	Sysco Corporation	Corporate Bonds, 06.000% Due 01/17/2034	213,356	216,106
	Alphabet Inc.	Corporate Bonds, 05.350% Due 11/15/2045	214,525	213,641
	Oracle Corp	Corporate Bonds, 04.300% Due 07/08/2034	292,307	212,503
	Apple Inc.	Corporate Bonds, 03.850% Due 05/04/2043	267,059	211,168
	Public Service Colorado	Corporate Bonds, 03.800% Due 06/15/2047	307,443	210,141
	Johnson & Johnson	Corporate Bonds, 03.550% Due 03/01/2036	199,204	206,957
	Virginia Elec & Power Co	Corporate Bonds, 03.300% Due 12/01/2049	307,356	206,604
	State Street Corp	Corporate Bonds, VAR% Due 02/28/2036	201,570	204,692
	Home Depot Inc	Corporate Bonds, 03.125% Due 12/15/2049	296,148	204,477
	Banco Santander Sa	Corporate Bonds, 05.365% Due 07/15/2028	201,382	203,854
	Walmart Inc.	Corporate Bonds, 02.650% Due 09/22/2051	322,489	201,738
	CSX Corp	Corporate Bonds, 04.750% Due 11/15/2048	277,141	200,030
	Ameriprise Financial Inc.	Corporate Bonds, 02.875% Due 09/15/2026	206,160	198,628
	Bank of America Corp	Corporate Bonds, 03.248% Due 10/21/2027	209,174	198,140

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Vitro Flat Glass, LLC Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 81-3489093
Plan Number: 001
As of December 31, 2025

(a)	(b) Identity of issuer, 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
	Anheuser-Busch Co/Inbev	Corporate Bonds, 04.700% Due 02/01/2036	$ 232,686	$ 193,021
	Progressive Corp	Corporate Bonds, 04.200% Due 03/15/2048	274,038	190,723
	Abbvie Inc.	Corporate Bonds, 04.500% Due 05/14/2035	227,549	186,464
	AT&T Inc.	Corporate Bonds, 03.500% Due 06/01/2041	184,153	180,918
	BP Cap Markets America	Corporate Bonds, 04.989% Due 04/10/2034	171,481	178,458
	Comcast Corp	Corporate Bonds, 03.200% Due 07/15/2036	182,602	166,306
	Meta Platforms Inc.	Corporate Bonds, 04.875% Due 11/15/2035	161,000	159,786
	Air Products & Chemicals	Corporate Bonds, 02.700% Due 05/15/2040	172,234	157,508
	AEP Transmission Co LLC	Corporate Bonds, 05.375% Due 06/15/2035	153,078	154,707
	Marriott International	Corporate Bonds, 05.500% Due 04/15/2037	142,775	153,552
	Amgen Inc.	Corporate Bonds, 05.650% Due 03/02/2053	155,218	151,776
	Pfizer Investment Enter	Corporate Bonds, 05.300% Due 05/19/2053	161,842	151,501
	Energy Transfer Operating	Corporate Bonds, 03.750% Due 05/15/2030	150,900	145,976
	Westpac Banking Corp	Corporate Bonds, VAR% Due 11/15/2035	162,725	144,891
	American Honda Finance	Corporate Bonds, 05.050% Due 07/10/2031	140,049	143,772
	Bank of Montreal	Corporate Bonds, 05.203% Due 02/01/2028	139,994	143,546

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	John Deere Capital Corp	Corporate Bonds, 05.100% Due 04/11/2034	$ 134,445	$ 139,597
	Realty Income Corp	Corporate Bonds, 04.850% Due 03/15/2030	135,197	138,622
	Chevron USA Inc.	Corporate Bonds, 04.687% Due 04/15/2030	134,988	138,110
	Nvidia Corp	Corporate Bonds, 03.500% Due 04/01/2050	140,950	136,909
	Ecolab Inc.	Corporate Bonds, 04.300% Due 06/15/2028	134,779	136,413
	Enterprise Products Oper	Corporate Bonds, 03.950% Due 01/31/2060	184,552	135,030
	JP Morgan Chase & Co.	Corporate Bonds, VAR% Due 07/24/2038	132,437	134,664
	Fiserv Inc.	Corporate Bonds, 04.200% Due 10/01/2028	155,691	134,660
	Kroger Co	Corporate Bonds, 03.950% Due 01/15/2050	173,721	133,585
	Broadcom Inc.	Corporate Bonds, 05.200% Due 07/15/2035	129,528	133,194
	Cummins Inc.	Corporate Bonds, 05.300% Due 05/09/2035	125,823	129,621
	AT&T Inc.	Corporate Bonds, 05.700% Due 11/01/2054	134,303	129,488
	State Street Corp	Corporate Bonds, 04.993% Due 03/18/2027	124,260	126,674
	Exxon Mobil Corporation	Corporate Bonds, 04.114% Due 03/01/2046	177,318	125,417
	Realty Income Corp	Corporate Bonds, 01.800% Due 03/15/2033	149,329	124,517
	Bank of NY Mellon Corp	Corporate Bonds, VAR% Due 10/25/2028	119,839	124,019

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	Nike Inc.	Corporate Bonds, 03.250% Due 03/27/2040	$ 117,543	$ 121,748
	KeyCorp	Corporate Bonds, VAR% Due 06/01/2033	119,873	119,938
	Public Service Electric	Corporate Bonds, 03.200% Due 08/01/2049	179,011	119,889
	Lockheed Martin Corp	Corporate Bonds, 04.150% Due 06/15/2053	147,456	119,880
	Westpac Banking Corp	Corporate Bonds, 02.650% Due 01/16/2030	125,569	118,653
	Pepsico Inc.	Corporate Bonds, 04.650% Due 02/15/2053	130,645	114,499
	Toyota Motor Credit Corp	Corporate Bonds, 05.100% Due 03/21/2031	109,968	114,255
	Advanced Micro Devices	Corporate Bonds, 04.319% Due 03/24/2028	110,000	111,162
	United Parcel Service	Corporate Bonds, 05.050% Due 03/03/2053	119,374	110,020
	Kroger Co	Corporate Bonds, 05.500% Due 09/15/2054	110,364	104,753
	EIDP Inc.	Corporate Bonds, 05.125% Due 05/15/2032	99,808	102,602
	Paccar Financial Corp	Corporate Bonds, 05.200% Due 11/09/2026	99,923	101,200
	Church & Dwight Co Inc.	Corporate Bonds, 05.600% Due 11/15/2032	94,824	101,002
	Texas Instruments Inc.	Corporate Bonds, 05.050% Due 05/18/2063	109,084	98,328
	Amazon.com Inc.	Corporate Bonds, 03.950% Due 04/13/2052	124,477	97,555
	Target Corp.	Corporate Bonds, 04.000% Due 07/01/2042	117,677	97,098

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	US Bancorp	Corporate Bonds, VAR% Due 02/01/2034	$ 95,000	$ 95,698
	Prudential Financial Inc.	Corporate Bonds, 03.700% Due 03/13/2051	132,596	93,288
	Pub Svc New Hamp	Corporate Bonds, 03.600% Due 07/01/2049	136,032	91,795
	Caterpillar Inc.	Corporate Bonds, 03.250% Due 09/19/2049	126,652	88,913
	Novartis Capital Corp	Corporate Bonds, 03.700% Due 09/21/2042	111,281	82,965
	US Bancorp	Corporate Bonds, 03.000% Due 07/30/2029	93,812	81,851
	Abbott Laboratories	Corporate Bonds, 04.750% Due 11/30/2036	79,387	80,491
	Marathon Petroleum Corp	Corporate Bonds, 04.500% Due 04/01/2048	107,872	80,482
	Gilead Sciences Inc.	Corporate Bonds, 04.600% Due 09/01/2035	96,734	79,064
	Allstate Corp	Corporate Bonds, 05.250% Due 03/30/2033	74,873	78,068
	Unilever Capital Corp	Corporate Bonds, 02.625% Due 08/12/2051	113,514	70,939
	San Diego G&E	Corporate Bonds, 02.950% Due 08/15/2051	109,305	69,836
	Eli Lilly & Co	Corporate Bonds, 02.500% Due 09/15/2060	96,467	67,904
	Eli Lilly & Co	Corporate Bonds, 05.650% Due 10/15/2065	64,765	65,495
	Eli Lilly & Co	Corporate Bonds, 05.050% Due 08/14/2054	64,682	60,884
	KLA Corp	Corporate Bonds, 03.300% Due 03/01/2050	84,968	59,007

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	Union Pacific Corp	Corporate Bonds, 03.850% Due 02/14/2072	$ 85,587	$ 58,749
	Amazon.com Inc.	Corporate Bonds, 05.450% Due 11/20/2055	59,710	58,561
	Home Depot Inc.	Corporate Bonds, 04.875% Due 06/25/2027	54,818	55,930
	Huntington Bancshares	Corporate Bonds, VAR% Due 08/04/2028	55,000	55,300
	Abbvie Inc.	Corporate Bonds, 05.500% Due 03/15/2064	54,794	53,396
	Unitedhealth Group Inc.	Corporate Bonds, 04.950% Due 05/15/2062	56,228	47,617
	Texas Instruments Inc.	Corporate Bonds, 05.000% Due 03/14/2053	50,120	45,860
	Alphabet Inc.	Corporate Bonds, 02.250% Due 08/15/2060	77,068	43,546
	Apple Inc.	Corporate Bonds, 03.950% Due 08/08/2052	49,670	39,661
	State Street Corp	Corporate Bonds, VAR% Due 08/04/2033	40,000	39,230
		Total Corporate Bonds	20,011,056	17,845,362
U.S. Government Securities				
	U.S. Government	Treasury Bond, 02.500% Due 02/15/2045	1,605,605	1,604,071
	U.S. Government	Treasury Bond, 00.875% Due 11/15/2030	1,593,486	1,595,379
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2040	2,322,415	1,529,277
	U.S. Government	Treasury Bond, Zero Cpn Due 02/15/2035	1,850,287	1,483,024
	U.S. Government	Treasury Bond, 02.875% Due 08/15/2028	936,641	944,592

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	U.S. Government	Treasury Bond, 02.000% Due 11/15/2026	$ 847,318	$ 893,045
	U.S. Government	Treasury Bond, 03.875% Due 09/30/2029	581,366	585,005
	U.S. Government	Treasury Bond, 04.625% Due 02/15/2035	533,351	544,955
	U.S. Government	Treasury Bond, 02.375% Due 05/15/2027	534,125	536,781
	U.S. Government	Treasury Bond, 00.000% Due 02/15/2036	615,006	479,408
	U.S. Government	Treasury Bond, 03.500% Due 02/15/2033	445,932	461,624
	U.S. Government	Treasury Bond, 02.875% Due 05/15/2043	451,886	426,960
	U.S. Government	Treasury Bond, 03.000% Due 02/15/2048	413,405	424,160
	U.S. Government	Treasury Bond, 01.125% Due 08/15/2040	416,672	408,233
	U.S. Government	Treasury Bond, 02.250% Due 05/15/2041	475,241	382,465
	U.S. Government	Treasury Bond, 04.500% Due 05/15/2038	200,355	198,672
	U.S. Government	Treasury Bond, 03.75% Due 08/15/2041	190,041	189,263
	U.S. Government	Treasury Bond, 04.750% Due 02/15/2037	184,707	188,536
	U.S. Government	Treasury Bond, 04.250% Due 08/15/2054	131,977	126,580
	U.S. Government	Treasury Bond, 03.125% Due 02/15/2042	120,223	123,428
	U.S. Government	Treasury Bond, 04.500% Due 11/15/2033	111,169	113,579

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	U.S. Government	Treasury Bond, 02.250% Due 02/15/2027	$ 108,470	$ 108,479
	U.S. Government	Treasury Bond, 03.625% Due 02/15/2053	106,842	101,201
		Total U.S. Government Securities	14,776,520	13,448,717
	Grand Total		$ 53,748,934	$ 57,666,505

*Party-in-interest.

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Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Line 32 – Schedule of Amortization Bases

Shortfall amortization installments*	Present Value of Future Installments	Years Remaining	Amortization Installments
i. 2023	11,974,685	13	1,230,706
ii. 2024	870,939	14	85,050
iii. 2025	(3,927,277)	15	(366,181)
iv. Total, not less than zero	$8,918,347		$949,575
Waiver amortization installments	$0	0	$0

*When the funding shortfall is zero, the shortfall and waiver amortization bases for all preceding years are reduced to zero.

Vitro Flat Glass LLC Retirement Plan
EIN / PN 81-3489093 / 001
Schedule SB, Line 24 – Change in Actuarial Assumptions

Changes from Prior Year and Rationale for Changes

Assumed expenses were updated to reflect current year expected PBGC Premiums.