

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: GLAZIERS & GLASSWORKERS LOCAL 660 - SUPPLEMENTAL UNEMPLOYMENT BENEFITS TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): GLAZIERS & GLASSWORKERS LOCAL 660 S.U.B. TRUST FUND
2b Employer Identification Number (EIN): 16-0921100
2c Plan Sponsor's telephone number: 716-626-9698
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	132
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	132
	<b>6a(2)</b>	119
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	119
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	13

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4C 4F 4Q

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

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

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>GLAZIERS &amp; GLASSWORKERS LOCAL 660 - SUPPLEMENTAL UNEMPLOYMENT BENEFITS TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GLAZIERS &amp; GLASSWORKERS LOCAL 660 S.U.B. TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0921100</b>	

**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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**(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)

TRONCONI SEGARRA & ASSOCIATES LLP

04-3728817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17991	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PDC NO. 4 HEALTH & WELFARE FUND

16-6070541

(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?
49 50	AFFILIATED PLAN	8106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>GLAZIERS &amp; GLASSWORKERS LOCAL 660 - SUPPLEMENTAL UNEMPLOYMENT BENEFITS TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GLAZIERS &amp; GLASSWORKERS LOCAL 660 S.U.B. TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0921100</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	57749	36781
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	24297	26640
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	38461	29799
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	67057	99341
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	876399	922277
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1063963	1114838
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	2985	107
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2985	107
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1060978	1114731

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	201364	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		201364
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	29860	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		29860
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		48337
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		279561

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	180518	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	11897	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		192415
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	17991	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	2499	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	1010	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	11893	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		33393
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		225808

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		53753
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TRONCONI SEGARRA & ASSOCIATES**

(2) EIN: **04-3728817**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		150000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

**Glaziers & Glassworkers  
Local No. 660 Supplemental  
Unemployment Benefits Trust Fund**

**Financial Statements and  
Supplemental Information**

**May 31, 2025 and 2024**

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Financial Statements*

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## Independent Auditors' Report

To The Board of Trustees of  
Glaziers & Glassworkers Local No. 660  
Supplemental Unemployment Benefits Trust Fund  
Cheektowaga, New York

### ***Opinion***

We have audited the accompanying financial statements of Glaziers & Glassworkers Local No. 660 Supplemental Unemployment Benefits Trust Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 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.

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

### ***Supplemental Schedules***

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedule of assets (held at end of year) is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule of asserts (held at end of year), we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Tronconi Segarra & Associates LLP*

Williamsville, New York  
January 27, 2026

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Statements of Net Assets Available for Benefits*  
*May 31, 2025 and 2024*

	2025	2024
<b><i>Assets</i></b>		
Investments at fair value	\$ 1,021,618	\$ 943,456
Receivables		
Employer contributions receivable	26,640	24,297
Due from related parties	27,957	37,700
Total receivables	54,597	61,997
Cash - noninterest bearing	36,781	57,749
Prepaid expenses	1,842	761
Total assets	1,114,838	1,063,963
<b><i>Liabilities</i></b>		
Accrued expenses	107	2,985
Total liabilities	107	2,985
Net assets available for benefits	\$ 1,114,731	\$ 1,060,978

*See independent auditors' report and notes to financial statements.*

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Statements of Changes in Net Assets Available for Benefits*  
*for the years ended May 31, 2025 and 2024*

	2025	2024
<b><i>Additions to Net Assets Attributed to:</i></b>		
Investment income		
Interest and dividends	\$ 29,860	\$ 25,878
Net appreciation in fair value of investments	48,337	73,626
	78,197	99,504
Less: investment fees	2,499	2,363
	75,698	97,141
Net investment income	75,698	97,141
Employer contributions	201,364	227,312
	277,062	324,453
Total additions	277,062	324,453
<b><i>Deductions from Net Assets Attributed to:</i></b>		
Benefit costs		
Vacation	70,346	104,740
Supplemental unemployment	66,012	48,760
Holiday	44,160	47,232
Disability	0	9,000
Jury duty	0	40
Payroll taxes on benefits, net of credits	11,897	17,414
	192,415	227,186
Total benefit costs	192,415	227,186
Administrative expenses	30,894	28,089
	223,309	255,275
Total deductions	223,309	255,275
Net increase	53,753	69,178
<b><i>Net Assets Available for Benefits</i></b>		
Beginning of year	1,060,978	991,800
End of year	\$ 1,114,731	\$ 1,060,978

*See independent auditors' report and notes to financial statements.*

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Notes to Financial Statements*

**1. Description of Plan**

The following description of the Glaziers & Glassworkers Local No. 660 Supplemental Unemployment Benefits Trust Fund (the “Plan”) provides only general information. Participants should refer to the Plan and trust agreement, and subsequent amendments, as well as the Plan’s summary of benefits, for a complete description of the Plan’s provisions.

**General** – The Plan is a defined contribution plan, administered by the Board of Trustees, covering members of Glaziers & Glassworkers Local No. 660 (the “Local Union”) whose participating employers contribute to the Plan under terms of a collective bargaining agreement with the Local Union expiring April 30, 2028. The Plan was established effective June 1, 1966, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

**Contributions** – The Plan is funded by contributions from participating employers under provisions of the collective bargaining agreement with the Local Union. Participating employers contribute \$1.40 per hour for all Glaziers, as defined by jurisdiction, at May 31, 2025 and 2024, respectively.

**Benefits** – The Plan provides for supplemental unemployment, supplemental jury duty, vacation, holiday, and disability and workers’ compensation benefits to eligible participants. Coverage and eligibility are determined by each participant’s hours worked during the applicable coverage period, as reported by participating employers. At May 31, 2025 and 2024, the Plan had 119 and 132 participants, respectively.

**Plan Termination** – Although they have not expressed any intent to do so, the Board of Trustees has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, after payment of all obligations and administrative expenses, the net assets of the Plan are to be allocated by the Trustees in accordance with the provisions of the Plan and of ERISA.

**Tax Status** – The Plan Sponsor received a favorable determination letter from the Internal Revenue Service (“IRS”), dated May 6, 1975, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the “Code”). The Plan was amended subsequent to the Plan Sponsor’s receipt of the IRS determination letter. However, the Plan Administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. The trust established under the Plan to hold the Plan’s assets is qualified pursuant to Section 501(c)(9) of the Code and, accordingly, the trust’s net investment income is exempt from income taxes. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Notes to Financial Statements (Continued)*

**2. Summary of Significant Accounting Policies**

***Basis of Accounting*** – The financial statements of the Plan are prepared on the accrual basis of accounting.

***Employers' Contributions Receivable*** – Contributions receivable from participating employers are recorded at net realizable value. Management closely monitors outstanding balances and estimates uncollectibility based on specific existing economic conditions. Upon management's determination of uncollectibility, the specific outstanding balance or the portion of the outstanding balance of such account is written off through the allowance for credit losses. At May 31, 2025 and 2024, there were no amounts determined to be uncollectible by Plan management.

***Investment Valuation and Income Recognition*** – Plan investments are stated 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. Plan investments are administered by the Plan's custodian, Fidelity Investments (the "Custodian"). Realized gains and losses on disposition of investments are based upon actual costs and selling prices. Net appreciation in fair value of investments includes both realized gains and losses and unrealized appreciation and depreciation in fair value of investments. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

For Form 5500 reporting purposes, realized gains and losses are computed by comparing the investments' current value at the beginning of the Plan year, or their cost, if acquired during the Plan year, to their sales price.

***Cash*** – Cash consists of balances in an operating checking account for use in the payments of members' benefits and administrative expenses.

***Payment of Benefits*** – Benefits are recorded when paid.

***Administrative Expenses*** – Expenses necessary to administer the Plan are paid for by the Plan. Fees paid were based on customary and reasonable rates for such services.

***Party-in-Interest Transactions*** – Certain Plan investments are shares of mutual funds managed by Fidelity Investments, the custodian of the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Notes to Financial Statements (Continued)*

**2. Summary of Significant Accounting Policies (continued)**

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

*Risks and Uncertainties* – Investments are exposed to various risks, such as interest, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

*Subsequent Events* – Plan management has evaluated subsequent events for recognition or disclosure, through January 27, 2026, the date the accompanying financial statements were available to be issued and determined that no additional recognition or disclosure was necessary.

**3. Significant Concentrations**

During the years ended May 31, 2025 and 2024, the Plan had four contributing employers which accounted for \$144,857, or 72%, and \$180,072, or 79%, respectively, of total employer contributions. Contributions receivable from these major employers amount to \$18,078, or 68%, and \$18,976, or 78%, respectively, of total employer contributions receivable at May 31, 2025 and 2024.

**4. Fair Value Measurements**

FASB ASC Topic 820, *Fair Value Measurements*, provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value of the Plan's assets. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- **Level 1 Inputs** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date.
- **Level 2 Inputs** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Notes to Financial Statements (Continued)*

**4. Fair Value Measurements (continued)**

directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets of the Plan that were valued using Level 2 inputs at May 31, 2025 and 2024.

- **Level 3 Inputs** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that were valued using Level 3 inputs at May 31, 2025 and 2024.

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 used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

*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 Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Exchange Traded Funds:* Valued at the closing price reported on the active market on which the individual securities are traded. The exchange traded funds held by the Plan are deemed to be actively traded.

The following table presents fair value of the Plan’s assets as of May 31:

	2025	2024
Level 1		
Cash	\$ 99,341	\$ 67,057
Mutual funds	608,507	584,160
Exchange-traded funds	313,770	292,239
Total investments at fair value	\$ 1,021,618	\$ 943,456

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Notes to Financial Statements (Continued)*

**5. Delinquent Contributions**

As of May 31, 2025, one participating employer owed delinquent contributions to the Plan totaling approximately \$7,400, related to required employer contributions under the applicable collective bargaining agreement. The employer had entered into a forbearance agreement with the Plan under which the Plan agreed to temporarily forgo legal enforcement actions provided the employer complied with the terms of the agreement. Under the agreement, the full outstanding balance was required to be paid no later than December 1, 2025. Subsequent to year end, the delinquent balance was paid in full on November 18, 2025.

**6. Related Party Transactions**

The Plan is party to an expense sharing agreement with PDC4 H&W, Glaziers & Glassworkers Local No. 660 Individual Account Plan (“Local No. 660 Pension”), and Painters District Council No. 4 Finishing Trades Institute of Western & Central New York (“PDC4 FTI”) for shared office and administrative expenses. Administrative expenses, other than salaries and benefits that are not specifically attributable to a particular party are to be shared proportionally based on actual use by each party. Salaries and benefits are allocated based on time spent on the Plan’s operations by affiliated personnel. For the years ended May 31, 2025 and 2024, administrative expense reimbursement for salaries and benefits totaled \$8,106 and \$5,391, respectively. The balance of administrative expenses owed to the Plan from PDC4 FTI amounted to \$12,054 and \$14,769 at May 31, 2025 and 2024, respectively.

The Plan also shares other administrative costs, including insurance, with Local No. 660 Pension which are included in administrative expenses for the years ended May 31, 2025 and 2024. As of May 31, 2025 and 2024, there were no unpaid shared administrative costs due from Local No. 660 Pension.

Employers’ remittances of contributions are received by PDC4 H&W and reciprocated to the Plan monthly. As of May 31, 2025 and 2024, the Plan was owed \$15,903 and \$22,931, respectively, for employer contributions received by PDC4 H&W. These amounts are included in due from related parties as of May 31, 2025 and 2024, respectively.

## Supplementary Information

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**

*Schedule of Assets (Held at End of Year)*

*Form 5500 Schedule H, line 4i*

*May 31, 2025*

*EIN: 16-0921100*

*PN: 501*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<b><i>Unallocated Cash (non-interest bearing)</i></b>	Cash	\$ 99,341	\$ 99,341
	<b><i>American Century Small Cap Growth Investment</i></b>	Mutual Fund	11,885	9,769
	<b><i>Baird Core Plus Bond Fund</i></b>	Mutual Fund	24,807	21,372
	<b><i>Baird Short Term Bond Fund</i></b>	Mutual Fund	37,300	36,422
	<b><i>Carillon Reams Unconstrained Bond I</i></b>	Mutual Fund	5,690	5,917
	<b><i>Eaton Vance GL Macro Absolute Return ADV I</i></b>	Mutual Fund	8,224	8,980
	<b><i>Eaton Vance GL Macro Absolute Return ADVT A</i></b>	Mutual Fund	8,196	8,936
*	<b><i>Fidelity</i></b>			
	Fidelity Advisor Strategic Income Fund Class I	Mutual Fund	12,508	12,143
	Fidelity Advisor Diversified International Fund Class I	Mutual Fund	69,852	77,026
	Fidelity Multi Asset Index Fund	Mutual Fund	44,666	48,348
	Fidelity Investment Grade Bond Fund	Mutual Fund	69,482	62,271
	Fidelity Small Cap Growth Fund	Mutual Fund	16,621	14,806
	Fidelity Small Cap Growth Index Fund	Mutual Fund	22,368	19,003
	Fidelity Total Bond Fund	Mutual Fund	24,987	22,279
	Fidelity Total Market Index Fund	Mutual Fund	27,211	44,293
	<b><i>iShares TR Russell 1000 Growth ETF</i></b>	Exchange-Traded Fund	29,686	49,929
	<b><i>MFS Government Securities Fund Class I</i></b>	Mutual Fund	59,362	51,551
	<b><i>Permanent Versatile Bond Portfolio</i></b>	Mutual Fund	35,032	36,121
	<b><i>Pimco Income Class I2</i></b>	Mutual Fund	77,901	74,232
	<b><i>Pioneer Short Term Income FD CL Y</i></b>	Mutual Fund	22,511	22,836
	<b><i>Schwab 1000 Index Fund</i></b>	Mutual Fund	20,017	32,202
	<b><i>SPDR Portfolio Short Term Corporate Bond ETF</i></b>	Exchange-Traded Fund	47,980	46,608
	<b><i>Vanguard</i></b>			
	Vanguard Index FDS Vanguard Total Stock ETF	Exchange-Traded Fund	28,480	45,801
	Vanguard Index FDS Vanguard Value ETF	Exchange-Traded Fund	33,364	39,077
	Vanguard Scottsdale Funds Russell 1000 Growth ETF	Exchange-Traded Fund	36,585	57,882
	Vanguard Scottsdale FDS Vanguard ST Corporate Bond Index ETF	Exchange-Traded Fund	34,433	33,613
	Vanguard Scottsdale Funds Intermediate Term Corp Bond ETF	Exchange-Traded Fund	47,065	40,860
			<u>\$ 955,554</u>	<u>\$ 1,021,618</u>

\* Party-in-interest

*See independent auditors' report.*

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**  
*Schedules of Administrative Expenses*  
*for the years ended May 31, 2025 and 2024*

	2025	2024
Accounting and auditing fees	\$ 17,991	\$ 17,326
Administration fees	8,106	5,391
Insurance	1,340	1,297
Bank agent fee	1,073	1,138
Legal	1,010	1,457
Office supplies	412	1,418
Miscellaneous	962	62
	\$ 30,894	\$ 28,089

*See independent auditors' report.*

**Glaziers & Glassworkers Local No. 660**  
**Supplemental Unemployment Benefits Trust Fund**

*Schedule of Assets (Held at End of Year)*

*Form 5500 Schedule H, line 4i*

*May 31, 2025*

*EIN: 16-0921100*

*PN: 501*

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<b><i>Unallocated Cash (non-interest bearing)</i></b>	Cash	\$ 99,341	\$ 99,341
	<b><i>American Century Small Cap Growth Investment</i></b>	Mutual Fund	11,885	9,769
	<b><i>Baird Core Plus Bond Fund</i></b>	Mutual Fund	24,807	21,372
	<b><i>Baird Short Term Bond Fund</i></b>	Mutual Fund	37,300	36,422
	<b><i>Carillon Reams Unconstrained Bond I</i></b>	Mutual Fund	5,690	5,917
	<b><i>Eaton Vance GL Macro Absolute Return ADV I</i></b>	Mutual Fund	8,224	8,980
	<b><i>Eaton Vance GL Macro Absolute Return ADVT A</i></b>	Mutual Fund	8,196	8,936
*	<b><i>Fidelity</i></b>			
	Fidelity Advisor Strategic Income Fund Class I	Mutual Fund	12,508	12,143
	Fidelity Advisor Diversified International Fund Class I	Mutual Fund	69,852	77,026
	Fidelity Multi Asset Index Fund	Mutual Fund	44,666	48,348
	Fidelity Investment Grade Bond Fund	Mutual Fund	69,482	62,271
	Fidelity Small Cap Growth Fund	Mutual Fund	16,621	14,806
	Fidelity Small Cap Growth Index Fund	Mutual Fund	22,368	19,003
	Fidelity Total Bond Fund	Mutual Fund	24,987	22,279
	Fidelity Total Market Index Fund	Mutual Fund	27,211	44,293
	<b><i>iShares TR Russell 1000 Growth ETF</i></b>	Exchange-Traded Fund	29,686	49,929
	<b><i>MFS Government Securities Fund Class I</i></b>	Mutual Fund	59,362	51,551
	<b><i>Permanent Versatile Bond Portfolio</i></b>	Mutual Fund	35,032	36,121
	<b><i>Pimco Income Class I2</i></b>	Mutual Fund	77,901	74,232
	<b><i>Pioneer Short Term Income FD CL Y</i></b>	Mutual Fund	22,511	22,836
	<b><i>Schwab 1000 Index Fund</i></b>	Mutual Fund	20,017	32,202
	<b><i>SPDR Portfolio Short Term Corporate Bond ETF</i></b>	Exchange-Traded Fund	47,980	46,608
	<b><i>Vanguard</i></b>			
	Vanguard Index FDS Vanguard Total Stock ETF	Exchange-Traded Fund	28,480	45,801
	Vanguard Index FDS Vanguard Value ETF	Exchange-Traded Fund	33,364	39,077
	Vanguard Scottsdale Funds Russell 1000 Growth ETF	Exchange-Traded Fund	36,585	57,882
	Vanguard Scottsdale FDS Vanguard ST Corporate Bond Index ETF	Exchange-Traded Fund	34,433	33,613
	Vanguard Scottsdale Funds Intermediate Term Corp Bond ETF	Exchange-Traded Fund	47,065	40,860
			<u>\$ 955,554</u>	<u>\$ 1,021,618</u>

\* Party-in-interest

*See independent auditors' report.*

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan GLAZIERS & GLASSWORKERS LOCAL 660 - SUPPLEMENTAL UNEMPLOYMENT BENEFITS TRUST FUND	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	06/01/1966
<b>2a</b> 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) GLAZIERS & GLASSWORKERS LOCAL 660 S.U.B. TRUST FUND  585 AERO DRIVE  CHEEKTOWAGA NY 14225	<b>2b</b> Employer Identification Number (EIN)	16-0921100
	<b>2c</b> Plan Sponsor's telephone number	716-626-9698
	<b>2d</b> Business code (see instructions)	238900

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

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

<b>SIGN HERE</b>	<i>Michael Hogan</i>	02/04/2026	MICHAEL HOGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	132
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	132
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	119
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	0
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	119
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	13

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4C 4F 4Q**

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

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