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|---|---|---|
| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY RETIREE SUPPLEMENTAL BENEFIT PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>502</u></p> |
| <p>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) <u>BOARD OF TRUSTEES OF THE IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN</u> <u>3445 WINTON PLACE, SUITE 238 ROCHESTER, NY 14623</u></p> | <p>1c Effective date of plan <u>07/01/2016</u></p> <p>2b Employer Identification Number (EIN) <u>16-1550492</u></p> <p>2c Plan Sponsor's telephone number <u>585-424-3510</u></p> <p>2d Business code (see instructions) <u>238100</u></p> |

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. | 03/10/2026 | ROBERT COLE |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 03/03/2026 | H.L. STEPHENSON |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">153</td> </tr> </table> | 5 | 153 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 153 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">164</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">164</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> </tr> </table> | 6a(1) | | | 6a(2) | | 0 | 6b | | 164 | 6c | | 0 | 6d | | 164 | 6e | | | 6f | | | 6g(1) | | | 6g(2) | | | 6h | | |
| 6a(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | | 164 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | | 164 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6f | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table> | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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:
 4A 4D 4E 4Q

| | |
|---|---|
| 9a 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 | 9b 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 |
|---|---|

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025 | |
| A Name of plan IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY RETIREE SUPPLEMENTAL BENEFIT PLAN | B Three-digit plan number (PN) ▶ 502 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE IRON WORKERS DISTRICT COUNCIL OF | D Employer Identification Number (EIN) 16-1550492 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 2937419 | 3260887 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (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) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 2937419 | 3260887 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 2937419 | 3260887 |

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (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) | | |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 0 |

Expenses

| | | | |
|---|---------------|--------|--------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 246041 | |
| (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) | | 246041 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 246041 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -246041 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 569509 |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARCARA LENDA EUSANIO & STACEY, CPAS**

(2) EIN: **47-1793720**

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.) | | 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.) | | 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.) | | 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.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | 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? | | 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? | | 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.) | | 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.) | | 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? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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. | | | |

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

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

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

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

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

**Iron Workers District Council of Western New York
and Vicinity Retiree Supplemental Benefit Plan**

Financial Statements

For the Years Ended June 30, 2025 and 2024

**Iron Workers District Council of Western New York
and Vicinity Retiree Supplemental Benefit Plan**

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ARCARA LENDA
EUSANIO & STACEY

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Independent Auditor's Report

To the Board of Trustees of
Iron Workers District Council of Western New York
and Vicinity Retiree Supplemental Benefit Plan

Opinion

We have audited the accompanying financial statements of the Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, 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 Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan as of June 30, 2025 and 2024, and the changes in 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 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 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Arcara Lenda Eusario + Stacey, CPAs, P.C.

Williamsville, New York
February 18, 2026

**Iron Workers District Council of Western New York and Vicinity
Retiree Supplemental Benefit Plan**

**Statements of Net Assets Available for Benefits
As of June 30, 2025 and 2024**

| | 2025 | 2024 |
|---|--------------|--------------|
| Assets | | |
| Interest in Assets of Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) | \$ 3,260,887 | \$ 2,937,419 |
| Total Assets | 3,260,887 | 2,937,419 |
| Liabilities | | |
| Total Liabilities | - | - |
| Net Assets Available for Benefits | \$ 3,260,887 | \$ 2,937,419 |

**Iron Workers District Council of Western New York and Vicinity
Retiree Supplemental Benefit Plan**

**Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2025 and 2024**

| | 2025 | 2024 |
|---|---------------------|---------------------|
| Additions to Net Assets | | |
| Funding Transfer from Active Plan based on Net Activity | \$ 569,509 | \$ 327,908 |
| Total Additions | 569,509 | 327,908 |
| Deductions from Net Assets | | |
| Benefits Paid to Retired Participants | | |
| Medical Expense Reimbursements | 142,763 | 163,942 |
| Health Insurance Premium Reimbursements | 103,278 | 148,284 |
| Total Deductions | 246,041 | 312,226 |
| Increase in Net Assets | 323,468 | 15,682 |
| Net Assets Available for Benefits | | |
| Beginning of Year | 2,937,419 | 2,921,737 |
| End of Year | \$ 3,260,887 | \$ 2,937,419 |

Iron Workers District Council of Western New York And Vicinity Retiree Supplemental Benefit Plan

Notes to Financial Statements June 30, 2025 and 2024

Note 1 - Description of the Plan

The following brief description of the Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan (the “Plan” or the “Retiree Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (the “Supplemental Benefit Plan”) is a defined contribution multiemployer benefit plan which was established September 10, 1998, by an Agreement and Declaration of Trust (“Trust Agreement”). The Supplemental Benefit Plan provides health and welfare benefits for eligible participants of participating local unions and certain other participants who have had contributions paid into the Plan on their behalf by a contributing employer. The participating Iron Workers Local Unions are Local #9, Local #33, and Local #440, covering the geographical areas of Niagara Falls, Rochester, and Utica, respectively, in New York State. The Supplemental Benefit Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Retiree Plan Restructuring

The Supplemental Benefit Plan was originally established as one plan that covered both actively employed and retired participants. Effective July 1, 2016, the Supplemental Benefit Plan was amended to affect a restructuring that created a more formal distinction between active and retiree coverages. This restructuring resulted in the following two named plans: (1) Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) (the “Active Plan”) (a continuation of the pre-July 1, 2016 Plan, but without retiree coverage) and (2) Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan (a new plan providing the same retiree coverage package that the Supplemental Benefit Plan had long offered prior to July 1, 2016). The Active Plan and the Retiree Plan continue to share the same Trust Agreement, are jointly administered, and both are overseen by the same Board of Trustees.

The assets of both the Active Plan and the Retiree Plan are commingled, with the Active Plan and the Retiree Plan each having a designated interest in the assets of the Active Plan, and the assets continue to be held and managed by the Active Plan. The interest in the Active Plan held by the Retiree Plan is limited to amounts funded, with remaining Plan assets reflected in the net assets available for benefits of the Active Plan.

The Retiree Plan is adjusted annually for the net activity during the year as described in Note 2.

The Retiree Plan is administered by a Joint Board of Trustees, consisting equally of members appointed by contributing employers and each participating Iron Worker Local Union. The Board of Trustees has overall responsibility for the Trustee directed investments held by the Active Plan and has retained the services of an investment manager and an investment custodian.

Participation

Participation in the Plan, and eligibility for benefits hereunder, is established when a person loses eligibility as an active employee under the Active Plan (including the exhaustion of any coverage under the Active Plan’s self-payment provisions), provided that the person has a remaining balance in an individual account under the Active Plan on that date. Upon becoming a participant, the Retiree Plan will establish and maintain an individual account for each member (also referred to as a “health reimbursement account” or “HRA”).

Note 1 (Continued)

Funding Policy

The source of funding of a participant's individual account within the Plan will be the amount transferred to the Plan from the Active Plan on the date the participant becomes eligible under the Plan. Any employer contributions received by the Active Plan after the date of this transfer, for work in covered employment prior to retirement, will also be irrevocably transferred to the Plan upon receipt. Upon the final of such transfer occurring, the participant will no longer have a balance in an individual account under the Active Plan.

If, after becoming eligible under the Plan and having a balance transferred thereto, a participant returns to active service as an employee of an employer who makes contributions to the Active Plan, the balance of the participant's individual account under the Plan at that time will be transferred back to an individual account under the Active Plan.

If, while the participant is active, they again qualify as an eligible participant under the Active Plan, the participant may have new contributions allocated to their individual account established under the Active Plan on their behalf pursuant to the terms of the Active Plan. Upon once again being eligible to participate in the Retiree Plan, any assets remaining in the participant's individual account under the Active Plan at that time will be transferred to an individual account under the Retiree Plan as set forth above.

Participant Accounts

An individual participant account is established in the Plan for a participant as noted above. Participant accounts are credited with an allocation of the net investment earnings or losses in the Active Plan as well as a share of the administrative expenses incurred by the Active Plan and an administrative fee of \$75 per year. Benefits to which participants or their beneficiaries are entitled under the Plan are charged directly to that participant's account. Under certain defined conditions, a participant's account balance may be forfeited. Forfeited accounts are first used to offset administrative expenses of the Plan.

Plan Benefits

Various benefits may be paid to participants directly from the participants' individual account under the Plan that is maintained through the benefit fund office. The Plan provides reimbursement for health related expenses incurred by the participant, spouse, or eligible dependent including, but not limited to, charges by any doctor, dentist, optometrist, ophthalmologist, hospital, or other health facility, pharmacy, over-the-counter medications and menstrual care products, optical dispensing service, or hearing aid provider which is not covered by the Iron Workers District Council of Western New York and Vicinity Welfare Fund (the "Welfare Fund") or any other health care plan available to the participant. In addition, if a participant loses eligibility for health insurance coverage through the Welfare Fund and has elected to self-pay for coverage, the participant may request reimbursement for the premium cost from their individual participant account, or request that the premium be paid directly by the Plan to the Welfare Fund.

As a retiree-only plan, the Patient Protection and Affordable Care Act does not apply to the Retiree Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements 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, 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.

Note 2 (Continued)**Allocations Between Active Plan and Retiree Plan**

Income (loss) from the commingled investments of the Plan and the Active Plan, as well as the administrative expenses incurred by the Plans, are recorded in the statements of changes in net assets available for benefits of the Active Plan. The Retiree Plan is adjusted annually for its share in the income (loss) from investments less administrative expenses. The allocation to the Retiree plan is based on the ratio of total retiree HRA balances to the total of all HRA balances.

Payment of Benefits

Benefit payments to or for participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through February 18, 2026, the date these financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

Note 3 - Interest in the Assets of the Active Plan

The Plan's interest in the assets of the Active Plan is based on the account balances of the participants in the Retiree Plan. The activity of the retiree accounts is summarized as follows:

| | 2025 | 2024 |
|---|--------------|--------------|
| Transfer from Active Plan of New Retiree Account Balances | \$ 415,452 | \$ 149,638 |
| Net Service Charges to Retiree Accounts | (11,060) | (11,384) |
| Net Investment Earnings Allocated to Retiree Plan | | |
| Investment Earnings Allocated to Retiree Plan | 259,083 | 278,748 |
| Administrative Expenses Allocated to the Retiree Plan | | |
| Office Expense | (1,126) | (5,262) |
| Professional Fees | (16,690) | (19,841) |
| Shared Administrative Expenses | (74,348) | (61,890) |
| Other Expenses | (1,802) | (2,101) |
| Net Investment Earnings Allocated to Retiree Plan | 165,117 | 189,654 |
| Total Retiree Plan Funding Based on Net Activity | 569,509 | 327,908 |
| Benefits Paid by the Retiree Plan | (246,041) | (312,226) |
| Net Retiree Account Activity | 323,468 | 15,682 |
| Retiree Plan Interest in the Assets of the Active Plan | | |
| Beginning of Year | 2,937,419 | 2,921,737 |
| End of Year | \$ 3,260,887 | \$ 2,937,419 |

Note 4 - Plan Termination

It is the present intention of the Trustees to continue the Plan indefinitely. The Trustees have the right to terminate the Plan, and participants and/or dependents and beneficiaries do not have a vested or contractual interest in the benefits provided by the Plan. Participants and/or dependents and beneficiaries also have no vested or contractual rights after the disposition of all Plan assets. In the event that the Plan is terminated, the Trustees shall apply the assets of the Plan for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such manner as will in their opinion best effectuate the purpose of the Plan, provided, however, that no part of the corpus or income of the Plan shall be used for or diverted to purposes other than for the exclusive benefit of the participants, their dependents, and beneficiaries, or for the administrative expenses of the Plan, or for other payments in accordance with the provisions hereof. Under no circumstances shall any portion of the corpus or the income of the Plan, directly or indirectly, revert or accrue to the benefit of any employer or to the Union.

Note 5 - Tax Status

The Supplemental Benefit Plan received a favorable determination letter dated February 9, 1999, from the Internal Revenue Service indicating that the Plan is exempt from Federal income tax under Section 501(c)(5) of the Internal Revenue Code. The Supplemental Benefit Plan received a letter from the IRS dated March 7, 2003, saying that it continues to be recognized as a tax-exempt organization. The Trustees believe that the Plan, including amendments after the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified, and the related trust was tax exempt at the financial statement date.

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 organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. Plan management believes that the Plan is no longer subject to income tax examination for years prior to June 30, 2022.

Note 6 - Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with accounting principles generally accepted in the United States of America, reflect benefit payments to participants as an expense upon distribution. Amounts currently payable to or for participants, beneficiaries and dependents for benefit claims payable that have been processed and approved for payment prior to the end of the plan year, but not yet paid as of that date are reported as benefit claims payable on Form 5500 Schedule H. At June 30, 2025 and 2024, all benefit claims that had been processed and approved for payment were paid prior to the end of the plan year.