# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. H&W PLAN FOR THE EES OF D.A. COLLINS CO., INC.

**1b** Three-digit plan number (PN) ▶ 501

**1c** Effective date of plan 05/20/1991

**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)
D.A. COLLINS CONSTRUCTION CO., INC.

269 BALLARD ROAD
WILTON, NY 12831

**2b** Employer Identification Number (EIN) 14-1403204

**2c** Plan Sponsor's telephone number 518-664-9855

**2d** Business code (see instructions) 237310

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | COLLEEN SEYMOUR |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/13/2026 | COLLEEN SEYMOUR |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 250 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 250 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 255 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 255 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

4A 4B 4D 4E 4J 4Q

**9a** Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. H&W PLAN FOR THE EES OF D.A. COLLINS CO., INC.

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
D.A. COLLINS CONSTRUCTION CO., INC.

**D** Employer Identification Number (EIN)
14-1403204

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
GUARDIAN LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5123390 | 64246 | 00372939 | 250 | 01/01/2025 | 12/31/2025 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | | |
| | (6)Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | **7d** | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

| | | | |
|---|---|---|---|
| **a** | Total premiums or subscription charges paid to carrier | **10a** | 43718 |
| **b** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | **10b** | |

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**This Form is Open to Public Inspection.** |

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

**A** Name of plan
EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. H&W PLAN FOR THE EES OF D.A. COLLINS CO., INC.

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
D.A. COLLINS CONSTRUCTION CO., INC.

**D** Employer Identification Number (EIN)
14-1403204

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ESHCA, INC.

16-1512458

| (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? |
|---|---|---|---|---|---|---|
| 12 | TRADE ASSOCIATION | 186155 | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FIRLEY,MORAN,FREER&EASSA, CPA, P.C.

16-1148763

| (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 | AUDITOR | 28202 | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

GAYLE CHURCHILL

03-8327789

| (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? |
|---|---|---|---|---|---|---|
| 16 | CONSULTANT | 14598 | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2025**

**This Form is Open to Public Inspection**

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

**A** Name of plan
EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. H&W PLAN FOR THE EES OF D.A. COLLINS CO., INC.

**B** Three-digit plan number (PN) ▶ 501

**C** Plan sponsor's name as shown on line 2a of Form 5500
D.A. COLLINS CONSTRUCTION CO., INC.

**D** Employer Identification Number (EIN)
14-1403204

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1300664 | 1499081 |
| **(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) | 491437 | 515591 |
| **(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) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **1e** Buildings and other property used in plan operation | 1e | | |
| **1f** Total assets (add all amounts in lines 1a through 1e) | 1f | 1792101 | 2014672 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | | |
| **1h** Operating payables | 1h | | |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 1792101 | 2014672 |

## 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) | 4135074 | |
| **(B)** Participants | 2a(1)(B) | 52962 | |
| **(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) | | 4188036 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 36930 | |
| **(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) | | 36930 |
| **(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) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 4224966 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 3626484 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 43718 | |
| (3) Other | 2e(3) | 81285 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 3751487 |
| 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) | 200752 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 28202 | |
| (5) Investment advisory and investment management fees | 2i(5) | 2407 | |
| (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) | 19547 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 250908 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 4002395 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 222571 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: FIRLEY,MORAN,FREER&EASSA, CPA, P.C. **(2)** EIN: 16-1148763

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 350000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

**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 _____.

**Audited Financial Statements**

# EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC. HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF D.A. COLLINS CONSTRUCTION CO., INC.

**December 31, 2025**

Audited Financial Statements

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

December 31, 2025


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**Firley, Moran, Freer & Eassa, CPA, P.C.**

**125 East Jefferson Street · Suite 920 · Syracuse, NY 13202**
**p: 315.472.7045 f: 315.472.7053 www.fmfecpa.com**

# INDEPENDENT AUDITOR'S REPORT

Empire State Highway Contractors Association, Inc.
Health & Welfare Plan for the Employees of
D.A. Collins Construction Co., Inc.
Wilton, New York

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

We have performed audits of the financial statements of Empire State Highway Contractors Association, Inc. Health & Welfare Plan for the Employees of D.A. Collins Construction Co., Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

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

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

## Opinion

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

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

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

**Basis for Opinion**

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

**Responsibilities of Management for the Financial Statements**

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

**Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Turley, Moran, Green & Esse, CPA, P.C.

Syracuse, New York
October 9, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

| | December 31, 2025 | 2024 |
|---|---|---|
| ASSETS | | |
| Investments, at fair value: | | |
| Money market fund | $1,499,081 | $1,300,664 |
| Membership interest in limited liability company | 515,591 | 491,437 |
| | 2,014,672 | 1,792,101 |
| Receivables: | | |
| Sponsor contributions | 152,962 | 259,152 |
| Participants' contributions | 36,675 | 3,272 |
| Accrued interest | 4,639 | 4,795 |
| | 194,276 | 267,219 |
| TOTAL ASSETS | 2,208,948 | 2,059,320 |
| LIABILITIES | | |
| Accrued apprentice training costs | -0- | 27,338 |
| Accounts payable and accruals for administrative expenses | 3,252 | 1,928 |
| Accrued federal income taxes | 11,250 | 12,624 |
| Due to retirement plan | -0- | 118,881 |
| TOTAL LIABILITIES | 14,502 | 160,771 |
| NET ASSETS AVAILABLE FOR BENEFITS | 2,194,446 | 1,898,549 |
| BENEFIT OBLIGATIONS | | |
| Holiday benefits payable | 8,427 | 8,675 |
| Accumulated eligibility credits | 388,800 | 381,744 |
| TOTAL BENEFIT OBLIGATIONS | 397,227 | 390,419 |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS | $1,797,219 | $1,508,130 |

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

| | Year ended December 31, 2025 | 2024 |
|---|---|---|
| Additions to net assets attributable to: | | |
| Contributions: | | |
| Sponsor | $ 4,147,765 | $ 3,829,285 |
| Participants | 86,365 | 75,933 |
| | 4,234,130 | 3,905,218 |
| Investment income: | | |
| Interest | 36,774 | 55,168 |
| TOTAL ADDITIONS | 4,270,904 | 3,960,386 |
| Deductions from net assets attributable to: | | |
| Apprentice training costs paid | 53,947 | 127,217 |
| Holiday and other benefits paid to participants | 179,748 | 218,966 |
| Life insurance premiums | 43,718 | 38,802 |
| Health, vision, prescription and dental claims paid | 3,446,736 | 3,187,324 |
| | 3,724,149 | 3,572,309 |
| Administrative expenses | 239,608 | 218,859 |
| Federal income tax expense | 11,250 | 12,624 |
| TOTAL DEDUCTIONS | 3,975,007 | 3,803,792 |
| NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS | 295,897 | 156,594 |
| (Decrease) increase in benefit obligations attributable to: | | |
| Additional amounts payable to: | | |
| Holiday benefits | (248) | (6,992) |
| Accumulated eligibility credits | 7,056 | 2,860 |
| NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS | 6,808 | (4,132) |
| INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS | 289,089 | 160,726 |
| EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS | | |
| Beginning of year | 1,508,130 | 1,347,404 |
| END OF YEAR | $ 1,797,219 | $ 1,508,130 |

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

December 31, 2025 and 2024

## NOTE A--DESCRIPTION OF PLAN

The following description of Empire State Highway Contractors Association, Inc. Health & Welfare Plan for the Employees of D.A. Collins Construction Co., Inc. (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan provides health and welfare benefits to all non-leased and non-union employees of D.A. Collins Construction Co., Inc. and the following other members which comprise a controlled group: Kubricky Construction Corp., Pallette Stone Corp., Jointa Galusha, LLC, and Ballard Road Development, LLC, (collectively hereafter referred to as the Company). It is subject to the provisions of ERISA, as amended. The Board of Governors (BOG) is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investments, monitors investment performance and reports to the BOG.

All of the Plan's investments are held in a bank-administered trust fund. None of these investments are participant directed.

Contract Administrator: The Company is an employer member of the Empire State Highway Contractors Association, Inc. (ESHCA), an association of non-union heavy highway construction contractors (employer members). ESHCA has established the Empire State Highway Contractors Association Welfare Trust (the Trust) to act as contract administrator. The Trust enters into group insurance contracts with insurance companies and contracts with a third-party claims administrator on behalf of all employer members' health and welfare plans. The Trust holds the group insurance contracts and acts as a conduit for payments, receiving premium payments from the employer member trusts and paying the insurance companies, self insured benefit claims and reasonable expenses of administering the Plan.

Benefits: Through the group insurance contracts and its self funded assets, the Plan provides health (medical, hospital, surgical, major medical, vision, dental and prescription), life and accidental death and dismemberment benefits to employees of the Company who have completed 800 hours of employment during the immediately preceding 12 month period with one or more employer members of ESHCA and to their beneficiaries and covered dependents.

Health and life insurance coverage continues while an employee is unemployed because of lack of work. This coverage continues until the last day of the month following six months of unemployment or May 1st following the layoff due to lack of work, whichever occurs first.

NOTE A--DESCRIPTION OF PLAN--Continued

Benefits--Continued: The Plan also provides the following additional benefits:

(1) a holiday benefit, equivalent to the employee's regular daily wage for a total of eight hours, to all hourly workers who have worked the scheduled working day before and after each holiday;

(2) supplemental unemployment benefits and related payroll taxes to hourly workers who meet the eligibility requirements. This is an optional benefit paid out of the worker's annual excess health and welfare contributions. These benefits are distributed during seasonal layoff and are subject to certain limitations; and

(3) apprentice training benefits to all non-leased and non-union apprentice employees of the Company.

Contributions: The Company makes contributions to the Plan in an amount equal to the sum of:

(1) any specified prevailing supplement as indicated by wage schedules issued by New York State Department of Labor under Article 8, Section 220 of the New York State Labor Law, or by the U.S. Department of Labor under the Davis-Bacon Act, and

(2) an amount equal to the current individual premium cost of health and life insurance for participants for whom no contribution is made under (1) above

less the amounts designated from this sum as contributions to the Company's profit sharing retirement plan.

Employees who wish to provide coverage for their beneficiaries and dependents under the health insurance program are obligated to pay the difference in premium for the additional coverage.

Contributions to the Plan are used to pay or provide for health and welfare benefits including, but not limited to, the payment of the premium cost of group insurance contracts, self insured benefit claims and reasonable expenses of administering the Plan.

## NOTE A--DESCRIPTION OF PLAN--Continued

Termination: Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue their contributions at any time and to terminate the Plan. Termination, however, will not affect any eligible employee's right to benefits for which a claim has been made prior to such termination. Any residual assets of the Plan will be used for continuance of benefits.

## NOTE B--SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value (see Note E). 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. Investments are valued at either (a) their quoted closing prices or (b) for investments not traded on the financial statement date, amounts that fall within the range of quoted bid and asked prices. The Plan's membership interest in the limited liability company is stated at cost, which approximates fair value. The BOG determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors and trustee.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded on the accrual basis.

Sponsor Contributions Receivable: Sponsor contributions receivable are presented in the statements of net assets available for benefits net of any allowance for credit losses. The Plan Administrator believes that no allowance for credit losses is necessary at December 31, 2025 and 2024.

Events Occurring After Report Date: The Plan Administrator has evaluated events and transactions that occurred between December 31, 2025 and October 9, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements. There were no such events or transactions identified by the Plan Administrator.

NOTE B--SUMMARY OF ACCOUNTING POLICIES--Continued

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Group Insurance Contracts: Life and accidental death and dismemberment benefits to participants are provided through insurance contracts that transfer the risk of loss or liability to insurance companies.

Self-Insured Health, Vision, Dental and Prescription Benefits: The Plan is primarily self-insured for these benefits. The Trust estimates the required premiums for each employer with the assistance of its third-party administrator who makes all benefit payments, charges the Trust for those payments, and collects a fee for the services provided.

The Trust does not assume any of the specific benefit obligations of the Plan. These are borne by ESHCA's employer members. In order to moderate annual volatility in benefit payments, the BOG of ESHCA has determined that the Trust should accumulate, over time, a reasonable self-insured claims reserve fund. Consequently, a portion of the monthly premium charged to each individual employer member is allocated to this medical claims reserve fund. To the extent that benefits incurred plus administration costs exceed premiums received, the loss is offset against such reserve fund.

In order to limit the Plan's loss exposure, stop-loss coverage is carried with an insurer. The contract coverage stipulates a specific amount of $250,000 in 2025 and 2024 (that is, the insurer will pay if an individual claim exceeds the specified amount), during a single contract year with an unlimited, per covered person, lifetime maximum reimbursement. The insurance contract does not include stop-loss aggregate coverage.

Concentration of Credit Risk: Financial instruments which potentially subject the Plan to concentrations of credit risk consist principally of interest-bearing cash maintained in money market accounts. These investments are not insured by the FDIC.

## NOTE C--INFORMATION CERTIFIED AND PROVIDED BY NBT BANK, N.A. (UNAUDITED)

The following is a summary of the Plan's asset information as of and for the years ended December 31, 2025 and 2024, included throughout the Plan's financial statements and supplemental schedules, that were prepared by or derived from information provided by NBT Bank, N.A., the trustee and furnished to Plan management. Plan management has obtained certifications from the trustee that information provided to the Plan by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, Plan management instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

| | December 31, 2025 | 2024 |
|---|---|---|
| INVESTMENT AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE: | | |
| Money market fund | $1,499,081 | $1,300,664 |

NBT Bank, N.A. also certified to the completeness and accuracy of $36,774 and $55,168 of investment interest income for the years ended December 31, 2025 and 2024, respectively.

## NOTE D--INVESTMENT IN LIMITED LIABILITY COMPANY

In 2003, the employer members of ESHCA formed the Empire State Highway Contractors Association Training School, LLC (Training School) to acquire land and build a facility for use in its apprentice training program. The construction of the facility was completed in May 2004. Each employer member's health and welfare trust has provided funds for the construction of the facility in exchange for a membership interest in the Training School. The funds provided by the Plan total $515,591 and $491,437 at December 31, 2025 and 2024, respectively, and approximate the fair value of its membership interest in the net assets (primarily real estate) of the Training School (See Note E).

## NOTE E--FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for investments measured at fair value.

Money market fund: The fair value of the money market fund approximates carrying value due to the nature of the instrument.

Membership interest in limited liability company: Valued at fair value based on an independent third-party appraisal performed in September 2024 of the real estate owned by the limited liability company.

## NOTE E--FAIR VALUE MEASUREMENTS--Continued

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2025 and 2024.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value:

| | Investments at Fair Value as of: December 31, 2025 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $1,499,081 | $ -0- | $-0- | $1,499,081 |
| Membership interest in limited liability company | -0- | 515,591 | -0- | 515,591 |
| Total investments at fair value | $1,499,081 | $515,591 | $-0- | $2,014,672 |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Money market fund | $1,300,664 | $ -0- | $ -0- | $1,300,664 |
| Membership interest in limited liability company | -0- | 491,437 | -0- | 491,437 |
| Total investments at fair value | $1,300,664 | $491,437 | $ -0- | $1,792,101 |

## NOTE F--BENEFIT OBLIGATIONS

The amounts estimated as accumulated eligibility credits represent the Plan's obligation as of December 31, 2025 and 2024 to continue payment of insurance premiums during periods of unemployment of employees who have accumulated sufficient eligibility credit hours. It has been determined by applying current insurance premium rates to eligible employees.

Self insured claims incurred, but not reported (IBNR) (primarily health, vision, dental and prescription) is recorded at the Trust level rather than at the individual employer member level.

## NOTE G--DUE TO RETIREMENT PLAN

To the extent that the Company's annual contributions made on behalf of an employee exceed the actual expense of providing the benefits and administration of the Plan, the Plan provides that the excess be added to the employee's retirement account, or used to pay the difference in premium for additional dependent coverage.

The liability, due to retirement plan, of $-0- and $118,881 at December 31, 2025 and 2024, respectively, represents such excess and is payable to the Company's profit sharing retirement plan and trust for credit to individual employee accounts.

## NOTE H--TAX STATUS

The trust established under the Plan to hold the Plan's assets is not qualified under the Internal Revenue Code and, accordingly, the trust's net investment income is subject to income taxes.

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 position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

## NOTE I--RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS

The Plan has not considered Company contributions to the Plan or benefits paid by the Plan to participants as party in interest transactions.

Fees paid by the Plan for administrative, accounting, legal, investment management and other professional services are allocated to the Plan based on its pro rata share of the number of hours worked in the prior year. The Plan incurred administrative expenses of $186,155 and $172,346 for the years ended December 31, 2025 and 2024, respectively, with ESHCA who acts as third-party contract administrator.

## NOTE I--RELATED PARTY AND PARTIES IN INTEREST TRANSACTIONS--Continued

The Plan Administrator and legal counsel to the Plan believe all party in interest transactions, including those described above, qualify for either statutory or administrative exemption from the prohibited transaction rules under ERISA.

## NOTE J--RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. These investment securities are exposed to various risks such as interest rate, 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 the 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 and benefit obligations.

## NOTE K--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and benefit obligations per the accompanying 2025 and 2024 financial statements to the Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Excess of net assets available for benefits over benefit obligations per financial statements | $1,797,219 | $1,508,130 |
| Contributions receivable from sponsor | (152,962) | (259,152) |
| Contributions receivable from participants | (36,675) | (3,272) |
| Accrued interest receivable | (4,639) | (4,795) |
| Accrued apprentice training costs | -0- | 27,338 |
| Accounts payable and accruals for administrative expenses | 3,252 | 1,928 |
| Accrued federal income taxes | 11,250 | 12,624 |
| Due to retirement plan | -0- | 118,881 |
| Benefit obligations | 397,227 | 390,419 |
| Net assets per Form 5500 | $2,014,672 | $1,792,101 |

## NOTE K--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500--Continued

The following is a reconciliation of income, expenses, and changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2025 and 2024:

| | 2025 | 2024 |
|---|---|---|
| Contributions: | | |
| Contributions per financial statements | $ 4,234,130 | $ 3,905,218 |
| Receivable from sponsor: | | |
| Beginning of year | 259,152 | 554,978 |
| End of year | (152,962) | (259,152) |
| Receivable from participants: | | |
| Beginning of year | 3,272 | 5,008 |
| End of year | (36,675) | (3,272) |
| Amount due to retirement plan: | | |
| Beginning of year | (118,881) | (3,292,090) |
| End of year | -0- | 118,881 |
| Contributions per Form 5500 | $ 4,188,036 | $ 1,029,571 |
| Interest: | | |
| Interest per financial statements | $ 36,774 | $ 55,168 |
| Accrued interest receivable: | | |
| Beginning of year | 4,795 | 10,825 |
| End of year | (4,639) | (4,795) |
| Interest per Form 5500 | $ 36,930 | $ 61,198 |
| Benefit obligations: | | |
| Increase (decrease) during the year per financial statements | $ 6,808 | $ (4,132) |
| Benefit obligations: | | |
| Beginning of year | 390,419 | 394,551 |
| End of year | (397,227) | (390,419) |
| Benefit obligations per Form 5500 | $ -0- | $ -0- |

NOTE K--RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500--Continued

| | 2025 | 2024 |
|---|---|---|
| Benefit payments: | | |
| Benefit payments per financial statements | $ 3,724,149 | $ 3,572,309 |
| Accrued apprentice training costs: | | |
| Beginning of year | 27,338 | -0- |
| End of year | -0- | (27,338) |
| Benefit payments per Form 5500 | $ 3,751,487 | $ 3,544,971 |
| Administrative expenses: | | |
| Administrative expenses per financial statements | $ 239,608 | $ 218,859 |
| Accounts payable and accruals for administrative expenses: | | |
| Beginning of year | 1,928 | 558 |
| End of year | (3,252) | (1,928) |
| | 238,284 | 217,489 |
| Federal income taxes per financial statements | 11,250 | 12,624 |
| Accrued federal income taxes: | | |
| Beginning of year | 12,624 | -0- |
| End of year | (11,250) | (12,624) |
| | 12,624 | -0- |
| Administrative expenses per Form 5500 | $ 250,908 | $ 217,489 |

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

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

EIN: 14-1403204 PLAN NUMBER: 501

Year ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c)Purchase price | (d)Selling price | (e)Lease rental | (f)Expense incurred with transaction | (g)Cost of asset | (h)Current value of asset on transaction date | (i)Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Category (3) - A series of transactions in excess of 5% of plan assets | | | | | | | | |
| | Federated Government Obligations Fund<br>(49 purchases – 4,282,922 units aggregate)<br>(80 sales – 4,084,505 units aggregate) | $ 4,282,922 | $ 4,084,505 | | | $ 4,282,922<br>4,084,505 | $ 4,282,922<br>4,084,505 | $ -0- |

Information scheduled is alternative disclosure permitted by
29 CFR 2520.103-6(d)(2)

There were no category (1), (2) or (4) reportable transactions
during the year ended December 31, 2025

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

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

EIN: 14-1403204 PLAN NUMBER: 501

December 31, 2025

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| | | Shares/Units | Other Information | | |
| | Money Market Fund | | | | |
| | Federated Government Obligations Fund | 1,499,081 | Money Market Account | $ 1,499,081 | $ 1,499,081 |
| | Membership Interest in Limited Liability Company | | | | |
| | Empire State Highway Contractors Association Training School, LLC | 515,591 | Limited Liability Company | 515,591 | 515,591 |
| | | | GRAND TOTAL | $ 2,014,672 | $ 2,014,672 |

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

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

EIN: 14-1403204 PLAN NUMBER: 501

December 31, 2025

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| | | Shares/Units | Other Information | | |
| | Money Market Fund | | | | |
| | Federated Government Obligations Fund | 1,499,081 | Money Market Account | $ 1,499,081 | $ 1,499,081 |
| | Membership Interest in Limited Liability Company | | | | |
| | Empire State Highway Contractors Association Training School, LLC | 515,591 | Limited Liability Company | 515,591 | 515,591 |
| | | | GRAND TOTAL | $ 2,014,672 | $ 2,014,672 |

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

EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.
HEALTH & WELFARE PLAN FOR THE EMPLOYEES OF
D.A. COLLINS CONSTRUCTION CO., INC.

EIN: 14-1403204 PLAN NUMBER: 501

Year ended December 31, 2025

| (a) Identity of party involved | (b) Description of asset | (c)Purchase price | (d)Selling price | (e)Lease rental | (f)Expense incurred with transaction | (g)Cost of asset | (h)Current value of asset on transaction date | (i)Net gain or (loss) |
|---|---|---|---|---|---|---|---|---|
| Category (3) - A series of transactions in excess of 5% of plan assets | | | | | | | | |
| | Federated Government Obligations Fund<br>(49 purchases – 4,282,922 units aggregate)<br>(80 sales – 4,084,505 units aggregate) | $ 4,282,922 | $ 4,084,505 | | | $ 4,282,922<br>4,084,505 | $ 4,282,922<br>4,084,505 | $ -0- |

Information scheduled is alternative disclosure permitted by
29 CFR 2520.103-6(d)(2)

There were no category (1), (2) or (4) reportable transactions
during the year ended December 31, 2025

# Filing Authorization

## For the 2025 Form 5500

Name of Plan:

EIN / PN:

Plan Year Ending: December 31, 2025

## PART I Authorization of Practitioner to Electronically Sign and File

I hereby authorize Empire State Highway Contractors Assn., Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority:

- I must manually sign and date page 1 of the Form 5500 and provide a scanned copy of that signature page to ESHCA before the electronic filing can be initiated;

- I will retain a copy of this written authorization in its records;

- I will notify the individual(s) signing below as plan administrator/employer about any inquiries and information it receives from EFAST2, DOL, IRS, or PBGC regarding this annual return/report; and

- A copy of my signature, as it appears on page 1 of the Form 5500, will be included with the return/report posted by the Department of Labor on the Internet for public disclosure.

This authorization is applicable only to the filing for the above-named Plan and applies only for Plan year end stated above.

Plan Administrator:  Date: 10/14/26

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2025**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
Empire State Highway Contractors Association, Inc.
H&W Plan for the Ees of D.A. Collins Co., Inc.

**1b** Three-digit plan number (PN) ▶ 501

**1c** Effective date of plan 05/20/1991

**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)
D.A. Collins Construction Co., Inc.

269 Ballard Road

Wilton NY 12831

**2b** Employer Identification Number (EIN) 14-1403204

**2c** Plan Sponsor's telephone number (518)664-9855

**2d** Business code (see instructions) 237310

**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** | | | Peter Fitzgerald |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | Peter Fitzgerald |
| | **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 |