

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- 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**

<b>1a</b> Name of plan <u>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</u>  <u>1406 BLONDELL AVE, 2ND FLOOR</u> <u>BRONX, NY 10461</u>	<b>1c</b> Effective date of plan <u>07/01/1983</u>  <b>2b</b> Employer Identification Number (EIN) <u>13-3207195</u>  <b>2c</b> Plan Sponsor's telephone number <u>516-775-2280</u>  <b>2d</b> Business code (see instructions) <u>238900</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	MICHAEL RENDINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	KEVIN O'BRIEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1919
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1202
	<b>6a(2)</b>	1128
	<b>6b</b>	678
	<b>6c</b>	
	<b>6d</b>	1806
	<b>6e</b>	42
	<b>6f</b>	1848
	<b>6g(1)</b>	1919
	<b>6g(2)</b>	1848
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	272

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2A 2H

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

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

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

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

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

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

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

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

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

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>002</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-3207195</b></p>	

**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  
**JOHN HANCOCK 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
01-0233346	65838	LO8903		01/01/2024	12/31/2024

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**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	

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	(c) Amount	(d) Purpose	

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

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	(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	15283436
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 18073915
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 3005504
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 477977
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 3483481
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 21557396
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>DISTRIBUTIONS</b>	<b>7e(4)</b> 6273960
(5) Total deductions .....	<b>7e(5)</b> 6273960	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 15283436

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3207195</b>

**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  
**NEW YORK LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5582869</b>	<b>66915</b>	<b>30500</b>		<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	0
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

▶ DISTRIBUTIONS

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3207195</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

<b>SEGAL SELECT INSURANCE COMPANY</b>	<b>333 WEST 34TH STREET NEW YORK, NY 10001</b>
<b>46-0619194</b>	

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

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

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

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

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

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

JOHN HANCOCK RETIREMENT PLAN SCVS

690 CANTON STREET  
WESTWOOD, MA 02090

01-0233346

(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?
52 64 65	NONE	117588	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	565557	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BOYD WATTERSON ASSET MANAGEMENT

1801 EAST 9TH STREET STE 1400  
CLEVELAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	310031	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONGRESS ASSET MANAGEMENT

2 SEAPORT LANE  
BOSTON, MA 02210

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
68 51 28	NONE	104426	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6189	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

REYNOLDS CONSULTING SERVICES LLC

25 NEWBRIDGE ROAD  
HICKSVILLE, NY 11801

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	60471	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRESCENT CAPITAL HIGH INCOME FUND B

11100 SANTA MONICA BLVD  
LOS ANGELES, CA 90025

45-5287411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52		43094	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TPKE STE 210  
WOODBURY, NY 11797

13-2858927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

PROSKAUER ROSE LLP

11 TIMES SQUARE  
NEW YORK, NY 10036

13-1840454

(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?
29 50	NONE	22434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
NEUBERGER BERMAN TRUST COMPANY N.A. 1260 6TH AVENUE NEW YORK, NY 10104  27-2510082	52 71 28	

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

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>B</b> Three-digit plan number (PN) <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3207195</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	254802	365812
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1212482	1304914
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	841208	1451008
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2260203	2813039
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7615315	7571220
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	12344148	13309498
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	21921061	22843307
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	1116102	1106285
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	88092097	99921682
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	18073915	15283436
<b>(15)</b> Other .....	<b>1c(15)</b>	36098142	33276094

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	189829475	199246295
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	181133	411561
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	12974804	12562359
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	13155937	12973920
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	176673538	186272375

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	9237900	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		9237900
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	461558	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	188253	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	248815	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	251613	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	-1102016	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		48223
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	109787	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1549105	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1658892
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	35439378	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	28389408	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		7049970
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	10833105	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		567571
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		29395661

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	18161764	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		18161764
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	69146	
(2) Contract administrator fees .....	<b>2i(2)</b>	117588	
(3) Recordkeeping fees .....	<b>2i(3)</b>	142395	
(4) IQPA audit fees .....	<b>2i(4)</b>	23900	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1183736	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	46208	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	52087	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1635060
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		19796824

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9598837
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: FITZSIMMONS ABRAMS LLP

(2) EIN: 13-2858927

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		30480691
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND  
FINANCIAL REPORT  
DECEMBER 31, 2024 AND 2023**



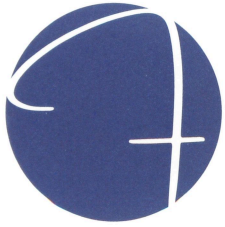
**FITZSIMMONS  
ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND  
FINANCIAL REPORT  
DECEMBER 31, 2024 AND 2023**

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# FITZSIMMONS ABRAMS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of the  
Northeast District Council of the OPCMIA Annuity Fund

### **Opinion**

We have audited the accompanying financial statements of Northeast District Council of the OPCMIA Annuity Fund, 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Northeast District Council of the OPCMIA Annuity Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Northeast District Council of the OPCMIA Annuity Fund 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 Northeast District Council of the OPCMIA Annuity Fund'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 the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.



## **Auditor's Responsibilities for the Audit of the Financial Statements (continued)**

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 Northeast District Council of the OPCMIA Annuity Fund'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 Northeast District Council of the OPCMIA Annuity Fund's ability to continue as a going concern for a reasonable period of time.

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules reported on pages 19 through 21 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 17 and 18 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Fitzsimmons Abrams LLP*

Woodbury, New York  
October 10<sup>th</sup>, 2025

**FITZSIMMONS ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke | Ste 210 | Woodbury, NY 11797





**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	Years Ended December 31,	
	2024	2023
<u>ADDITIONS</u>		
Investment income:		
Net appreciation in fair value of investments	\$ 17,883,075	\$ 19,301,094
Interest income	<u>1,455,501</u>	<u>3,140,477</u>
	19,338,576	22,441,571
Less: investment expenses	<u>(1,183,736)</u>	<u>(1,076,557)</u>
Net income (loss) from investments	18,154,840	21,365,014
Contributions:		
Employers' contributions	9,237,900	9,270,863
Interest on notes receivable from participants	<u>251,613</u>	<u>175,662</u>
Total Contributions	9,489,513	9,446,525
Other:		
Liquidated damages and interest	<u>2,908</u>	<u>20,587</u>
TOTAL ADDITIONS	<u>27,647,261</u>	<u>30,832,126</u>
<u>DEDUCTIONS</u>		
Benefits paid to or on behalf of participants:	18,161,764	15,218,564
General and administrative expenses	<u>(113,340)</u>	<u>(29,597)</u>
TOTAL DEDUCTIONS	<u>18,048,424</u>	<u>15,188,967</u>
NET INCREASE	9,598,837	15,643,159
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	<u>176,673,538</u>	<u>161,030,379</u>
End of Year	<u><b>\$ 186,272,375</b></u>	<u><b>\$ 176,673,538</b></u>

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 - DESCRIPTION OF PLAN**

The following brief description of the Northeast District Council of the OPCMIA Annuity Fund (the “Plan” or “Fund”), is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

**General**

The Plan is a multiemployer defined contribution pension plan established under the provisions of an Agreement and Declaration of Trust dated July 1, 1983 and amended December 14, 2017, between the Northeast District Council (“the Union”), and the Cement League, an Employer Contractors Association (“the Employers”), who are parties to a collective bargaining agreement requiring contributions to the Plan. The Union and the Employers agreed to participate in the operation of an annuity fund for the purpose of, providing retirement benefits to eligible employees of participating employers who are, represented by the Union. The Plan is administered by a joint board of trustees consisting of Union and Employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Eligibility**

Any worker performing covered work for a participating employer covered by the collective bargaining agreement is eligible to receive an hourly benefit contribution under the Plan.

**Funding Policy**

Funding to provide the benefits is made through contributions by participating employers on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreement with the Union. Contributions are also made by the Plan’s sponsoring Union, the Plan and the Affiliated Plans in its capacity as employers. The Plan is non-contributory for employees.

**Vesting**

Participants are vested immediately in their account balances and have a vested interest in their account at all times.

**Participant Accounts**

All participant accounts are credited with employers’ contributions and participants’ share of the Plan’s investment earnings and gains. Participant accounts are reduced by distributions, withdrawals, service charges, and investment losses. In addition, a participant account is charged for investment fees relating to the selected investments or the Core Fund. The benefit to which a participant is entitled is the amount that can be provided from the participant’s vested account.

**Payment of Benefits**

The Plan pays benefits upon termination of services because of retirement, termination of employment and death. The form of payment depends upon the reason for termination of service and may include direct rollover distributions, single sum payments, qualified lifetime joint and survivor annuities (50% or 75%), single life annuities, qualified pre-retirement survivor annuities and annuities of less than ten years duration. In addition, the Plan commences minimum benefit distributions for participants with account balances when they reach age 72 by April 1<sup>st</sup> in the calendar year after they reach 72, in accordance with the Secure Act.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 - DESCRIPTION OF PLAN (continued)**

**Self-directed Participant Investment Program**

Participants may direct the investment of their contributions received into various investment options provided by the Plan. These options include various mutual funds offered and a stable value option offered through John Hancock.

**Notes Receivable from Participants**

A participant may apply to the Plan for a loan in the amount not to exceed the lesser of (1) \$50,000, which amount shall be reduced by the highest outstanding loan balance during the preceding twelve-month period, or (2) 50% of the vested value of the participant's account, determined as of the valuation date preceding the date of the participant's loan. The loans are secured by the vested balance in the participant's account bearing interest at "Prime Rate" (as reported in The Wall Street Journal on the date the loan is initiated) plus 1%. Loans must be repaid over a period not to exceed five years, or ten years if used to purchase a primary residence.

**Hardship Distributions to Participants**

In order to be eligible to obtain a hardship distribution under the Plan for any of the permitted purposes, participants must have maintained a credit balance in their Profit Sharing Account for at least two consecutive years immediately prior to requesting such withdrawal. This rule is effective for all contributions made on or after January 1, 2018 for Former Local 262 Participants and on or after July 1, 2019 for Former Local 40 Participants. Participants must also demonstrate, to the satisfaction of the Trustees, that the withdrawal is in an amount which does not exceed the amount required to meet such financial need and the Trustees may require such financial and other information as is reasonably necessary for them to make a determination. The Trustees' determination will be made on the basis of all relevant facts and circumstances (on a uniform and non-discriminatory basis), and will be final. The minimum amount which may be withdrawn on account of financial hardship is \$1,000. Hardship distributions may cover medical expenses, purchase of principal residence, tuition expenses, expense to prevent the eviction of a participant from a foreclosure on principal residence, funeral expenses, repair or improvement of principal residence, certain legal expenses, and payment of certain taxes. Distributions to participants shall be deemed to be made as of the valuation date immediately preceding the hardship distributions, and the participant's account shall be reduced accordingly.

**Plan Termination**

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be non-forfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, if any, at the date of financial statements. Actual results could differ from those estimates.

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)**

**Investments Valuation and Income Recognition**

Investments are reported a fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian. See Note 3 for a discussion of fair value measurement.

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

Under FASB ASU 2015-12 investment contracts held by a defined contribution plan are to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit- responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

**Contributions and Contributions Receivable**

Employer contributions receivable represent cash contributions received subsequent to December 31, 2024 and 2023, but applicable to payroll periods prior to the balance sheet dates.

**Depreciation**

Property and equipment is stated at cost less accumulated depreciation. Depreciation is computed on the straight-line basis over the estimated useful life of the asset.

**Payment of Benefits**

Benefit payments to participants are recorded upon distribution as deductions from net assets available for benefits.

**Notes Receivable from Participants**

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Participant loans that have defaulted are recorded as deemed distributions on the statements of changes in net assets available for benefits.

**Allocation of Shared Expenses**

For cost savings efficiencies the board of trustees of the Plan along with the board of trustees of the related benefit funds have entered into a cost sharing arrangement for certain administrative expenses. Allocations are based on a time study and detailed in the shared cost allocation policy. (See Note 9)

**Compensated Absences**

No accrual has been made for compensated absences since vacations are taken throughout the year and amounts are not material.

**Reclassification**

Certain amounts on prior year's financial statements may have been reclassified to conform to the current year's presentation.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3 – FAIR VALUE MEASUREMENT**

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	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	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> <li>• quoted prices for similar assets or liabilities in active markets;</li> <li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li> <li>• inputs other than quoted prices that are observable for the asset or liability;</li> <li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Cash Equivalents:** Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit risk.

**Fixed Income:** Certain bonds are valued at the closing price reported in the active market in which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

**Common Stocks:** Valued at quoted marked prices reported on the national securities exchange in which the individual securities are traded.

**Mutual Funds:** Value at the daily closing price as reported by the mutual fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish their daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

**Limited Partnerships:** Valued at net asset value (NAV) per share at year end as reported by the investment partnership. The NAV, as provided by the investment partnership, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying assets.

See independent auditors’ report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3 – FAIR VALUE MEASUREMENT (continued)**

**Real Estate Partnership:** Valued at net asset value (NAV) per share at quarter end as reported by the investment partnership. The NAV, as provided by the investment partnership, is used as a practical expedient to estimate fair value. Share values are based on the current market value or appraised value of the underlying real estate properties. Valuation is as of the prior quarter end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The Plans' investments are held in a bank-administered trust fund. The following is a summary of investments at fair value at December 31, 2024 and 2023.

**Investments at fair value as of December 31, 2024**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash Equivalents	\$ 886,316	\$ -	\$ -	\$ 886,316
Government fixed income	-	7,571,220	-	7,571,220
Fixed income	-	6,445,089	-	6,445,089
Common stock	22,843,307	-	-	22,843,307
Mutual funds	99,921,682	-	-	99,921,682
<i>Total investments in the fair value hierarchy</i>	123,651,305	14,016,309	-	137,667,614
Investments measured at NAV				30,480,691
<b>Total investments</b>	<b>\$ 123,651,305</b>	<b>\$ 14,016,309</b>	<b>\$ -</b>	<b>\$ 168,148,305</b>

**Investments at fair value as of December 31, 2023**

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash Equivalents	\$ 286,879	\$ -	\$ -	\$ 286,879
Government fixed income	-	-	-	-
Fixed income	-	13,734,270	-	13,734,270
Common stock	21,921,061	-	-	21,921,061
Mutual funds	88,092,097	-	-	88,092,097
<i>Total investments in the fair value hierarchy</i>	110,300,037	13,734,270	-	124,034,307
Investments measured at NAV				32,056,411
<b>Total investments</b>	<b>\$ 110,300,037</b>	<b>\$ 13,734,270</b>	<b>\$ -</b>	<b>\$ 156,090,718</b>

During the years ended December 31, 2024 and 2023, the Plan's investments, including investments bought, sold and held during the year appreciated in value \$17,883,075 and \$19,301,094, respectively.

Net realized gains on the sale of investments included in the above totals amounted to \$7,049,970 and \$524,576 and for the years ended December 31, 2024 and 2023, respectively.

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 3 – FAIR VALUE MEASUREMENT (continued)**

**Changes in Fair Value Levels** – The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended December 31, 2024 and 2023, there were no transfers into or out of level 3.

<b>Investments valued at NAV as of December 31, 2024</b>				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
*Boyd Watterson GSA Fund LP	\$ 23,560,872	\$ -	<i>Quarterly</i>	<i>60 Days</i>
Partnerships				
Crescent Capital High Income Fund B, LP	6,919,819	-	<i>Monthly</i>	<i>60 Days</i>
	<b>\$ 30,480,691</b>	<b>\$ -</b>		

<b>Investments valued at NAV as of December 31, 2023</b>				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
*Boyd Watterson GSA Fund LP	\$ 25,638,809	\$ -	<i>Quarterly</i>	<i>60 Days</i>
Partnerships				
Crescent Capital High Income Fund B, LP	6,417,602	-	<i>Monthly</i>	<i>60 Days</i>
	<b>\$ 32,056,411</b>	<b>\$ -</b>		

\*Boyd Watterson GSA Fund valuation is valued at a quarter behind by the Plan Administrator.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4 – POOLED SEPARATE ACCOUNTS**

The Plan has traditional investment contract in John Hancock participating group annuity contract stable value accounts. These investments are offered through fully-benefit responsive investment options offered to participants. The amounts invested are accrued daily and recorded monthly in the account at published rates which are re-set every quarter. These interest rates cannot be less than zero. The accounts are reduced by amounts withdrawn or transferred to other investment options and by daily charges for administrative expenses at the contracted rate and monthly for the cost of other services provided to participants.

The money is invested in New York Life and John Hancock pooled separate account (PSA) dedicated to the stable value account. The PSAs invests the funds primarily in fixed income securities but, in the sole discretion of New York Life and John Hancock, such assets may also include other types of investments such as instruments for hedging fixed income securities and collective investment trusts maintained by New York Life Trust Company, John Hancock or held in cash, as permitted by applicable law. The rates set every quarter are based, in part, on the investment performance of these investments.

The participants transact with the stable value account at contract value (account book value as described above). Events which could limit the ability of the participants to transact at contract value include: total or partial termination of the contracts by the plan, mergers, spin-off, early retirement incentive programs, sale or closing of all or part of the Plan sponsor's operations, bankruptcy or receivership. None of these events which could limit participants' ability to transact with the stable value account at contract value are currently evaluated as being probable of occurring.

**NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedule of assets held for investment purposes.

**NOTE 6 – COMMITMENTS AND CONTINGENCIES**

The Fund and its related funds entered into a ten-year lease agreement for its office space located at 1406 Blondell Avenue, Bronx, New York with the Cement Masons Local 780 Holding Corp. The term of the lease agreement is from November 1, 2022 through October 31, 2032. Under the terms of the agreement, the rent amount will increase by 3% every two years. Per the agreement and pursuant Department of Labor Regulation 2250.408b-2, the lease can be terminated by the tenant upon 90 days written notice. As such, no right-of-use asset is recognized. Rent expense includes base rent plus escalation charges for real estate taxes, maintenance and utilities.

Occupancy costs are allocated between the Fund and its related funds based upon the estimated benefit received by each fund. The estimated portion of these costs allocable to the Fund for the years ended December 31, 2024 and 2023 was approximately 15%. Occupancy expense for the years ended December 31, 2024 and 2023, was \$4,589 and \$4,510, respectively.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 6 – COMMITMENTS AND CONTINGENCIES (continued)**

Collection claims and lawsuits arise in the normal course of the Plan's activities. As of December 31, 2024 management has advised that no suits present claims against the Plan which could materially affect the financial position of the Plan.

On April 15th, 2024 the Fund along with its related Northeast District Council Funds, Local 780 Cement Masons Pension Fund and Local 780 Union received a grand jury subpoena request for records. Management believes this request is in relation to a signatory member employer. At this time it is too early to determine what impact, if any, this request may have on the Fund and its financial statements

**NOTE 7 – TAX STATUS**

The Plan is an exempt organization under Section 401 (a) of the Internal Revenue Code, as stated in its' most recent IRS determination letter dated March 17<sup>th</sup>, 2016, and therefore is required to operate in conformity with the IRC to maintain its qualification. The Board is not aware of any course of actions or series of events that have occurred that might adversely affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset 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 periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 8 – PARTICIPANTS' NOTES RECEIVABLE**

In accordance with the terms of the Annuity Plan, participants may borrow from their account balances as described in Note 1. Loans are stated at the amount of the loan, including unpaid interest. The loans are fully collateralized by the balance in the participant's annuity account.

Participant loans are deducted from the participant's annuity account. As the loan is repaid, the loan principal amount is restored to the participant's annuity account balance.

For the years ended December 31, 2024 and 2023, loans in default were \$99,691 and \$54,103, respectively. Interest income from participant loans for the years ended December 31, 2024 and 2023 was, \$251,613 and \$175,662, respectively.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 9 – RELATED PARTY TRANSACTIONS**

The Northeast District Council of the OPCMIA Welfare Fund (related fund) acts as collection agent for all employer contributions to the Plan and other related Northeast District Council benefit funds, the Cement Masons Local 780 Pension Fund, OPCMIA Local 262 Pension Fund and the Plasterers’ and Cement Masons Local 40 Pension Fund. The contributions are deposited into a segregated Northeast District Council of the OPCMIA Welfare Fund bank account and distributed to the related funds from that account. Amounts received by the Annuity Fund from the Northeast District Council of the OPCMIA Welfare Fund for contributions for the years ended December 31, 2024 and 2023 totaled \$9,237,900 and \$9,270,863, respectively. The amount of employer contributions due from the Northeast District Council of the OPCMIA Welfare Fund to the Plan at December 31, 2024 and 2023 included in the above totals was \$1,204,929 and \$1,074,436, respectively.

The Plan also shares office space and administration expenses with other related Northeast District Council benefit funds, the Cements Masons Local 780 Pension Fund, OPCMIA Local 262 Pension Fund and the Plasterers and Cement Masons Local 40 Pension Fund. As part of a cost sharing arrangement, the Northeast District Council of the OPCMIA Welfare Fund acts as paying agent for certain common administrative expenses. Consequently, the Plan reimburses the Northeast District Council of the OPCMIA Welfare Fund for its estimated allocable share of these common administrative expenses based on time studies as determined by the Plan Administrator and approved by the Board of Trustees. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Reimbursements made to the Northeast District Council Welfare Fund for shared administrative and payroll expenses for the years ended December 31, 2024 and 2023 totaled \$294,358 and \$209,863, respectively.

**NOTE 10 – MULTIEMPLOYER PLAN**

The Plan contributes to a multiemployer defined pension plan under the terms of a participation agreement covering its eligible employees. The risks of participation in these multiemployer plans are different than single-employer plans in the following aspects:

- a) Assets contributed to the multiemployer plan by an employer may be used to provide benefits to participants of other participating employers.
- b) If a participating employer discontinues contributions to the plan, other participating employers may have to cover any unfunded liability that may exist.
- c) If the employer stops participating in some of its multiemployer pension plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan’s participation in this plan for the fiscal year ended December 31, 2024, is outlined in the table below. The “EIN/Pension Plan Number” column provides the Employer Identification number (“EIN”) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (“PPA”) zone status available is for the Plan’s year-beginning January 1, 2024. The zone status is based on information that the fund received from the plan and is certified by the plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status Pending/Implemented” column indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 10 – MULTIEMPLOYER PLAN (continued)**

<b>Name of Plan</b>	<b>EIN/Pension Plan Number</b>	<b>Certified Zone Status 2024</b>	<b>FIP/RP Status Pending/ Implemented</b>	<b>Contributions for Year Ended December 31, 2024</b>	<b>Surcharge Paid</b>	<b>Expiration Date of CBA</b>
Cement Masons Local 780 Pension Fund	13-1626710/ 001	Green	N/A	\$5,653	N/A	N/A

**NOTE 11 - PROPERTY AND EQUIPMENT**

Property and equipment is carried at cost less accumulated depreciation as classified below:

	<u>2024</u>	<u>2023</u>
Furniture and Fixtures	\$ 5,303	\$ 5,303
Computer Equipment	8,282	8,282
Less: Accumulated depreciation	<u>(13,585)</u>	<u>(13,585)</u>
Property and Equipment, Net	<u>\$ -</u>	<u>\$ -</u>

Depreciation expense totaled \$- and \$339 for the year ended December 31, 2024 and 2023, respectively.

**NOTE 12 – RISK 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 investment securities, it is at least reasonably possible that changes in the values of these investment securities will occur in the near term and that such changes could materially affect the funding status of the Plan and amounts reported in the financial statements.

**NOTE 13 – CASH**

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

**NOTE 14 – SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through the date of the auditors' report which is the date that the financial statements were available to be issued. The Plan has determined that there were no subsequent events requiring recording or disclosure in the financial statements as of December 31, 2024.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 15 – RECONCILIATION OF PARTICIPANTS’ ACCOUNTS TO NET ASSETS AVAILABLE FOR BENEFITS**

	<b>2024</b>	<b>2023</b>
Participants’ account balance	\$ 183,431,741	\$ 174,164,633
Employer contributions receivable	1,204,929	1,074,436
Notes receivable from participants	1,106,285	1,116,102
Unallocated assets/liabilities	529,420	318,367
Net assets available for benefits	\$ 186,272,375	\$ 176,673,538

**NOTE 16 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

For financial statement purposes, participant loans are required to be classified as notes receivable from participants. This differs from the reporting requirements of the Department of Labor which requires that these assets be shown as investments.

For financial statement purposes, investment expenses are reported as a reduction of investment income and fees from independent employers to cover administrative expenses as a reduction of administrative expenses. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses and other income, respectively.

	<b>Per Financial Statements</b>	<b>Reclassification</b>	<b>Per Form 5500</b>
Contributions	\$ 9,237,900	\$ -	\$ 9,237,900
Investment income	18,178,519	1,160,057	19,338,576
Interest on notes receivable from participants	251,613	-	251,613
Other Income	2,908	564,663	567,571
Total additions	27,670,940	1,724,720	29,395,660
Benefits paid	18,161,764	-	18,161,764
Administrative expenses	(89,661)	1,724,720	1,6,5,059
Total deductions	18,072,103	1,724,720	19,796,823
Net increase	\$ 9,598,837	\$ -	\$ 9,598,837

In addition to the above reclassification, the Plan’s investments have been reclassified for Form 5500 purpose in accordance with the Department of Labor’s plan asset regulations. See the Schedule of Reconciling the Statements of Net Assets Available for Benefits to Form 5500 on page 18.

**SUPPLEMENTAL SCHEDULES**

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND  
SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES**

	Years Ended December 31,	
	2024	2023
<b><u>Fund Office Expenses</u></b>		
Salaries and payroll taxes	\$ 53,007	\$ 57,665
Rent and utilities	4,589	4,510
Employee benefits	16,139	15,986
Computer, internet and equipment maintenance	14,020	13,670
Office	3,520	2,608
Conference and meetings	803	1,063
Telephone	583	545
Fund administration	117,588	139,318
Depreciation	-	339
	210,249	235,704
<b><u>Professional Fees</u></b>		
Legal	46,208	72,383
Auditing	23,900	23,900
Contractor payroll audits	142,395	133,111
	212,503	229,394
<b><u>Other Expenses</u></b>		
Insurance	27,803	34,718
Storage	768	807
	28,571	35,525
Less: fees from administrator and independent employers to cover administrative expenses	(564,663)	(530,220)
<b>Total Administrative Expense</b>	<b>\$ (113,340)</b>	<b>\$ (29,597)</b>

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS**  
**AVAILABLE FOR BENEFITS TO FORM 5500**  
**DECEMBER 31, 2024**

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
<i>Assets</i>			
Investments			
Cash equivalents	\$ 886,316	\$ 1,926,723	\$ 2,813,039
Government fixed income	7,571,220	-	7,571,220
Corporate fixed income	6,445,089	6,864,409	13,309,498
Common stock	22,843,307	-	22,843,307
Real estate partnership	23,560,872	(23,560,872)	-
Partnerships	6,919,819	(6,919,819)	-
Mutual funds	99,921,682	-	99,921,682
Other investments	-	33,276,094	33,276,094
Stable value insurance contract	15,283,436	-	15,283,436
Participant loans	-	1,106,285.00	1,106,285
Receivables	2,541,012	(618,021)	1,922,991
Cash	365,812	-	365,812
Other assets	<u>18,136</u>	<u>814,795</u>	<u>832,931</u>
<b>Total Assets</b>	186,356,701	12,889,594	199,246,295
<i>Liabilities</i>			
Operating payable	84,326	327,235	411,561
Other liabilities	<u>-</u>	<u>12,562,359</u>	<u>12,562,359</u>
<b>Total Liabilities</b>	84,326	12,889,594	12,973,920
<b>Net Assets Available for Benefits</b>	<b><u>\$ 186,272,375</u></b>	<b><u>\$ -</u></b>	<b><u>\$ 186,272,375</u></b>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts.

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate				Cost	Current Value
	Type / Maturity Date	%/ Quantity	Price per Unit (if applicable)			
<b>Cash Equivalents</b>						
Vanguard Treasury Money Mkt In				\$	143,526	\$ 143,526
Boyd Watterson Fixed Income- Cash					95,200	95,200
Congress Asset Management- Cash					647,590	647,590
Crescent Capital High Income Fund B, LP- Cash					192,401	192,401
Boyd Watterson GSA Fund - Cash					1,734,322	1,734,322
<b>Total Cash Equivalents</b>					<b>2,813,039</b>	<b>2,813,039</b>
<b>Government Fixed Income</b>						
<i>U.S. Treasuries</i>						
US Treasury Notes 4.00%	10/31/2029	330,000	100.54		331,786	324,405
US Treasury Notes 2.00%	2/15/2025	415,000	99.63		413,462	413,817
US Treasury Notes 1.625%	2/15/2026	420,000	96.89		406,941	407,991
US Treasury Notes 3.500%	1/31/2028	1,160,000	98.87		1,146,862	1,133,266
US Treasury Notes 1.500%	11/30/2028	1,390,000	90.64		1,259,879	1,248,231
US Treasury Notes 3.500%	1/31/2030	1,285,000	95.67		1,229,389	1,232,646
US Treasury Notes 0.625%	8/15/2030	1,395,000	86.65		1,208,722	1,132,729
US Treasury Notes 4.625%	9/30/2030	670,000	100.89		675,948	676,150
US Treasury Notes 1.375%	11/15/2031	690,000	85.16		587,614	563,805
US Treasury Notes 2.875%	5/15/2032	260,000	95.55		248,428	233,502
US Treasury Notes 3.500%	2/15/2033	220,000	94.85		208,671	204,677
<b>Total Government Fixed Income</b>					<b>7,717,702</b>	<b>7,571,220</b>
<b>Corporate Fixed Income</b>						
Crescent Capital High Income Fund LP	Ownership	0.97%	N/A		5,410,787	6,864,409
<i>Asset Backed</i>						
CARMX 2021-3 D	1/18/2028	120,000	96.63		115,959	116,708
CARMX 2022-4 D	4/16/2029	120,000	106.87		128,241	126,598
DRIVE 2021-2 D	3/15/2029	173,256	96.43		167,063	170,362
SDART 2021-3 D	9/15/2027	142,286	93.80		133,466	140,395
SDART 2023-1 C	8/15/2030	250,000	100.47		251,186	250,875
WOART 2021-A 8	12/15/2026	300,000	97.29		291,879	298,510
<i>Corporate Bonds</i>						
Duke Energy Florida LLC	6/15/2030	300,000	84.82		297,221	254,460
Exelon Corp	4/15/2030	145,000	95.32		151,550	138,212
Aflac Inc	10/15/2026	265,000	97.04		256,209	257,169
Ares Capital Corp	1/15/2027	140,000	103.63		139,462	145,082
Assurant Inc	1/15/2032	175,000	83.75		174,001	146,560
Avalonbay Communities	5/15/2027	260,000	97.01		268,892	252,222
Citigroup Inc VRN	6/11/2035	135,000	99.20		135,002	133,917
Equinix Inc	11/18/2029	155,000	91.92		160,106	142,479
Goldman Sachs Bank VRN	3/18/2027	250,000	100.55		248,983	251,367
J P Morgan Chase & Co VRN	7/25/2033	260,000	97.75		254,499	254,141
Lazard Group LLC	9/19/2028	145,000	97.74		149,643	141,730
Morgan Stanley VRN	10/18/2028	245,000	103.69		252,171	254,044
Raymond James Financial	4/1/2030	250,000	98.74		244,456	246,838
US Bancorp VRN	10/21/2026	250,000	100.67		250,029	251,675
Acuity Brands lighting	12/15/2030	180,000	85.15		173,589	153,275
American Tower Corp	7/15/2028	140,000	100.62		139,769	140,875
Arrow Electronics Inc	8/21/2029	150,000	99.50		159,859	159,204
Booking Holdings Inc	4/13/2030	260,000	99.07		263,727	257,576
Broadcom Inc	11/15/2030	150,000	95.65		142,067	143,480
Cheniere Energy Partners	10/1/2029	145,000	96.82		138,620	140,386
Comcast Corp	10/15/2028	255,000	97.54		268,601	248,727
CVS Health Corp	3/25/2028	140,000	96.87		138,834	135,624
Freeport McMoran Inc	3/1/2030	150,000	95.01		142,000	142,522
KLA Corp	7/15/2032	260,000	97.77		254,849	254,197
Lennox International Inc	9/15/2028	135,000	101.63		134,894	137,203
Masco Corp	2/15/2028	160,000	90.10		157,555	144,160
Sysco Corporation	4/1/2030	130,000	104.17		135,280	135,418
T Mobile USA Inc	2/1/2028	140,000	99.35		138,403	139,086
Targa Resources Partners	2/1/2031	145,000	96.56		139,174	140,014
<b>Total Corporate Fixed Income</b>					<b>12,008,026</b>	<b>13,309,498</b>

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value	
	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)			
<b>Common Stocks</b>						
Weatherford International plc	Share	113	\$ 71.63	\$ 577,132	\$ 365,313	
Aptargroup Inc	Share	159	157.10	605,778	596,980	
Booz Allen Hamilton Hldg Corp	Share	74	128.70	272,597	472,973	
Copart Inc.	Share	11	57.39	217,638	1,147,800	
Crane Company	Share	91	151.75	362,629	605,483	
Curtiss Wright Corp	Share	278	354.87	584,053	745,227	
Emcor Group Inc Com	Share	153	453.90	236,231	699,006	
Nvent Electric Plc Com	Share	58	68.16	436,533	515,971	
Saia Inc	Share	275	455.73	367,340	608,400	
Watts Water Technologies Inc	Share	182	203.30	454,644	508,250	
American Eagle Outfitters	Share	22	16.67	644,059	488,431	
Deckers Outdoor Corporation	Share	46	203.09	170,432	759,557	
Ollies Bargain Outlt Hldgs Inc	Share	94	109.73	578,056	675,937	
Valvoline Inc	Share	38	36.18	513,607	485,536	
Caseys General Stores Inc	Share	317	396.23	519,600	649,817	
Church & Dwight Co Inc Com	Share	33	104.71	180,407	581,141	
Sprouts Farmers Market Inc	Share	152	127.07	655,688	546,401	
US Foods Holdings	Share	57	67.46	578,598	688,092	
Cooper Cos Inc Com New	Share	31	91.93	155,863	459,650	
Dexcom Inc Com	Share	80	77.77	603,601	583,275	
Halozyme Therapeutics Inc	Share	59	47.81	588,863	475,231	
Penumbra Inc	Share	194	237.48	581,324	712,440	
Resmed Inc Com	Share	52	228.69	220,035	960,498	
West Pharmaceutical Services Inc	Share	262	327.56	262,479	327,560	
Brown & Brown Inc	Share	71	102.02	325,290	469,292	
Factset Reasearch Systems Inc	Share	424	480.28	423,560	480,280	
Marketaxess Hldgs Inc Com	Share	278	226.04	598,299	485,986	
Raymond James Finl Inc Com	Share	35	155.33	199,764	897,031	
Descartes Systems Group Inc	Share	94	113.60	489,753	590,720	
Dynatrace Inc	Share	54	54.35	636,595	641,330	
Godaddy Inc Class A	Share	199	197.37	629,185	624,676	
Monolithic Pwr Sys Inc Com	Share	80	591.70	53,863	396,439	
Onto Innovation Inc	Share	228	166.67	630,513	461,676	
PTC Inc	Share	184	183.87	565,987	566,320	
Pure Storage Inc Class A	Share	54	61.43	487,524	552,870	
Qualys Inc	Share	91	140.22	306,345	469,737	
SPS Commerce Inc Com	Share	150	183.99	627,974	770,918	
Teledyne Technologies Inc Com	Share	353	464.13	353,113	464,130	
Take Two Interactive	Share	141	184.08	240,126	312,936	
<b>Total Common Stocks</b>				<b>\$ 16,935,074</b>	<b>\$ 22,843,307</b>	
<b>Mutual Funds</b>						
Fidelity 500 Index Fd	Share	286,748.49	204.19	33,053,569	58,551,173	
Neuberger Ber Strat Income R6	Share	679,355.59	9.87	6,919,902	6,705,240	
TIAA-CREF Lrg Cap Grwth Idx R	Share	140,379.57	67.60	6,468,830	9,489,659	
TIAA-CREF Lrg Cap Val Idx Ret	Share	115,003.46	26.17	2,759,309	3,009,640	
Vanguard S&P SC 600 Idx Inst	Share	22,348.15	426.62	5,324,616	9,534,168	
JPMorgan US Govt MMkt Cap Cl	Share	51.20	1.00	51	51	
Loomis Core Plus Bond Fund Y	Share	144,742.62	11.32	1,743,133	1,638,486	
MainStay MK Short Duration HY	Share	46,412.77	9.51	432,698	441,385	
T Rowe Price Retirement 2020	Share	89,768.87	18.61	1,608,912	1,670,599	
T Rowe Price Retirement 2030	Share	33,512.16	25.64	835,660	859,252	
T Rowe Price Retirement 2040	Share	1,307.78	30.57	40,806	39,979	

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value	
	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)			
<b><u>Mutual Funds (continued)</u></b>						
T Rowe Price Retirement 2050	Share	5,668.49	18.94	99,954	107,361	
T Rowe Price Retirement 2060	Share	3,496.59	16.58	49,391	57,973	
T. Rowe Price Retire Bal	Share	40,101.51	13.25	519,826	531,345	
T Rowe Price Equity Index 500	Share	4,403.45	154.60	531,438	680,773	
Artisan Mid Cap Fund	Share	1,688.78	33.90	60,873	57,250	
Columbia Global Tech Grw Adv	Share	50,439.68	91.52	4,610,579	4,616,239	
FAM Small Cap Fund Investor	Share	126.23	26.50	3,371	3,345	
JP Morgan Mid Cap Value Fund A	Share	177.99	35.22	6,725	6,269	
MFS Value Fund R3	Share	8.76	48.16	457	422	
The Growth Fund of America R4	Share	8,823.29	73.52	576,566	648,688	
Vanguard Growth Index Fd Adm	Share	3,198.11	211.22	494,355	675,504	
Vanguard Mid Cap Index Adm	Share	676.52	326.87	181,830	221,135	
Vanguard Mid-Cap Val Index Adm	Share	266.08	83.79	21,437	22,295	
Vanguard Sm Cap Val Ind (Adm)	Share	3,083.00	85.17	217,563	262,579	
Vanguard Small Growth Adml	Share	226.01	98.43	20,310	22,246	
MFS Global Growth Fund (R6)	Share	1,070.91	64.08	62,739	68,624	
<b>Total Mutual Funds</b>				<b>\$ 66,644,903</b>	<b>\$ 99,921,682</b>	
<b><u>Other Investments</u></b>						
Boyd Watterson GSA Fund LP	Share	22,268.48	1,109.86	23,872,838	33,276,094	
<b>Total Other Investments</b>				<b>\$ 23,872,838</b>	<b>\$ 33,276,094</b>	
<b><u>Pooled Separate Accounts</u></b>						
JH Stable Value Guaranteed Income		N/A	N/A	\$ 14,726,360	\$ 15,283,436	
<b>Total Pooled Separate Accounts</b>				<b>\$ 14,726,360</b>	<b>\$ 15,283,436</b>	
<b><u>Participant Loans</u></b>						
* Participant loans		5 - 10 years	4.25% - 9.50%	\$ 1,106,285	\$ 1,106,285	
<b>Total Participant Loans</b>				<b>\$ 1,106,285</b>	<b>\$ 1,106,285</b>	
<b>Total Investments</b>				<b>\$ 133,816,201</b>	<b>\$ 196,124,561</b>	

\* Party in-interest

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate				Cost	Current Value
	Type / Maturity Date	%/ Quantity	Price per Unit (if applicable)			
<b>Cash Equivalents</b>						
Vanguard Treasury Money Mkt In				\$	143,526	\$ 143,526
Boyd Watterson Fixed Income- Cash					95,200	95,200
Congress Asset Management- Cash					647,590	647,590
Crescent Capital High Income Fund B, LP- Cash					192,401	192,401
Boyd Watterson GSA Fund - Cash					1,734,322	1,734,322
<b>Total Cash Equivalents</b>					<b>2,813,039</b>	<b>2,813,039</b>
<b>Government Fixed Income</b>						
<i>U.S. Treasuries</i>						
US Treasury Notes 4.00%	10/31/2029	330,000	100.54		331,786	324,405
US Treasury Notes 2.00%	2/15/2025	415,000	99.63		413,462	413,817
US Treasury Notes 1.625%	2/15/2026	420,000	96.89		406,941	407,991
US Treasury Notes 3.500%	1/31/2028	1,160,000	98.87		1,146,862	1,133,266
US Treasury Notes 1.500%	11/30/2028	1,390,000	90.64		1,259,879	1,248,231
US Treasury Notes 3.500%	1/31/2030	1,285,000	95.67		1,229,389	1,232,646
US Treasury Notes 0.625%	8/15/2030	1,395,000	86.65		1,208,722	1,132,729
US Treasury Notes 4.625%	9/30/2030	670,000	100.89		675,948	676,150
US Treasury Notes 1.375%	11/15/2031	690,000	85.16		587,614	563,805
US Treasury Notes 2.875%	5/15/2032	260,000	95.55		248,428	233,502
US Treasury Notes 3.500%	2/15/2033	220,000	94.85		208,671	204,677
<b>Total Government Fixed Income</b>					<b>7,717,702</b>	<b>7,571,220</b>
<b>Corporate Fixed Income</b>						
Crescent Capital High Income Fund LP	Ownership	0.97%	N/A		5,410,787	6,864,409
<i>Asset Backed</i>						
CARMX 2021-3 D	1/18/2028	120,000	96.63		115,959	116,708
CARMX 2022-4 D	4/16/2029	120,000	106.87		128,241	126,598
DRIVE 2021-2 D	3/15/2029	173,256	96.43		167,063	170,362
SDART 2021-3 D	9/15/2027	142,286	93.80		133,466	140,395
SDART 2023-1 C	8/15/2030	250,000	100.47		251,186	250,875
WOART 2021-A 8	12/15/2026	300,000	97.29		291,879	298,510
<i>Corporate Bonds</i>						
Duke Energy Florida LLC	6/15/2030	300,000	84.82		297,221	254,460
Exelon Corp	4/15/2030	145,000	95.32		151,550	138,212
Aflac Inc	10/15/2026	265,000	97.04		256,209	257,169
Ares Capital Corp	1/15/2027	140,000	103.63		139,462	145,082
Assurant Inc	1/15/2032	175,000	83.75		174,001	146,560
Avalonbay Communities	5/15/2027	260,000	97.01		268,892	252,222
Citigroup Inc VRN	6/11/2035	135,000	99.20		135,002	133,917
Equinix Inc	11/18/2029	155,000	91.92		160,106	142,479
Goldman Sachs Bank VRN	3/18/2027	250,000	100.55		248,983	251,367
J P Morgan Chase & Co VRN	7/25/2033	260,000	97.75		254,499	254,141
Lazard Group LLC	9/19/2028	145,000	97.74		149,643	141,730
Morgan Stanley VRN	10/18/2028	245,000	103.69		252,171	254,044
Raymond James Financial	4/1/2030	250,000	98.74		244,456	246,838
US Bancorp VRN	10/21/2026	250,000	100.67		250,029	251,675
Acuity Brands lighting	12/15/2030	180,000	85.15		173,589	153,275
American Tower Corp	7/15/2028	140,000	100.62		139,769	140,875
Arrow Electronics Inc	8/21/2029	150,000	99.50		159,859	159,204
Booking Holdings Inc	4/13/2030	260,000	99.07		263,727	257,576
Broadcom Inc	11/15/2030	150,000	95.65		142,067	143,480
Cheniere Energy Partners	10/1/2029	145,000	96.82		138,620	140,386
Comcast Corp	10/15/2028	255,000	97.54		268,601	248,727
CVS Health Corp	3/25/2028	140,000	96.87		138,834	135,624
Freeport McMoran Inc	3/1/2030	150,000	95.01		142,000	142,522
KLA Corp	7/15/2032	260,000	97.77		254,849	254,197
Lennox International Inc	9/15/2028	135,000	101.63		134,894	137,203
Masco Corp	2/15/2028	160,000	90.10		157,555	144,160
Sysco Corporation	4/1/2030	130,000	104.17		135,280	135,418
T Mobile USA Inc	2/1/2028	140,000	99.35		138,403	139,086
Targa Resources Partners	2/1/2031	145,000	96.56		139,174	140,014
<b>Total Corporate Fixed Income</b>					<b>12,008,026</b>	<b>13,309,498</b>

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
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	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)			
<b>Common Stocks</b>						
Weatherford International plc	Share	113	\$ 71.63	\$ 577,132	\$ 365,313	
Aptargroup Inc	Share	159	157.10	605,778	596,980	
Booz Allen Hamilton Hldg Corp	Share	74	128.70	272,597	472,973	
Copart Inc.	Share	11	57.39	217,638	1,147,800	
Crane Company	Share	91	151.75	362,629	605,483	
Curtiss Wright Corp	Share	278	354.87	584,053	745,227	
Emcor Group Inc Com	Share	153	453.90	236,231	699,006	
Nvent Electric Plc Com	Share	58	68.16	436,533	515,971	
Saia Inc	Share	275	455.73	367,340	608,400	
Watts Water Technologies Inc	Share	182	203.30	454,644	508,250	
American Eagle Outfitters	Share	22	16.67	644,059	488,431	
Deckers Outdoor Corporation	Share	46	203.09	170,432	759,557	
Ollies Bargain Outlt Hldgs Inc	Share	94	109.73	578,056	675,937	
Valvoline Inc	Share	38	36.18	513,607	485,536	
Caseys General Stores Inc	Share	317	396.23	519,600	649,817	
Church & Dwight Co Inc Com	Share	33	104.71	180,407	581,141	
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Loomis Core Plus Bond Fund Y	Share	144,742.62	11.32	1,743,133	1,638,486	
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T Rowe Price Retirement 2040	Share	1,307.78	30.57	40,806	39,979	

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**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**EIN# 13-327195, PLAN# 002**  
**DECEMBER 31, 2024**

(a)	(b)	(c)			(d)	(e)
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	Type / Maturity Date	% / Quantity	Price per Unit (if applicable)			
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T Rowe Price Retirement 2060	Share	3,496.59	16.58	49,391		57,973
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Columbia Global Tech Grw Adv	Share	50,439.68	91.52	4,610,579		4,616,239
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MFS Global Growth Fund (R6)	Share	1,070.91	64.08	62,739		68,624
<b>Total Mutual Funds</b>				<b>\$ 66,644,903</b>		<b>\$ 99,921,682</b>
<b>Other Investments</b>						
Boyd Watterson GSA Fund LP	Share	22,268.48	1,109.86	23,872,838		33,276,094
<b>Total Other Investments</b>				<b>\$ 23,872,838</b>		<b>\$ 33,276,094</b>
<b>Pooled Separate Accounts</b>						
JH Stable Value Guaranteed Income		N/A	N/A	\$ 14,726,360		\$ 15,283,436
<b>Total Pooled Separate Accounts</b>				<b>\$ 14,726,360</b>		<b>\$ 15,283,436</b>
<b>Participant Loans</b>						
* Participant loans		5 - 10 years	4.25% - 9.50%	\$ 1,106,285		\$ 1,106,285
<b>Total Participant Loans</b>				<b>\$ 1,106,285</b>		<b>\$ 1,106,285</b>
<b>Total Investments</b>				<b>\$ 133,816,201</b>		<b>\$ 196,124,561</b>

\* Party in-interest

See independent auditors' report.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>1a</b> Name of plan NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND	<b>1b</b> Three-digit plan number (PN) ▶ 002
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FU  1406 BLONDELL AVE, 2ND FLOOR  BRONX NY 10461	<b>1c</b> Effective date of plan 07/01/1983
	<b>2b</b> Employer Identification Number (EIN) 13-3207195
	<b>2c</b> Plan Sponsor's telephone number 516-775-2280
	<b>2d</b> Business code (see instructions) 238900

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

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

<b>SIGN HERE</b> <i>Michael Rendina</i> Signature of plan administrator	<i>10-9-2025</i> Date	<b>MICHAEL RENDINA</b> Enter name of individual signing as plan administrator
<b>SIGN HERE</b> <i>Kevin O'Brien</i> Signature of employer/plan sponsor	<i>10-9-2025</i> Date	<b>KEVIN O'BRIEN</b> Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b> Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311