

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 05/01/1946
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND
2b Employer Identification Number (EIN): 13-1567895
2c Plan Sponsor's telephone number: 516-775-2280
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. SIGN HERE, Filed with authorized/valid electronic signature, 10/09/2025, MICHAEL RENDINA; 2. SIGN HERE, Filed with authorized/valid electronic signature, 10/09/2025, KEVIN O'BRIEN; 3. SIGN HERE, 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>	831
<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>	831
	<b>6a(2)</b>	762
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	762
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	273

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

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

<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>6</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 checked="" 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 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</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 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1567895</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  
**AETNA**

(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
06-6033492	95094	0737344	1709	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.

<p><b>(a)</b> Total amount of commissions paid <b>855094</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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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  
**THOMAS DIMATTINA** **490 WHEELER ROAD, #185**  
**HAUPPAUGE, NY 11788**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
855094			3

**(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
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(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>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>	

**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>
<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: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(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>	

**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>	13461136
<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 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1567895</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

**AETNA**

<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>06-6033492</b>	<b>95094</b>	<b>802405</b>	<b>1473</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>24445</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

**THOMAS DIMATTINA**

**490 WHEELER ROAD, #185  
HAUPPAUGE, NY 11788**

<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	
<b>24445</b>			<b>3</b>

**(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

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(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>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>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<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>	

**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>	206077
<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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">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 style="font-size: 24pt;"><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 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</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 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1567895</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  
**STANDARD 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
20-5876774	13573	AL00006175	766	04/01/2024	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.

(a) Total amount of commissions paid <b>24812</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  
**THOMAS DIMATTINA**  
**111 CAPE COD WAY**  
**MOORESVILLE, NC 28117**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24812			3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<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: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(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>	

**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>	208729
<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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<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 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</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 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1567895</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  
**AETNA**

(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
06-6033492	95094	E00067106150	204	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<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>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>			
	(5) Total deductions .....			
<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>	

**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>	805064
<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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<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 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</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 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1567895</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  
**ANTHEM BLUE CROSS**

(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
20-5876774	13573	AL00006175	767	08/01/2023	03/31/2024

**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.

<p>(a) Total amount of commissions paid <b>17786</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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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  
**THOMAS DIMATTINA**  
**111 CAPE COD WAY**  
**MOORESVILLE, NC 28117**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17786			

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<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>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(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>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<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>	

**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>	175267
<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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<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 WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</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 WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-1567895</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  
**STANDARD 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
20-5876774	13573	AL00006175	769	04/01/2024	07/31/2024

**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.

<p>(a) Total amount of commissions paid <b>12874</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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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  
**THOMAS DIMATTINA**  
**111 CAPE COD WAY**  
**MOORESVILLE, NC 28117**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12874			

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<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>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(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>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<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>	

**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>	112298
<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. .... Specify nature of costs.	<b>10b</b>	

**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 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1567895</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

**SEGAL SELECT INSURANCE SERVICES INC**                      **333 WEST 34TH STREET**  
**NEW YORK, NY 10001**

**46-0619194**

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

**CLEARBRIDGE INVESTMENTS LLC**                      **55 WATER STREET**  
**NEW YORK, NY 10041**

**01-0846058**

**(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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**(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)

THOMAS DIMATTINA

111 CAPE COD WAY  
MOORESVILLE, NC 28117

27-1304711

(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?
53 50 12	NONE	5500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	935011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TURNPIKE 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	566014	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)

LISA PARISI

1406 BLONDELL AVENUE 2ND FL  
BRONX, NY 10461

13-1567895

(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?
30 50	EMPLOYEE	226742	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)

DIANE FERCHLAND

1406 BLONDELL AVENUE 2ND FL  
BRONX, NY 10461

13-1567895

(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?
30 50	EMPLOYEE	132366	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)

PROSKAUER ROSE LLP

ELEVEN TIME SQAURE  
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	124306	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

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?
51 28	NONE	100035	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)

COLLERAN O'HARA & MILLS, LLP

100 CROSSWAYS PARK DRIVE W STE 200  
WOODBURY, NY 11797

11-2940050

(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	76078	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)

ULLICO INVESTMENT ADVISORS INC

8403 COLESVILLE ROAD 13TH FL  
SILVER SPRING, MD 20910

52-6435649

(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	55574	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)

JBM COMPUTER CONSULTANTS, INC

20 NORTH AMERICAN DRIVE  
WEST SENECA, NY 14224

16-1173118

(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?
15 16 50	NONE	48517	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)

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 51	NONE	33949	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 CO LLP

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?
28 51 68	NONE	22545	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VINCENT SCHIAPPA VPS SYSTEMS

2 LIPSON COURT  
EAST NORTHPORT, NY 11731

56-2557916

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	23197	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)

FIRST ACTUARIAL CONSULTING, INC

1501 BROADWAY STE 1728  
NEW YORK, NY 10036

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	15000	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)

HORIZON ACTUARIAL SERVICES LLC

1040 CROWN POINTE PKWY STE 560  
ATLANTA, GA 30338

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	15000	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)

POLEN CAPITAL MANAGEMENT

1825 NW CORPORATE BLVD  
BOCA RATON, FL 33431

26-0319356

(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	12577	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)

AMALGAMATED BANK

275 7TH AVENUE  
NEW YORK, NY 10001

13-4940330

(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?
19 51 52	NONE	8671	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BRADY MCGUIRE STIENBERG P.C.

220 WHITE PLAINS RD STE 390  
TARRYTOWN, NY 10591

(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	8742	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)

STEPHEN F. O'BEIRNE ESQ

885 3RD AVE  
NEW YORK, NY 10022

(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	7562	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"/>

**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
CONGRESS ASSET MANAGEMENT CO LLP 2 SEAPORT LANE BOSTON, MA 02210  04-2848965	28 71 51	

<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 BERMA TRUS COMPANY N.A. 1260 6TH AVENUE NEW YORK, NY 10104  27-2510082	28 71 52	

<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: FIRST ACTUARIAL CONSULTING, INC	<b>b</b> EIN: 26-3842522
<b>c</b> Position: FUND ACTUARY	
<b>d</b> Address: 1501 BROADWAY STE 1728 NEW YORK, NY 10036	<b>e</b> Telephone:

Explanation: BOARD OF TRUSTEES DECISION.

<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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>	OMB No. 1210-0110  <hr/> <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 <u>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1567895</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LV LARGE CAP 1000 VALUE INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>46-2026448-018</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4297614</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LV LARGE CAP 500 VEBA INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>13-4015803-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6045779</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LV LARGE CAP 1000 GROWTH INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>42-2032992-019</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3486468</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LV BROAD MARKET 3000 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
<b>c</b> EIN-PN <u>46-2044954-020</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>6319107</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ULLICO INFRASTRUCTURE TAX-EXEMPT FD</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ULLICO INVESTMENT ADVISORS, INC</u>		
<b>c</b> EIN-PN <u>90-0622302-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3644170</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<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 WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1567895</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3893034	4077511
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1861691	2401891
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	369329	494361
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	735120	631247
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3577617	3684804
<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>	2831703	2944379
<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>	8045953	1864227
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	13704041	20148969
<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>	3443527	3644170
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	10076325	10691368
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	10159833	9585496

<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>	58698173	60168423
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	115659	114824
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	16283720	18978376
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	16399379	19093200
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	42298794	41075223

**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>	17281601	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	381653	
<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>		17663254
<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>	16480	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	123286	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	89692	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	-233238	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		-3780
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	24468	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	561562	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		586030
(3) 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>	34200163	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	28612401	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-1573050	
<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>		216207
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		22476423

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	22573310	
(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>		22573310
<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>	236746	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	251355	
(4) IQPA audit fees .....	<b>2i(4)</b>	44700	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	298105	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	15000	
(8) Legal fees .....	<b>2i(8)</b>	155811	
(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>	124967	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1126684
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		23699994

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1223571
<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		8712984
<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 WELFARE FUND  
FINANCIAL REPORT  
DECEMBER 31, 2024 AND 2023**



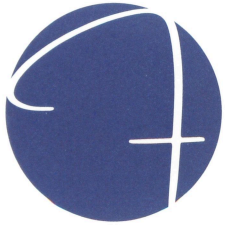
**FITZSIMMONS  
ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

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

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## **INDEPENDENT AUDITOR'S REPORT**

Board of Trustees  
Northeast District Council of the OPCMIA Welfare Fund

### **Opinion**

We have audited the accompanying financial statements of Northeast District Council of the OPCMIA Welfare Fund (the "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 and statements of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan benefit obligations 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 and benefit obligations of Northeast District Council of the OPCMIA Welfare Fund Employee Benefit Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations 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 Welfare 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 Welfare Fund Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



## **Responsibilities of Management for the Financial Statements (Continued)**

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.

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 Welfare 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 Welfare 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 information on pages 26 through 36 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 pages 23 through 25 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 14<sup>th</sup>, 2025

**FITZSIMMONS ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke | Ste 210 | Woodbury, NY 11797



**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<u>ASSETS</u>		
Investments at fair value:		
Cash equivalents	\$ 70,184	\$ 238,087
U.S government and governmental agencies	3,684,804	3,577,617
Corporate bonds	2,944,379	2,831,703
Common stocks	-	8,045,953
Mutual funds	10,691,368	10,076,325
Real estate partnership	6,786,934	7,216,050
103-12 investment entities	3,644,170	3,443,527
Partnerships	1,926,050	2,725,938
Common collective & collective investment trusts	20,148,969	10,978,103
	<b>49,896,858</b>	<b>49,133,303</b>
Receivables:		
Employer contributions	2,401,891	1,861,691
Due from related parties	-	4,362
Accrued income receivables	61,868	53,734
	<b>2,463,759</b>	<b>1,919,787</b>
Cash	4,077,511	3,893,034
NYS tax deposit	103,000	103,000
Prepaid expenses	10,433	11,276
	<b>56,551,561</b>	<b>55,060,400</b>
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	112,267	114,069
Fringe benefit fund escrow	285,318	321,439
	<b>397,585</b>	<b>435,508</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 56,153,976</b>	<b>\$ 54,624,892</b>

See accompanying independent auditors' report and notes to the financial statements

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

	Years Ended December 31,	
	2024	2023
<u>ADDITIONS</u>		
Contributions:		
Employers	\$ 17,281,601	\$ 16,386,930
Retirees	303,430	354,585
Participants (COBRA)	78,223	56,416
Total Contributions	17,663,254	16,797,931
Investment income:		
Net appreciation in fair value of investments	4,014,712	5,287,304
Interest and dividends	582,250	668,433
	4,596,962	5,955,737
Less: investment expenses	(298,105)	(303,358)
Net income from investments	4,298,857	5,652,379
Other income:		
Liquidated damages and interest	113,141	161,765
Other income	-	895
Total other income	113,141	162,660
Total Additions	22,075,252	22,612,970
<u>DEDUCTIONS</u>		
Health care benefits paid for participants	14,717,010	15,289,578
Vacation benefits paid for participants	5,103,645	5,174,985
General and administrative expenses	725,513	760,421
Total Deductions	20,546,168	21,224,984
NET INCREASE	1,529,084	1,387,986
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	54,624,892	53,236,906
End of Year	<b>\$ 56,153,976</b>	<b>\$ 54,624,892</b>

See accompanying independent auditors' report and notes to the financial statements

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

	December 31,	
	2024	2023
<b>Obligations for current benefit coverage:</b>		
Accumulated eligibility	\$ 13,900,000	\$ 11,200,000
Vacation payable	1,178,753	1,126,098
Total obligations for current benefit coverage	15,078,753	12,326,098
<b>Postretirement benefit obligations:</b>		
Current retirees, beneficiaries and dependents	14,708,155	12,446,942
Other participants fully eligible for benefits	7,965,769	5,994,800
Other participants not fully eligible for benefits	30,126,399	23,330,807
Total postretirement Benefit Obligations	52,800,323	41,772,549
 <b>TOTAL PLAN BENEFIT OBLIGATIONS</b>	 <b>\$ 67,879,076</b>	 <b>\$ 54,098,647</b>

See accompanying independent auditors' report and notes to the financial statements

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

	Years Ended December 31,	
	2024	2023
<b>Obligations for current benefit coverage:</b>		
Balance - beginning of year	\$ 12,326,098	\$ 12,738,645
Net change during year:		
Accumulated eligibility credits	2,700,000	(200,000)
Vacation payable	52,655	(212,547)
Balance - end of year	15,078,753	12,326,098
<b>Postretirement benefit obligations:</b>		
Balance - beginning of year	41,772,549	38,466,496
Increase (decrease) during year attributable to:		
Benefits earned (paid) and assumption changes	11,027,774	3,306,053
Balance - end of year	52,800,323	41,772,549
<b>TOTAL PLAN BENEFIT OBLIGATIONS</b>	<b>\$ 67,879,076</b>	<b>\$ 54,098,647</b>

See accompanying independent auditors' report and notes to the financial statements

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE 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 Welfare Fund (the “Plan” or the “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 benefit health and welfare plan established under the provisions of an Agreement and Declaration of Trust dated July 1, 1983 and amended December 14, 2017, between the Cement Masons Local 780 (“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 a Welfare Fund for the purpose of, providing and maintaining health care 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 Employer Retirement Income Security Act of 1974 (ERISA), as amended.

**Benefits**

The Plan provides health care benefits to eligible active participants, including their spouses and dependents, through the purchase of fully insured policies with insurance companies. Benefits include hospitalization, surgical, major medical, dental, vision, disability, and prescription drugs. Additionally, the Plan provides a life insurance benefit, accidental death, and dismemberment benefit and a supplemental benefit.

The Plan also provides benefits to retirees. Pension eligible members, are those who:

1. Are receiving a regular, early retirement, disability or Joint and Survivor Annuity from the Cement Masons’ Local 780 Pension Fund, the Local 262 Pension Fund or the Local 40 Pension Fund; and
2. Have at least 20 years of covered employment with the required amount of hours (1,000 hours per year). However, if they are age 62 or older at the time of their retirement they will be eligible for retiree medical coverage if they have 15 years of covered employment with the required amount of hours (1,000 hours per year); and
3. They were eligible as an active member for Welfare Fund benefits on the effective date of their pension or if they were eligible as an active member for Welfare Fund benefits for three of the past five Plan years prior to the effective date of their retirement and pension commencement under the Cement Masons’ Local 780 Pension Fund, the Local 262 Pension Fund or the Local 40 Pension Fund.

They must maintain eligibility for themselves and their covered dependents by proper payment of all required premiums. Retirees of age 65 or older and disabled retirees under 65 years of age must have both Medicare A and B Health Insurance coverage as one condition to secure or maintain eligibility for coverage under this Plan. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

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

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

**Vacation Benefits**

Vacation accounts are maintained for eligible participants who work in covered employment for an employer that, under the terms of their collective bargaining agreement, remit participant contributions for the vacation benefit. Vacation benefit checks are paid quarterly for contributions credited to their accounts.

**Eligibility**

Members who have over 1,000 hours contributed in a year are eligible for benefits in the subsequent year. Additionally, when an individual retires, if they were eligible for benefits when they retired and meet the 20 years and 1,000 hours' rule, they would continue to be eligible in retirement.

**Funding Policy**

Funding is provided through monthly contributions by participating employers on behalf of each covered employee as provided in the applicable prevailing collective bargaining agreement with the Union. Contributions are also made by the Plan's sponsoring Union, the Plan on behalf of its office employees, retirees who continue coverage with the Plan after retirement, and by participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

**NOTE 2 - SUMMARY OF SIGNIFICANT 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, along with estimated amounts for accumulated eligibility, postretirement benefit obligations, and disclosure of contingent assets and liabilities, if any, at the date of the financial statements. Actual results could differ from those estimates.

**Investments Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian. See Note 4 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.

**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.

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

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

**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**

Premiums paid to insurance companies are recorded as health care benefits paid for participants in the accompanying Statements of Changes in Net Assets Available for Benefits when paid.

**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 written time study and detailed in the shared cost allocation policy. (See Note 8)

**Compensated Absences**

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

**NOTE 3 – BENEFIT OBLIGATIONS**

**Postretirement Benefit Obligation**

Although the Plan has calculated and reported a postretirement benefit obligation, this amount is based on the assumption that the Plan will continue in its current form and that the trustees will continue to provide benefits to retirees. However, such benefits do not vest and the trustees reserve the right to amend the Plan to modify and/or discontinue benefits. A postretirement benefit has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of these estimated future benefits that are attributable by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from employers and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with a contributing employer.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical premium levels and other cost-data to estimate future annual cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The projected unit credit cost method was used in developing the accumulated post-retirement benefit obligation and the annual service cost. Under this method, the expected post-retirement benefit obligation is attributed to past service and future service for active participants on a pro-rated basis from date of hire to the date of full eligibility. The benefits accrued or to be accrued are calculated using plan provisions and benefit service in effect for the applicable period but using projected benefit costs to the participant's assumed withdrawal.

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

**NOTE 3 – BENEFIT OBLIGATIONS (continued)**

For measurements purposes, the following health care trend rates were assumed:

Pre Medicare

Year	Pre 65	Post 65	Dental / Vision
	Medical/Rx/Supplemental	Medical/Rx/Supplemental	Admin
2025	8.00%	6.00%	3.00%
2026	7.50	5.50	3.00
2027	7.00	5.00	3.00
2028	6.50	5.00	3.00
2029	6.00	5.00	3.00
2030	5.50	5.00	3.00
2031	5.00	5.00	3.00
2032 and after	5.00	5.00	3.00

The following are other significant assumptions used in the valuation as of December 31, 2024 and 2023:

- Discount Rate: 5.50% per annum at 12/31/24  
4.81% per annum at 12/31/23
- The RP-2014 Blue Collar Headcount-weighted Mortality Table for healthy participants and the RP-2014 Disabled Retiree Headcount-weighted Mortality Table for disabled participants. Both tables are adjusted to 2006 by removing projections under scale MP-2014, and then projected generationally using scale MP-2021.
- Retirement Rates:

**Local 780 hired prior to March 1, 2011:**

Age	Rate	Age	Rate
55	4%	62	50%
56-59	3	63-64	10
60-61	5	65+	100

**Local 780 hired after February 28, 2011:**

Age	Rate	Age	Rate
58-59	3%	63-64	5%
60-61	5	65+	100
62	20		

**Local 262 hired prior to January 1, 2010:**

With either 20 years of service or 20 years of vesting service at retirement.

Age	Rate
62	55%
63-64	25
65+	100

*See independent auditors' report.*

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

**NOTE 3 – BENEFIT OBLIGATIONS (continued)**

- Retirement Rates – continued:  
Others:

<u>Age</u>	<u>Rate</u>
62	40%
63-64	10
65+	100

Hired after December 31, 2009:

<u>Age</u>	<u>Rate</u>
62	20%
63-64	5
65+	100

**Local 40:**

<u>Age</u>	<u>Rate</u>
55	4%
56-59	3
63-64	5
65+	100

- Termination Rates:

**Local 780 and Local 40:**

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	6.6%	40	3.8%
25	5.3	45	3.2
30	4.8	50	1.5
35	4.5		

**Local 262:**

<u>Age</u>	<u>&lt;5 Years of Service</u>	<u>5+ Years of Service</u>
20	25.54%	16.94%
25	30.85	16.94
30	24.44	16.94
35	19.84	17.57
40	18.63	14.53
45	17.05	13.06
50	16.02	12.22
55	14.08	3.08
60	14.11	0.70

*See independent auditors' report.*

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

**NOTE 3 – BENEFIT OBLIGATIONS (continued)**

- Disability Rates:

**Local 780 and Local 40:**

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.09%	0.04%
25	0.12	0.06
30	0.14	0.09
35	0.18	0.14
40	0.25	0.20
45	0.39	0.31
50	0.65	0.51
55	1.21	0.83
60	1.95	1.05
65	0.00	0.00

**Local 262: None**

- Future Service: Active participants are assumed to work 1,200 hours in each year of future employment.
- Marriage: 100% of future retirees eligible for coverage are assumed to elect coverage. 75% of participants are assumed married and husbands three years older than wives.

The foregoing assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation. The medical trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If assumed rates increased by one percentage point, it would increase the Accumulated Plan Benefit Obligation (APBO) as of December 31, 2024 and 2023 by \$9,049,546 and \$8,053,219, respectively, to \$61,849,869 and \$49,825,768 at December 31, 2024 and 2023, respectively.

**Accumulated Eligibility**

Accumulated eligibility obligations are estimated by the Plan’s actuary in accordance with accepted actuarial principles.

The Plan’s excess of benefit obligations over the net assets available for benefits at December 31, 2024 and 2023 is related primarily to the postretirement benefit obligation. It is anticipated that the excess will be addressed by future actions taken by the Plan.

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

**NOTE 4 – 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 worthiness of the issuer.

**U.S. Government and Governmental Agencies:** Valued at the closing price reported in the active market in which the individual securities are traded. Other U.S. Government and governmental agencies bonds are valued based on yields of currently available comparable securities with similar credit ratings.

**Corporate Bonds and Notes:** Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate 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.

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

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

**NOTE 4 – FAIR VALUE MEASUREMENT (continued)**

**Common Collective & Collective Investment Trust Funds:** Value at net asset value (NAV) per share at year end as reported by the fund. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

**Mutual Funds:** Valued 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. This fund is required to publish their daily net asset value (NAV) and to transact at the price. The mutual fund held by the Plan is deemed to be actively traded.

**Real Estate Partnership:** 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 or appraised value of the underlying real estate properties.

**103-12 Investments:** Valued at the amount equal to the net asset value (NAV) per share at year end of the Fund's investment in the master fund in a master/feeder structure. The NAV, as provided by the fund, is used as a practical expedient to estimate fair value. The master fund is carried at fair value based on the financial information provided by the underlying investments in other 103-12 investments funds, as determined by the respective managers of those funds.

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 Fund's 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	\$ 70,184	\$ -	\$ -	\$ 70,184
U.S. Gov't bonds	-	3,684,804	-	3,684,804
Corporate bonds	-	2,944,379	-	2,944,379
Common stock	-	-	-	-
Mutual Funds	10,691,368	-	-	10,691,368
Total Investments in the fair value hierarchy	10,761,552	6,629,183	-	17,390,735
Investments measured at NAV				32,506,123
<b>Total investments</b>	<b>\$ 10,761,552</b>	<b>\$ 6,629,183</b>	<b>\$ -</b>	<b>\$ 49,896,858</b>

*See independent auditors' report.*

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

**NOTE 4 – FAIR VALUE MEASUREMENT (continued)**

**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	\$ 238,087	\$ -	\$ -	\$ 238,087
U.S. Gov't bonds	-	3,577,617	-	3,577,617
Corporate bonds	-	2,831,703	-	2,831,703
Common stock	8,045,953	-	-	8,045,953
Mutual Funds	10,076,325	-	-	10,076,325
Total Investments in the fair value hierarchy	18,360,365	6,409,320	-	24,769,685
Investments measured at NAV				24,363,618
<b>Total investments</b>	<b>\$ 18,360,365</b>	<b>\$ 6,409,320</b>	<b>\$ -</b>	<b>\$ 49,133,303</b>

During the years ended December 31, 2024 **and 2023**, the Fund's investments, including investments bought, sold and held during the year appreciated in value \$4,014,712 and \$5,287,304, respectively.

Net realized gains on the sale of investments included in the above totals amounted to \$5,587,762 and \$1,475,816 for the years ended December 31, 2024 **and 2023**, respectively.

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 transfer in or out of level 3.

**Investments valued at NAV as of December 31, 2024**

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>Common Collective &amp; Collective Investment Trusts</u>				
LV Large Cap Value Index Fd	\$ 3,486,468	\$ -	<i>Daily</i>	<i>Daily</i>
LV Large Cap Veba Index Fund	6,045,780	-	<i>Daily</i>	<i>Daily</i>
LV Broad Mkt 3000 Index Fd	6,319,107	-	<i>Daily</i>	<i>Daily</i>
LV Large Cap Growth Index Fd	4,297,614	-	<i>Daily</i>	<i>Daily</i>
<u>Partnerships</u>				
Clearbridge Int'l Growth Fund	1,926,050	-	<i>Daily</i>	<i>4-10 Days</i>
<u>103-12 Investments</u>				
Ullico Infrastructure Tax-Exempt Fund, LP	3,644,170	-	<i>Quarterly</i>	<i>45 Days</i>
<u>Real Estate Funds</u>				
Boyd Watterson GSA Fund LP	6,786,934	-	<i>Quarterly</i>	<i>60 Days</i>
	<u>\$ 32,506,123</u>	<u>\$ -</u>		

*See independent auditors' report.*

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

**NOTE 4 – FAIR VALUE MEASUREMENT (continued)**

Investments valued at NAV as of December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
<u>Common Collective &amp; Collective</u>				
<u>Investment Trusts</u>				
LV Large Cap Value Index Fund	\$ 3,524,560	\$ -	<i>Daily</i>	<i>Daily</i>
LV Large Cap Veba Index Fund	7,453,543	-	<i>Daily</i>	<i>Daily</i>
<u>Partnerships</u>				
Clearbridge Int'l Growth Fund	2,725,938	-	<i>Daily</i>	<i>Daily</i>
<u>103-12 Investments</u>				
Ullico Infrastructure Tax- Exempt Fund, LP	3,443,527	-	<i>Quarterly</i>	<i>45 Days</i>
<u>Real Estate Funds</u>				
Boyd Watterson GSA Fund LP	7,216,050	-	<i>Quarterly</i>	<i>60 Days</i>
	\$ 24,363,618	\$ -		

**NOTE 5 – 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 from 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 with 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 49%. Occupancy expense for the years ended December 31, 2024 and 2023, was \$14,970 and \$9,299, respectively.

Collection claims and lawsuits may 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 15<sup>th</sup>, 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.

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

**NOTE 6 – 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.

At December 31, 2024 **and** 2023, and at times during the year, cash held in bank checking accounts and bank deposit accounts may exceed the Federal Deposit Insurance Corporation (FDIC) limits. The Trustees' cash management policy is to mitigate the Plan's credit risks by banking with major financial institutions. The Plan has not experienced any losses on such accounts and does not believe it is exposed to any significant credit risk.

The actuarial present value of the Plan's postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 7 – TAX STATUS**

The Internal Revenue Service has ruled that the Fund is an exempt organization under Section 501 (c) (9) of the Internal Revenue Code and is therefore not subject to Federal income taxes. The Fund is required to operate in conformity with the IRC to maintain its qualification. The Board is not aware of any course of action or series of events that have occurred that might adversely affect the Fund's qualified status.

Accounting principles generally accepted in the United States of America requires Fund management to evaluate tax positions taken by the Fund and recognize a tax liability or asset if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund's management has analyzed the tax positions taken by the Fund, 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 Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 8 – RELATED PARTY TRANSACTIONS**

The Plan acts as collection agent for all employer contributions to other related Northeast District Council benefit funds, the Cement Masons Local 780 Pension Fund, the OPCMIA Local 262 Pension Fund and Plasterer's & Cement Masons Local 40 Pension Fund. Additionally, the Plan also collects union dues for its sponsoring union and other work assessments for related Northeast District Council industry organizations included in the collective bargaining agreements. The remittances are deposited into a segregated Northeast District Council of the OPCMIA Welfare Fund bank account and distributed to the other funds from that account. Northeast District Council Union dues and funds collected for other organizations supported by employer contributions that are not administered by the Northeast District Council benefit funds are remitted to those organizations in the normal course of business. Amounts collected and owed to other funds at December 31, 2024 **and** 2023 was \$285,318 and \$321,439, respectively.

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

**NOTE 8 – RELATED PARTY TRANSACTIONS (continued)**

The Plan shares office space and administration with other related Northeast District Council benefit funds, the Cement Masons Local 780 Pension Fund, the OPCMIA Local 262 Pension Fund and Plasterer’s & Cement Masons Local 40 Pension Fund. As part of a cost sharing arrangement, the Plan acts as paying agent for certain common administrative and payroll expenses. Consequently, the Plan is reimbursed by its related benefit funds for their estimated allocable share of these common administrative expenses as determined by the Fund 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. Reimbursable charges from its related benefit funds for shared administrative and payroll expenses for the years ended December 31, 2024 and 2023 totaled \$723,941 and \$712,969, respectively.

**NOTE 9 – PROCEDURES UPON TERMINATION**

Although they have not expressed any intention to do so, the Board of Trustees, as Plan Sponsor, has the right under the Plan to modify the benefits provided to active employees and retirees and to terminate the Plan subject to the provisions of ERISA. In the event of termination, the Plan’s remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of the Plan’s participants.

**NOTE 10 - PROPERTY AND EQUIPMENT**

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

	2024	2023
Furniture and Fixtures	\$ 12,754	\$ 12,754
Less: Accumulated depreciation	(12,754)	(12,754)
Property and Equipment, Net	\$ -	\$ -

Depreciation expense totaled \$- and \$213 for the year ended December 31, 2024 and 2023, respectively.

**NOTE 11 – 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.

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

**NOTE 11 – MULTIEMPLOYER PLAN (continued)**

- 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 Plan 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.

Name of Plan	EIN/Pension Plan Number	Certified Zone Status 2024	FIP/RP Status Pending/Implemented	Contributions for Year Ended December 31, 2024	Surcharge Paid	Expiration Date of CBA
Cement Masons Local 780 Pension Fund	13-1626710/001	Green	N/A	\$ 38,480	N/A	N/A

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits as reported on the financial statements as of December 31, 2024 **and** 2023 to the balances as reported on the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 56,153,976	\$ 54,624,892
Less: Accumulated eligibility	(13,900,000)	(11,200,000)
Vacation payable	(1,178,753)	(1,126,098)
Net assets available for benefits as reported on the form 5500	<u>\$ 41,075,223</u>	<u>\$ 42,298,794</u>

For financial statement purposes, claims payable, claims incurred but not reported, and premiums due to insurers are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor, which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

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

**NOTE 12 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)**

The following is a reconciliation of benefit payments and payments to provide benefits to or for participants as reported on the financial statements to the total benefits as reported on the Form 5500:

	Year Ended December 31, 2024
Total benefits as reported on the financial statement	\$ 19,820,655
Change in accumulated eligibility	2,700,000*
Change in vacation benefits payable	52,655*
Total benefits reported on the Form 5500	\$ 22,573,310

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.

	Per Financial Statements	Reclassification	Per Form 5500
Contributions	\$ 17,663,254	\$ -	\$ 17,663,254
Investment income	4,298,857	298,105	4,596,962
Other Income	113,141	103,066	216,207
Total additions	22,075,252	401,171	22,476,423
Benefits paid	19,820,655	2,752,655*	22,573,310
Administrative expenses	725,513	401,171	1,126,684
Total deductions	20,546,167	3,153,826	23,699,994
Net increase (decrease)	\$ 1,529,085	(\$ 2,752,655)	(\$ 1,223,571)

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 25.

**NOTE 13 – SUBSEQUENT EVENTS**

The Fund has evaluated subsequent events through the date of the auditors' report, the date the financial statements were available to be issued. There were no events requiring recording or disclosure in the financial statements for the year ended December 31, 2024.

On January 17<sup>th</sup>, 2025 the Fund requested a full redemption from the Boyd Watterson GSA Fund. As of the date of the report the redemption is still pending.

*See independent auditors' report.*

**SUPPLEMENTAL SCHEDULES**

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULES OF HEALTH CARE BENEFITS PAID FOR PARTICIPANTS**

	Years Ended December 31,	
	2024	2023
<b><u>INSURED BENEFITS</u></b>		
Hospitalization, surgical, major medical dental, vision, and prescription drugs	\$ 14,303,434	\$ 14,868,594
Supplemental benefits	207,484	218,285
Life insurance	71,638	74,462
Disability insurance	134,454	128,237
	<b>\$ 14,717,010</b>	<b>\$ 15,289,578</b>
<b>Total health care benefits paid for participants</b>	<b>\$ 14,717,010</b>	<b>\$ 15,289,578</b>

See independent auditors' report

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

	Years Ended December 31,	
	2024	2023
<b><u>Fund Office Expenses</u></b>		
Salaries and payroll taxes	\$ 184,439	\$ 186,649
Rent and utilities	14,970	9,299
Employee benefits	52,307	51,812
Computer, internet and equipment maintenance	43,548	52,320
Office	23,935	34,654
Conference and meetings	7,736	2,371
Telephone	2,220	1,768
Depreciation	-	213
	<u>329,155</u>	<u>339,086</u>
<b><u>Professional Fees</u></b>		
Legal	155,811	151,382
Auditing	44,700	44,700
Actuarial	15,000	15,000
Contractor payroll audits	251,355	239,447
	<u>466,866</u>	<u>450,529</u>
<b><u>Other Expenses</u></b>		
Insurance	30,068	27,905
Storage	2,490	2,616
	<u>32,558</u>	<u>30,521</u>
Less: fees from independent employers to cover administrative expenses and administrative service charges	<u>(103,066)</u>	<u>(59,715)</u>
<b>Total Administrative Expense</b>	<b>\$ 725,513</b>	<b>\$ 760,421</b>

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**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA  
WELFARE 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	\$ 70,184	\$ 561,063	\$ 631,247
U.S government securities	3,684,804	-	3,684,804
Corporate bonds	2,944,379	-	2,944,379
Mutual funds	10,691,368	-	10,691,368
Real estate partnership	6,786,934	(6,786,934)	-
103-12 investment entities	3,644,170	-	3,644,170
Partnerships	1,926,050	(1,926,050)	-
Equities	-	1,864,227	1,864,227
Common collective & collective inves	20,148,969	-	20,148,969
Other investments	-	9,585,496	9,585,496
Receivables	2,463,759	108,879	2,572,638
Cash	4,077,511	-	4,077,511
Other assets	<u>113,433</u>	<u>210,181</u>	<u>323,614</u>
<b>Total Assets</b>	<u>56,551,561</u>	<u>3,616,862</u>	<u>60,168,423</u>
<i>Liabilities</i>			
Operating payable	112,267	2,557	114,824
Other liabilities	<u>285,318</u>	<u>3,614,305</u>	<u>3,899,623</u>
<b>Total Liabilities</b>	<u>397,585</u>	<u>3,616,862</u>	<u>4,014,447</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 56,153,976</u>	<u>\$ -</u>	<u>\$ 56,153,976</u>
<b>Less Benefit Obligation Currently Payable</b>			<u>\$ 15,078,753</u>
<b>Net Assets Available for Benefits Form 5500</b>			<u>\$ 41,075,223</u>

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. In addition, for financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligation. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**E.I.N. 13-1567895, PLAN 501**  
**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>Cash Equivalents</b>						
Boyd Watterson Fixed Income - Cash equivalents				\$ 70,184	\$ 70,184	
Boyd Watterson GSA Fund LP- Cash equivalents				499,588	499,588	
Clearbridge International Growth Fund - Cash equivalents				61,475	61,475	
<b>Total Cash Equivalents</b>				<b>631,247</b>	<b>631,247</b>	
<b>Government and Agencies</b>						
US Treasury Notes	10/31/2029	155,000	98.30	155,839	152,372	
US Treasury Notes	2/15/2025	230,000	99.71	229,143	229,344	
US Treasury Notes	2/15/2026	265,000	97.14	256,817	257,423	
US Treasury Notes	1/31/2028	555,000	97.70	548,653	542,209	
US Treasury Notes	11/30/2028	660,000	89.80	599,137	592,685	
US Treasury Notes	1/31/2030	610,000	95.93	585,637	585,147	
US Treasury Notes	8/15/2030	660,000	81.20	568,928	535,915	
US Treasury Notes	9/30/2030	320,000	100.92	323,116	322,938	
US Treasury Notes	11/15/2031	320,000	81.71	272,945	261,475	
US Treasury Notes	5/15/2032	125,000	89.81	119,559	112,261	
US Treasury Notes	2/15/2033	100,000	93.04	94,830	93,035	
<b>Total Government and Agencies</b>				<b>3,754,604</b>	<b>3,684,804</b>	
<b>Corporate Bonds</b>						
<b>Asset Backed</b>						
CARMX 2021-3 0	1/18/2028	60,000	97.26	57,980	58,354	
CARMX 2022-4 0	4/16/2029	50,000	105.50	53,434	52,749	
DRIVE 2021-2 0	3/15/2029	50,533	98.33	48,727	49,689	
DRIVE2021-1D	1/16/2029	64,912	99.10	61,828	64,325	
SOART 2021-2 D	7/15/2027	39,953	99.03	38,114	39,564	
WOART 2021-D C	6/15/2028	130,000	96.95	123,358	126,039	
<b>Corporate Bonds</b>						
Acuity Brands Ligh,ing	12/15/2030	80,000	85.15	79,729	68,122	
Aflac Inc	10/15/2026	125,000	97.04	120,853	121,306	
American Tower Corp	7/15/2028	70,000	100.62	69,897	70,437	
Ares Cap,tal Corp	1/15/2027	65,000	103.63	64,703	67,360	
Arrow Electronics Inc	8/21/2029	75,000	99.50	74,934	74,627	
Assurant Inc	1/15/2032	85,000	83.75	84,907	71,186	
Avalonbay Communit,les	5/15/2027	125,000	97.01	129,432	121,260	
Book,og Holdings Inc	4/13/2030	120,000	99.07	121,720	118,881	
Broadcom Inc	11/15/2030	70,000	95.65	66,298	66,957	
Che,uerre Energy Partners	10/1/2029	70,000	96.82	66,920	67,773	
Ciugroup Inc VRN	5/11/2035	70,000	99.20	70,039	69,438	
Comcast Corp	10/15/2028	125,000	97.54	131,293	121,925	
CVS Health Corp	3/25/2028	70,000	96.87	70,918	67,812	
Duke Energy Florida LLC	6/15/2030	145,000	84.82	142,040	122,989	
Equinix Inc	11/18/2029	75,000	91.92	77,979	68,941	
Exelon Corp	4/15/2030	70,000	95.32	73,589	66,723	
Freeport McMoran Inc.	3/1/2030	70,000	95.01	66,267	66,510	
Goldman Sachs Bank VRN	3/18/2027	120,000	100.55	119,512	120,656	
J P Morgan Chase & Co VRN	7/25/2033	125,000	97.75	122,373	122,183	
KLA Corp	7/15/2032	120,000	97.77	117,691	117,322	
Lazard Group LLC	9/19/2028	70,000	97.74	72,942	68,421	
Lennox Intemanor,al Inc	9/15/2028	65,000	101.63	64,949	66,061	
Masco Corp	2/15/2028	75,000	90.10	74,817	67,575	
Morgan Stanley VRN	10/18/2028	115,000	103.69	118,366	119,245	
Raymond James Financial	4/1/2030	120,000	98.74	117,142	118,482	
Sysco Corporaou,an	4/1/2030	65,000	104.17	67,640	67,709	
T Mobile USA Inc	2/1/2028	70,000	99.35	69,232	69,543	
Targa Resources Partners	2/1/2031	70,000	95.56	57,188	67,593	
US Bancorp VRN	10/21/2026	115,000	100.67	114,999	115,770	
<b>Pass-throughs</b>						
RAMC 2003-2 A	8/25/2033	930	91.41	775	850	
<b>Total Corporate Bonds</b>				<b>\$ 3,012,583</b>	<b>\$ 2,944,379</b>	

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**E.I.N. 13-1567895, PLAN 501**  
**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>Mutual Funds</b>						
Neuberger Berman Strategic Income Fund CL R6	Share	1,083,218.69	9.87	\$ 11,661,826	\$ 10,691,368	
<b>Total Mutual Funds</b>				<b>11,661,826</b>	<b>10,691,368</b>	
<b>103-12 Investments</b>						
Ullico, LP	Share	12,242.59	297.66	3,048,553	3,644,170	
<b>Total 103-12 Investments</b>				<b>3,048,553</b>	<b>3,644,170</b>	
<b>Equities</b>						
Clearbridge International Growth Fund - Foreign & Domestic Securities	Ownership	0.05%	N/A	1,518,241	1,864,227	
<b>Total Equities</b>				<b>1,518,241</b>	<b>1,864,227</b>	
<b>Common Collective Trust</b>						
Longview Broad Market 3000 Index Fund	Share	13,656.28	462.73	6,094,354	6,319,107	
Longview Largecap 1000 Value Index Fund	Share	6,051.10	710.22	3,666,333	4,297,614	
Longview Largecap 1000 Growth Index Fund	Share	10,077.15	345.98	1,711,932	3,486,468	
Longview Largecap 500 Index VEBA Fund	Share	6,343.27	953.10	2,817,569	6,045,780	
<b>Total Common Collective Trust</b>				<b>14,290,188</b>	<b>20,148,969</b>	
<b>Other Investments</b>						
Boyd Watterson GSA Fund, LP	Share	6,880.85	986.35	6,786,934	9,585,496	
<b>Total Other Investments</b>				<b>6,786,934</b>	<b>9,585,496</b>	
<b>Total Investments:</b>				<b>\$ 44,704,176</b>	<b>\$ 53,194,660</b>	

See independent auditors' report

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									
BUY	05/15/24	05/15/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		20.12%
SELL	05/16/24	05/16/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		20.12%
BUY	10/25/24	10/25/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		28.03%
SELL	10/28/24	10/28/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		28.03%
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	10/23/24	10/23/24	4,939,577.74	1.00	4,939,578		4,939,578	4,939,578		27.12%
SELL	10/25/24	10/25/24	5,104,447.16	1.00	5,104,447		5,104,447	5,104,447		28.03%
COMMON/COLLECTIVE FUNDS										
103013013	LONGVIEW BROAD MARKET 3000 INDEX FUND									
BUY	10/28/24	10/28/24	11,228.82	454.57	5,104,311		5,104,311	5,104,311		28.03%
103091412	LV LARGECAP 1000 GROWTH INDEX FD									
BUY	05/16/24	05/16/24	6,049.18	605.89	3,665,133		3,665,133	3,665,133		20.12%

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									
BUY	05/09/24	05/09/24	985,000.00	1.00	985,000		985,000	985,000		107.19%
BUY	05/15/24	05/15/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		
BUY	06/03/24	06/03/24	139.54	1.00	140		140	140		
BUY	06/03/24	06/03/24	520.06	1.00	520		520	520		
BUY	06/05/24	06/05/24	1,032.48	1.00	1,032		1,032	1,032		
BUY	06/18/24	06/18/24	2.69	1.00	3		3	3		
BUY	06/18/24	06/18/24	10.01	1.00	10		10	10		
BUY	07/02/24	07/02/24	0.08	1.00	0		0	0		
BUY	07/02/24	07/02/24	0.36	1.00	0		0	0		
BUY	07/03/24	07/03/24	0.46	1.00	0		0	0		
BUY	08/12/24	08/12/24	22.01	1.00	22		22	22		
BUY	08/12/24	08/12/24	86.22	1.00	86		86	86		
BUY	09/03/24	09/03/24	0.02	1.00	0		0	0		
BUY	10/25/24	10/25/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		
BUY	11/01/24	11/01/24	1,997.13	1.00	1,997		1,997	1,997		
BUY	11/04/24	11/04/24	2,957.43	1.00	2,957		2,957	2,957		
BUY	11/13/24	11/13/24	41.85	1.00	42		42	42		
BUY	12/02/24	12/02/24	1.47	1.00	1		1	1		
BUY	12/03/24	12/03/24	0.99	1.00	1		1	1		
BUY	12/23/24	12/23/24	0.04	1.00	0		0	0		
			SUB-TOTAL BUYS	TXN CNT:	20		9,761,255	9,761,255		
SELL	05/10/24	05/10/24	985,000.00	1.00	985,000		985,000	985,000		
SELL	05/16/24	05/16/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		
SELL	06/06/24	06/06/24	1,552.54	1.00	1,553		1,553	1,553		
SELL	06/07/24	06/07/24	139.54	1.00	140		140	140		
SELL	06/28/24	06/28/24	10.01	1.00	10		10	10		
SELL	07/09/24	07/09/24	2.77	1.00	3		3	3		
SELL	07/31/24	07/31/24	0.82	1.00	1		1	1		
SELL	08/14/24	08/14/24	21.70	1.00	22		22	22		
SELL	08/14/24	08/14/24	84.55	1.00	85		85	85		
SELL	08/16/24	08/16/24	0.31	1.00	0		0	0		
SELL	08/16/24	08/16/24	1.67	1.00	2		2	2		
SELL	10/28/24	10/28/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		
SELL	11/05/24	11/05/24	4,954.56	1.00	4,955		4,955	4,955		
SELL	11/18/24	11/18/24	41.85	1.00	42		42	42		
SELL	12/04/24	12/04/24	1.47	1.00	1		1	1		
SELL	12/06/24	12/06/24	0.99	1.00	1		1	1		
			SUB-TOTAL SELLS	TXN CNT:	16		9,761,259	9,761,259		
			SECURITY TOTAL	TXN CNT:	36		19,522,514	19,522,514		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
(CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	01/02/24	01/02/24	257.94	1.00	258		258	258		63.00%
BUY	01/16/24	01/16/24	1,255.00	1.00	1,255		1,255	1,255		
BUY	01/19/24	01/19/24	50,890.24	1.00	50,890		50,890	50,890		
BUY	01/22/24	01/22/24	40,020.33	1.00	40,020		40,020	40,020		
BUY	01/26/24	01/26/24	195.50	1.00	196		196	196		
BUY	01/31/24	01/31/24	102.60	1.00	103		103	103		
BUY	02/01/24	02/01/24	1,213.41	1.00	1,213		1,213	1,213		
BUY	02/02/24	02/02/24	399.00	1.00	399		399	399		
BUY	02/14/24	02/14/24	156.00	1.00	156		156	156		
BUY	02/21/24	02/21/24	110.00	1.00	110		110	110		
BUY	03/01/24	03/01/24	1,189.17	1.00	1,189		1,189	1,189		
BUY	03/13/24	03/13/24	112.75	1.00	113		113	113		
BUY	03/14/24	03/14/24	420.00	1.00	420		420	420		
BUY	03/15/24	03/15/24	229.00	1.00	229		229	229		
BUY	03/18/24	03/18/24	150.00	1.00	150		150	150		
BUY	03/20/24	03/20/24	328.05	1.00	328		328	328		
BUY	03/21/24	03/21/24	171.50	1.00	172		172	172		
BUY	03/22/24	03/22/24	84,531.38	1.00	84,531		84,531	84,531		
BUY	03/28/24	03/28/24	550.00	1.00	550		550	550		
BUY	04/01/24	04/01/24	227.34	1.00	227		227	227		
BUY	04/15/24	04/15/24	1,160.00	1.00	1,160		1,160	1,160		
BUY	04/18/24	04/18/24	57,296.93	1.00	57,297		57,297	57,297		
BUY	05/10/24	05/10/24	399.00	1.00	399		399	399		
BUY	05/15/24	05/15/24	337.75	1.00	338		338	338		
BUY	05/22/24	05/22/24	110.00	1.00	110		110	110		
BUY	05/30/24	05/30/24	600.00	1.00	600		600	600		
BUY	06/03/24	06/03/24	468.99	1.00	469		469	469		
BUY	06/05/24	06/05/24	29,468.51	1.00	29,469		29,469	29,469		
BUY	06/06/24	06/06/24	14,628.29	1.00	14,628		14,628	14,628		
BUY	06/07/24	06/07/24	60,128.43	1.00	60,128		60,128	60,128		
BUY	06/12/24	06/12/24	112.75	1.00	113		113	113		
BUY	06/20/24	06/20/24	538.40	1.00	538		538	538		
BUY	06/26/24	06/26/24	169.00	1.00	169		169	169		
BUY	06/28/24	06/28/24	510.00	1.00	510		510	510		
BUY	07/02/24	07/02/24	361.70	1.00	362		362	362		
BUY	07/09/24	07/09/24	5,195.99	1.00	5,196		5,196	5,196		
BUY	07/11/24	07/11/24	20,546.74	1.00	20,547		20,547	20,547		
BUY	07/15/24	07/15/24	154,560.22	1.00	154,560		154,560	154,560		
BUY	07/16/24	07/16/24	206,095.00	1.00	206,095		206,095	206,095		
BUY	07/30/24	07/30/24	83.75	1.00	84		84	84		
BUY	08/01/24	08/01/24	2,017.89	1.00	2,018		2,018	2,018		
BUY	08/02/24	08/02/24	311.60	1.00	312		312	312		
BUY	08/07/24	08/07/24	35.00	1.00	35		35	35		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT (CON'T)										
BUY	08/14/24	08/14/24	165.75	1.00	166		166	166		63.00%
BUY	08/21/24	08/21/24	88.00	1.00	88		88	88		
BUY	08/29/24	08/29/24	600.00	1.00	600		600	600		
BUY	08/30/24	08/30/24	510.00	1.00	510		510	510		
BUY	09/03/24	09/03/24	1,625.82	1.00	1,626		1,626	1,626		
BUY	09/11/24	09/11/24	112.75	1.00	113		113	113		
BUY	09/13/24	09/13/24	498.28	1.00	498		498	498		
BUY	09/18/24	09/18/24	356.40	1.00	356		356	356		
BUY	09/19/24	09/19/24	645.75	1.00	646		646	646		
BUY	09/27/24	09/27/24	23,556.04	1.00	23,556		23,556	23,556		
BUY	10/11/24	10/11/24	89.25	1.00	89		89	89		
BUY	10/15/24	10/15/24	658.25	1.00	658		658	658		
BUY	10/18/24	10/18/24	29.81	1.00	30		30	30		
BUY	10/23/24	10/23/24	4,939,577.74	1.00	4,939,578		4,939,578	4,939,578		
BUY	10/30/24	10/30/24	877.50	1.00	878		878	878		
BUY	11/01/24	11/01/24	1,768.33	1.00	1,768		1,768	1,768		
BUY	12/02/24	12/02/24	0.99	1.00	1		1	1		
			SUB-TOTAL BUYS	TXN CNT:	60		5,708,807	5,708,807		
SELL	01/23/24	01/23/24	41,053.73	1.00	41,054		41,054	41,054		
SELL	02/06/24	02/06/24	3,326.65	1.00	3,327		3,327	3,327		
SELL	02/07/24	02/07/24	11,029.30	1.00	11,029		11,029	11,029		
SELL	02/08/24	02/08/24	3,940.41	1.00	3,940		3,940	3,940		
SELL	02/09/24	02/09/24	17,131.13	1.00	17,131		17,131	17,131		
SELL	03/06/24	03/06/24	43,303.26	1.00	43,303		43,303	43,303		
SELL	03/11/24	03/11/24	866.64	1.00	867		867	867		
SELL	03/25/24	03/25/24	39,872.80	1.00	39,873		39,873	39,873		
SELL	03/26/24	03/26/24	29,762.12	1.00	29,762		29,762	29,762		
SELL	04/19/24	04/19/24	6,804.31	1.00	6,804		6,804	6,804		
SELL	04/26/24	04/26/24	29,595.22	1.00	29,595		29,595	29,595		
SELL	04/29/24	04/29/24	22,259.18	1.00	22,259		22,259	22,259		
SELL	04/30/24	04/30/24	2,812.99	1.00	2,813		2,813	2,813		
SELL	05/01/24	05/01/24	9,172.82	1.00	9,173		9,173	9,173		
SELL	05/02/24	05/02/24	7,881.50	1.00	7,882		7,882	7,882		
SELL	06/13/24	06/13/24	12,612.36	1.00	12,612		12,612	12,612		
SELL	06/14/24	06/14/24	40,179.76	1.00	40,180		40,180	40,180		
SELL	06/17/24	06/17/24	496.25	1.00	496		496	496		
SELL	07/10/24	07/10/24	6,294.11	1.00	6,294		6,294	6,294		
SELL	07/12/24	07/12/24	9,845.27	1.00	9,845		9,845	9,845		
SELL	07/17/24	07/17/24	59,962.96	1.00	59,963		59,963	59,963		
SELL	07/22/24	07/22/24	492.15	1.00	492		492	492		
SELL	08/15/24	08/15/24	115,700.13	1.00	115,700		115,700	115,700		
SELL	08/16/24	08/16/24	40,019.19	1.00	40,019		40,019	40,019		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT (CONT)										
SELL	08/19/24	08/19/24	33,889.97	1.00	33,890		33,890	33,890		63.00%
SELL	09/30/24	09/30/24	33,581.96	1.00	33,582		33,582	33,582		
SELL	10/01/24	10/01/24	1,761.64	1.00	1,762		1,762	1,762		
SELL	10/02/24	10/02/24	24,566.29	1.00	24,566		24,566	24,566		
SELL	10/03/24	10/03/24	9,706.56	1.00	9,707		9,707	9,707		
SELL	10/21/24	10/21/24	508.93	1.00	509		509	509		
SELL	10/25/24	10/25/24	5,104,447.16	1.00	5,104,447		5,104,447	5,104,447		
SELL	11/04/24	11/04/24	2,645.83	1.00	2,646		2,646	2,646		
SELL	12/03/24	12/03/24	0.99	1.00	1		1	1		
SUB-TOTAL SELLS					33		5,765,523	5,765,523		
SECURITY TOTAL					93		11,474,330	11,474,330		20.00%
4812A2835 JPMORGAN 100% US TREASURY MONEY MARKET										
BUY	01/02/24	01/02/24	991.72	1.00	992		992	992		
BUY	01/02/24	01/02/24	625.47	1.00	625		625	625		
BUY	01/16/24	01/16/24	14,041.23	1.00	14,041		14,041	14,041		
BUY	01/16/24	01/16/24	60.90	1.00	61		61	61		
BUY	01/17/24	01/17/24	594.17	1.00	594		594	594		
BUY	01/19/24	01/19/24	123,913.88	1.00	123,914		123,914	123,914		
BUY	01/25/24	01/25/24	2,954.66	1.00	2,955		2,955	2,955		
BUY	01/31/24	01/31/24	20,650.00	1.00	20,650		20,650	20,650		
BUY	02/01/24	02/01/24	3,823.78	1.00	3,824		3,824	3,824		
BUY	02/01/24	02/01/24	424.13	1.00	424		424	424		
BUY	02/06/24	02/06/24	17,211.15	1.00	17,211		17,211	17,211		
BUY	02/09/24	02/09/24	264.66	1.00	265		265	265		
BUY	02/12/24	02/12/24	41,188.99	1.00	41,189		41,189	41,189		
BUY	02/15/24	02/15/24	133,069.69	1.00	133,070		133,070	133,070		
BUY	02/15/24	02/15/24	1,107.23	1.00	1,107		1,107	1,107		
BUY	02/20/24	02/20/24	433.00	1.00	433		433	433		
BUY	02/20/24	02/20/24	7,458.68	1.00	7,459		7,459	7,459		
BUY	02/21/24	02/21/24	3,465.65	1.00	3,466		3,466	3,466		
BUY	02/26/24	02/26/24	13.55	1.00	14		14	14		
BUY	02/26/24	02/26/24	5,401.63	1.00	5,402		5,402	5,402		
BUY	02/27/24	02/27/24	22,338.49	1.00	22,338		22,338	22,338		
BUY	02/28/24	02/28/24	10,961.02	1.00	10,961		10,961	10,961		
BUY	02/29/24	02/29/24	1,687.50	1.00	1,688		1,688	1,688		
BUY	03/01/24	03/01/24	428.88	1.00	429		429	429		
BUY	03/05/24	03/05/24	7,317.31	1.00	7,317		7,317	7,317		
BUY	03/08/24	03/08/24	1,323.59	1.00	1,324		1,324	1,324		
BUY	03/11/24	03/11/24	57,658.23	1.00	57,658		57,658	57,658		
BUY	03/12/24	03/12/24	2,313.23	1.00	2,313		2,313	2,313		
BUY	03/15/24	03/15/24	12,198.54	1.00	12,199		12,199	12,199		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
4812A2835	JPMORGAN 100% US TREASURY MONEY MARKET (CONT)									
BUY	03/18/24	03/18/24	8,710.01	1.00	8,710		8,710	8,710		20.00%
BUY	03/20/24	03/20/24	433.00	1.00	433		433	433		
BUY	03/25/24	03/25/24	1,513.71	1.00	1,514		1,514	1,514		
BUY	03/27/24	03/27/24	5,650.61	1.00	5,651		5,651	5,651		
BUY	04/01/24	04/01/24	6,616.40	1.00	6,616		6,616	6,616		
BUY	04/01/24	04/01/24	1,104.61	1.00	1,105		1,105	1,105		
BUY	04/02/24	04/02/24	0.66	1.00	1		1	1		
BUY	04/02/24	04/02/24	439.18	1.00	439		439	439		
BUY	04/05/24	04/05/24	7,278.39	1.00	7,278		7,278	7,278		
BUY	04/11/24	04/11/24	17,674.41	1.00	17,674		17,674	17,674		
BUY	04/11/24	04/11/24	278.00	1.00	278		278	278		
BUY	04/15/24	04/15/24	14,402.09	1.00	14,402		14,402	14,402		
BUY	04/15/24	04/15/24	114.66	1.00	115		115	115		
BUY	04/16/24	04/16/24	11,414.86	1.00	11,415		11,415	11,415		
BUY	04/18/24	04/18/24	48,860.58	1.00	48,861		48,861	48,861		
BUY	04/23/24	04/23/24	3,726.03	1.00	3,726		3,726	3,726		
BUY	04/25/24	04/25/24	10,523.28	1.00	10,523		10,523	10,523		
BUY	05/01/24	05/01/24	170.71	1.00	171		171	171		
BUY	05/01/24	05/01/24	568.85	1.00	569		569	569		
BUY	05/02/24	05/02/24	0.23	1.00	0		0	0		
BUY	05/07/24	05/07/24	12,161.62	1.00	12,162		12,162	12,162		
BUY	05/09/24	05/09/24	264.66	1.00	265		265	265		
BUY	05/13/24	05/13/24	57,534.50	1.00	57,535		57,535	57,535		
BUY	05/15/24	05/15/24	105,079.12	1.00	105,079		105,079	105,079		
BUY	05/16/24	05/16/24	39,635.91	1.00	39,636		39,636	39,636		
BUY	05/16/24	05/16/24	512.13	1.00	512		512	512		
BUY	05/17/24	05/17/24	15,456.19	1.00	15,456		15,456	15,456		
BUY	05/24/24	05/24/24	70,361.09	1.00	70,361		70,361	70,361		
BUY	05/28/24	05/28/24	45.77	1.00	46		46	46		
BUY	05/31/24	05/31/24	10,186.74	1.00	10,187		10,187	10,187		
BUY	06/03/24	06/03/24	365.45	1.00	365		365	365		
BUY	06/03/24	06/03/24	230.91	1.00	231		231	231		
BUY	06/04/24	06/04/24	289.44	1.00	289		289	289		
BUY	06/05/24	06/05/24	91,864.27	1.00	91,864		91,864	91,864		
BUY	06/07/24	06/07/24	19,097.20	1.00	19,097		19,097	19,097		
BUY	06/10/24	06/10/24	0.43	1.00	0		0	0		
BUY	06/17/24	06/17/24	23,122.49	1.00	23,122		23,122	23,122		
BUY	06/18/24	06/18/24	110,417.75	1.00	110,418		110,418	110,418		
BUY	06/20/24	06/20/24	1,577.94	1.00	1,578		1,578	1,578		
BUY	06/21/24	06/21/24	433.00	1.00	433		433	433		
BUY	06/25/24	06/25/24	16.62	1.00	17		17	17		
BUY	07/02/24	07/02/24	554.69	1.00	555		555	555		
BUY	07/02/24	07/02/24	0.46	1.00	0		0	0		
BUY	07/15/24	07/15/24	14,535.67	1.00	14,536		14,536	14,536		

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NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501'  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
4812A2835 JPMORGAN 100% US TREASURY MONEY MARKET (CONT)										
BUY	07/16/24	07/16/24	60,589.04	1.00	60,589		60,589	60,589		20.00%
BUY	07/31/24	07/31/24	18,987.50	1.00	18,988		18,988	18,988		
BUY	08/01/24	08/01/24	3,861.71	1.00	3,862		3,862	3,862		
BUY	08/02/24	08/02/24	6,935.48	1.00	6,935		6,935	6,935		
BUY	08/13/24	08/13/24	16,953.86	1.00	16,954		16,954	16,954		
BUY	08/15/24	08/15/24	11,981.26	1.00	11,981		11,981	11,981		
BUY	08/16/24	08/16/24	17,257.01	1.00	17,257		17,257	17,257		
BUY	08/26/24	08/26/24	8.92	1.00	9		9	9		
BUY	09/03/24	09/03/24	1,777.34	1.00	1,777		1,777	1,777		
BUY	09/04/24	09/04/24	0.52	1.00	1		1	1		
BUY	09/16/24	09/16/24	1,787.50	1.00	1,788		1,788	1,788		
BUY	09/17/24	09/17/24	17,686.78	1.00	17,687		17,687	17,687		
BUY	09/19/24	09/19/24	4,744.80	1.00	4,745		4,745	4,745		
BUY	09/20/24	09/20/24	120,000.00	1.00	120,000		120,000	120,000		
BUY	09/23/24	09/23/24	433.00	1.00	433		433	433		
BUY	09/30/24	09/30/24	7,400.00	1.00	7,400		7,400	7,400		
BUY	10/01/24	10/01/24	128,394.62	1.00	128,395		128,395	128,395		
BUY	10/08/24	10/08/24	56,260.20	1.00	56,260		56,260	56,260		
BUY	10/15/24	10/15/24	5,989.38	1.00	5,989		5,989	5,989		
BUY	10/16/24	10/16/24	18,845.99	1.00	18,846		18,846	18,846		
BUY	10/22/24	10/22/24	3,293.03	1.00	3,293		3,293	3,293		
BUY	10/23/24	10/23/24	3,620.20	1.00	3,620		3,620	3,620		
BUY	10/25/24	10/25/24	7.34	1.00	7		7	7		
BUY	10/31/24	10/31/24	3,100.00	1.00	3,100		3,100	3,100		
BUY	11/01/24	11/01/24	274.68	1.00	275		275	275		
BUY	11/15/24	11/15/24	12,749.86	1.00	12,750		12,750	12,750		
BUY	11/18/24	11/18/24	1,200.00	1.00	1,200		1,200	1,200		
BUY	11/19/24	11/19/24	10,575.48	1.00	10,575		10,575	10,575		
BUY	11/25/24	11/25/24	17.33	1.00	17		17	17		
BUY	12/02/24	12/02/24	5,249.27	1.00	5,249		5,249	5,249		
BUY	12/11/24	12/11/24	1,907.15	1.00	1,907		1,907	1,907		
BUY	12/13/24	12/13/24	105.00	1.00	105		105	105		
BUY	12/16/24	12/16/24	7,908.28	1.00	7,908		7,908	7,908		
BUY	12/17/24	12/17/24	9,010.70	1.00	9,011		9,011	9,011		
BUY	12/26/24	12/26/24	4.34	1.00	4		4	4		
			SUB-TOTAL BUYS	TXN CNT:	108		1,766,065	1,766,065		
SELL	01/22/24	01/22/24	124,773.69	1.00	124,774		124,774	124,774		
SELL	01/23/24	01/23/24	638.63	1.00	639		639	639		
SELL	01/23/24	01/23/24	328.62	1.00	329		329	329		
SELL	02/13/24	02/13/24	66,887.46	1.00	66,887		66,887	66,887		
SELL	02/14/24	02/14/24	79,670.18	1.00	79,670		79,670	79,670		
SELL	02/16/24	02/16/24	53,670.93	1.00	53,671		53,671	53,671		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
4812A2835	JPMORGAN 100% US TREASURY MONEY MARKET (CONT)									
SELL	02/28/24	02/28/24	67,421.31	1.00	67,421		67,421	67,421		20.00%
SELL	02/29/24	02/29/24	4,756.69	1.00	4,757		4,757	4,757		
SELL	03/01/24	03/01/24	3,964.26	1.00	3,964		3,964	3,964		
SELL	03/04/24	03/04/24	4,592.39	1.00	4,592		4,592	4,592		
SELL	03/13/24	03/13/24	18,714.36	1.00	18,714		18,714	18,714		
SELL	03/14/24	03/14/24	845.86	1.00	846		846	846		
SELL	03/15/24	03/15/24	5,268.62	1.00	5,269		5,269	5,269		
SELL	03/18/24	03/18/24	3,029.86	1.00	3,030		3,030	3,030		
SELL	03/19/24	03/19/24	24,203.54	1.00	24,204		24,204	24,204		
SELL	03/19/24	03/19/24	2,797.03	1.00	2,797		2,797	2,797		
SELL	03/20/24	03/20/24	764.74	1.00	765		765	765		
SELL	03/21/24	03/21/24	756.39	1.00	756		756	756		
SELL	03/22/24	03/22/24	762.57	1.00	763		763	763		
SELL	03/25/24	03/25/24	1,353.75	1.00	1,354		1,354	1,354		
SELL	03/26/24	03/26/24	1,727.25	1.00	1,727		1,727	1,727		
SELL	03/28/24	03/28/24	16,191.80	1.00	16,192		16,192	16,192		
SELL	04/12/24	04/12/24	73,248.42	1.00	73,248		73,248	73,248		
SELL	04/19/24	04/19/24	120,561.65	1.00	120,562		120,562	120,562		
SELL	04/19/24	04/19/24	371.07	1.00	371		371	371		
SELL	05/15/24	05/15/24	123,835.42	1.00	123,835		123,835	123,835		
SELL	05/20/24	05/20/24	148,212.02	1.00	148,212		148,212	148,212		
SELL	05/23/24	05/23/24	62,253.10	1.00	62,253		62,253	62,253		
SELL	05/30/24	05/30/24	76,837.99	1.00	76,838		76,838	76,838		
SELL	06/05/24	06/05/24	1,032.48	1.00	1,032		1,032	1,032		
SELL	06/11/24	06/11/24	60,000.00	1.00	60,000		60,000	60,000		
SELL	06/26/24	06/26/24	110,028.43	1.00	110,028		110,028	110,028		
SELL	07/03/24	07/03/24	0.46	1.00	0		0	0		
SELL	07/22/24	07/22/24	653.41	1.00	653		653	653		
SELL	07/23/24	07/23/24	87,373.56	1.00	87,374		87,374	87,374		
SELL	07/25/24	07/25/24	61,049.14	1.00	61,049		61,049	61,049		
SELL	08/21/24	08/21/24	74,495.00	1.00	74,495		74,495	74,495		
SELL	08/28/24	08/28/24	12,996.64	1.00	12,997		12,997	12,997		
SELL	09/25/24	09/25/24	131,960.30	1.00	131,960		131,960	131,960		
SELL	10/03/24	10/03/24	78,891.42	1.00	78,891		78,891	78,891		
SELL	10/07/24	10/07/24	80,897.31	1.00	80,897		80,897	80,897		
SELL	10/09/24	10/09/24	39,339.40	1.00	39,339		39,339	39,339		
SELL	10/21/24	10/21/24	679.26	1.00	679		679	679		
SELL	11/29/24	11/29/24	12,483.18	1.00	12,483		12,483	12,483		
SELL	12/23/24	12/23/24	36,928.04	1.00	36,928		36,928	36,928		
SUB-TOTAL SELLS			TXN CNT: 45		1,877,245		1,877,245	1,877,245		
SECURITY TOTAL			TXN CNT: 153		3,643,310		3,643,310	3,643,310		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
 SCHEDULE H (FORM 5500) LINE 4j  
 SCHEDULE REPORTABLE TRANSACTIONS  
 EIN: 13-1567895, PLAN 501  
 DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
SECURITY CLASS TOTAL										
			0		34,640,154			34,640,154		
COMMON/COLLECTIVE FUNDS										
103013013	LONGVIEW BROAD MARKET 3000 INDEX FUND									
BUY	05/10/24	05/10/24	2,416.22	407.66	985,000		985,000			33.44%
BUY	06/07/24	06/07/24	0.34	416.54	140		140			
BUY	07/09/24	07/09/24	0.01	432.81	3		3			
BUY	08/14/24	08/14/24	0.05	423.83	22		22			
BUY	08/16/24	08/16/24	0.00	442.86	0		0			
BUY	10/28/24	10/28/24	11,228.82	454.57	5,104,311		5,104,311			
	SUB-TOTAL BUYS		TXN CNT:		6		6,089,476			
SELL	07/22/24	07/22/24	0.15	429.98	64		64		61	3
SELL	10/21/24	10/21/24	0.15	459.75	67		67		59	8
	SUB-TOTAL SELLS		TXN CNT:		2		131		120	11
	SECURITY TOTAL		TXN CNT:		8		6,089,607		6,089,596	11
103091412	LV LARGE CAP 1000 GROWTH INDEX FD									
BUY	05/16/24	05/16/24	6,049.18	605.89	3,665,133		3,665,133			20.14%
BUY	06/06/24	06/06/24	2.51	618.99	1,553		1,553			
BUY	06/28/24	06/28/24	0.02	645.81	10		10			
BUY	07/31/24	07/31/24	0.00	630.77	1		1			
BUY	08/14/24	08/14/24	0.14	625.83	85		85			
BUY	08/16/24	08/16/24	0.00	642.31	2		2			
	SUB-TOTAL BUYS		TXN CNT:		6		3,666,784		3,666,784	
SELL	07/22/24	07/22/24	0.38	638.21	243		243		231	12
SELL	10/21/24	10/21/24	0.36	676.66	245		245		219	26
	SUB-TOTAL SELLS		TXN CNT:		2		488		450	38
	SECURITY TOTAL		TXN CNT:		8		3,667,272		3,667,234	38
SECURITY CLASS TOTAL					0		9,756,879		9,756,830	49

See independent auditors' report.

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**E.I.N. 13-1567895, PLAN 501**  
**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>Cash Equivalents</b>						
	Boyd Watterson Fixed Income - Cash equivalents			\$ 70,184	\$ 70,184	
	Boyd Watterson GSA Fund LP- Cash equivalents			499,588	499,588	
	Clearbridge International Growth Fund - Cash equivalents			61,475	61,475	
<b>Total Cash Equivalents</b>				<b>631,247</b>	<b>631,247</b>	
<b>Government and Agencies</b>						
	US Treasury Notes	10/31/2029	155,000	98.30	155,839	152,372
	US Treasury Notes	2/15/2025	230,000	99.71	229,143	229,344
	US Treasury Notes	2/15/2026	265,000	97.14	256,817	257,423
	US Treasury Notes	1/31/2028	555,000	97.70	548,653	542,209
	US Treasury Notes	11/30/2028	660,000	89.80	599,137	592,685
	US Treasury Notes	1/31/2030	610,000	95.93	585,637	585,147
	US Treasury Notes	8/15/2030	660,000	81.20	568,928	535,915
	US Treasury Notes	9/30/2030	320,000	100.92	323,116	322,938
	US Treasury Notes	11/15/2031	320,000	81.71	272,945	261,475
	US Treasury Notes	5/15/2032	125,000	89.81	119,559	112,261
	US Treasury Notes	2/15/2033	100,000	93.04	94,830	93,035
<b>Total Government and Agencies</b>				<b>3,754,604</b>	<b>3,684,804</b>	
<b>Corporate Bonds</b>						
<i>Asset Backed</i>						
	CARMX 2021-3 0	1/18/2028	60,000	97.26	57,980	58,354
	CARMX 2022-4 0	4/16/2029	50,000	105.50	53,434	52,749
	DRIVE 2021-2 0	3/15/2029	50,533	98.33	48,727	49,689
	DRIVE2021-1D	1/16/2029	64,912	99.10	61,828	64,325
	SOART 2021-2 D	7/15/2027	39,953	99.03	38,114	39,564
	WOART 2021-D C	6/15/2028	130,000	96.95	123,358	126,039
<i>Corporate Bonds</i>						
	Acuity Brands Ligh,ing	12/15/2030	80,000	85.15	79,729	68,122
	Aflac Inc	10/15/2026	125,000	97.04	120,853	121,306
	American Tower Corp	7/15/2028	70,000	100.62	69,897	70,437
	Ares Cap,tal Corp	1/15/2027	65,000	103.63	64,703	67,360
	Arrow Electronics Inc	8/21/2029	75,000	99.50	74,934	74,627
	Assurant Inc	1/15/2032	85,000	83.75	84,907	71,186
	Avalonbay Communit,ies	5/15/2027	125,000	97.01	129,432	121,260
	Book,og Holdings Inc	4/13/2030	120,000	99.07	121,720	118,881
	Broadcom Inc	11/15/2030	70,000	95.65	66,298	66,957
	Che,ueere Energy Partners	10/1/2029	70,000	96.82	66,920	67,773
	Ciugroup Inc VRN	5/11/2035	70,000	99.20	70,039	69,438
	Comcast Corp	10/15/2028	125,000	97.54	131,293	121,925
	CVS Health Corp	3/25/2028	70,000	96.87	70,918	67,812
	Duke Energy Florida LLC	6/15/2030	145,000	84.82	142,040	122,989
	Equinix Inc	11/18/2029	75,000	91.92	77,979	68,941
	Exelon Corp	4/15/2030	70,000	95.32	73,589	66,723
	Freeport McMoran Inc.	3/1/2030	70,000	95.01	66,267	66,510
	Goldman Sachs Bank VRN	3/18/2027	120,000	100.55	119,512	120,656
	J P Morgan Chase & Co VRN	7/25/2033	125,000	97.75	122,373	122,183
	KLA Corp	7/15/2032	120,000	97.77	117,691	117,322
	Lazard Group LLC	9/19/2028	70,000	97.74	72,942	68,421
	Lennox Intemanor,al Inc	9/15/2028	65,000	101.63	64,949	66,061
	Masco Corp	2/15/2028	75,000	90.10	74,817	67,575
	Morgan Stanley VRN	10/18/2028	115,000	103.69	118,366	119,245
	Raymond James Financial	4/1/2030	120,000	98.74	117,142	118,482
	Sysco Corporaou,an	4/1/2030	65,000	104.17	67,640	67,709
	T Mobile USA Inc	2/1/2028	70,000	99.35	69,232	69,543
	Targa Resources Partners	2/1/2031	70,000	95.56	57,188	67,593
	US Bancorp VRN	10/21/2026	115,000	100.67	114,999	115,770
<i>Pass-throughs</i>						
	RAMC 2003-2 A	8/25/2033	930	91.41	775	850
<b>Total Corporate Bonds</b>				<b>\$ 3,012,583</b>	<b>\$ 2,944,379</b>	

See independent auditors' report

**NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND**  
**SCHEDULE H (FORM 5500) – LINE 4i**  
**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**  
**E.I.N. 13-1567895, PLAN 501**  
**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>Mutual Funds</b>						
Neuberger Berman Strategic Income Fund CL R6	Share	1,083,218.69	9.87	\$ 11,661,826	\$ 10,691,368	
<b>Total Mutual Funds</b>				<b>11,661,826</b>	<b>10,691,368</b>	
<b>103-12 Investments</b>						
Ullico, LP	Share	12,242.59	297.66	3,048,553	3,644,170	
<b>Total 103-12 Investments</b>				<b>3,048,553</b>	<b>3,644,170</b>	
<b>Equities</b>						
Clearbridge International Growth Fund - Foreign & Domestic Securities	Ownership	0.05%	N/A	1,518,241	1,864,227	
<b>Total Equities</b>				<b>1,518,241</b>	<b>1,864,227</b>	
<b>Common Collective Trust</b>						
Longview Broad Market 3000 Index Fund	Share	13,656.28	462.73	6,094,354	6,319,107	
Longview Largecap 1000 Value Index Fund	Share	6,051.10	710.22	3,666,333	4,297,614	
Longview Largecap 1000 Growth Index Fund	Share	10,077.15	345.98	1,711,932	3,486,468	
Longview Largecap 500 Index VEBA Fund	Share	6,343.27	953.10	2,817,569	6,045,780	
<b>Total Common Collective Trust</b>				<b>14,290,188</b>	<b>20,148,969</b>	
<b>Other Investments</b>						
Boyd Watterson GSA Fund, LP	Share	6,880.85	986.35	6,786,934	9,585,496	
<b>Total Other Investments</b>				<b>6,786,934</b>	<b>9,585,496</b>	
<b>Total Investments:</b>				<b>\$ 44,704,176</b>	<b>\$ 53,194,660</b>	

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  
 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 NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND		<b>1b</b> Three-digit plan number (PN) ▶	501
<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 WELFARE FU  1406 BLONDELL AVE, 2ND FLOOR  BRONX NY 10461		<b>1c</b> Effective date of plan	05/01/1946
		<b>2b</b> Employer Identification Number (EIN)	13-1567895
		<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>	<i>10-9-2025</i>	MICHAEL RENDINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Kevin O'Brien</i>	<i>10-9-2025</i>	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

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION  
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TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									
	BUY	05/15/24	05/15/24	3,665,133.45	1.00	3,665,133		3,665,133		20.12%
	SELL	05/16/24	05/16/24	3,665,133.45	1.00	3,665,133		3,665,133		20.12%
	BUY	10/25/24	10/25/24	5,104,310.97	1.00	5,104,311		5,104,311		28.03%
	SELL	10/28/24	10/28/24	5,104,310.97	1.00	5,104,311		5,104,311		28.03%
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
	BUY	10/23/24	10/23/24	4,939,577.74	1.00	4,939,578		4,939,578		27.12%
	SELL	10/25/24	10/25/24	5,104,447.16	1.00	5,104,447		5,104,447		28.03%
COMMON/COLLECTIVE FUNDS										
103013013	LONGVIEW BROAD MARKET 3000 INDEX FUND									
	BUY	10/28/24	10/28/24	11,228.82	454.57	5,104,311		5,104,311		28.03%
103091412	LV LARGE CAP 1000 GROWTH INDEX FD									
	BUY	05/16/24	05/16/24	6,049.18	605.89	3,665,133		3,665,133		20.12%

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									107.19%
BUY	05/09/24	05/09/24	985,000.00	1.00	985,000		985,000	985,000		
BUY	05/15/24	05/15/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		
BUY	06/03/24	06/03/24	139.54	1.00	140		140	140		
BUY	06/03/24	06/03/24	520.06	1.00	520		520	520		
BUY	06/05/24	06/05/24	1,032.48	1.00	1,032		1,032	1,032		
BUY	06/18/24	06/18/24	2.69	1.00	3		3	3		
BUY	06/18/24	06/18/24	10.01	1.00	10		10	10		
BUY	07/02/24	07/02/24	0.08	1.00	0		0	0		
BUY	07/02/24	07/02/24	0.36	1.00	0		0	0		
BUY	07/03/24	07/03/24	0.46	1.00	0		0	0		
BUY	08/12/24	08/12/24	22.01	1.00	22		22	22		
BUY	08/12/24	08/12/24	86.22	1.00	86		86	86		
BUY	09/03/24	09/03/24	0.02	1.00	0		0	0		
BUY	10/25/24	10/25/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		
BUY	11/01/24	11/01/24	1,997.13	1.00	1,997		1,997	1,997		
BUY	11/04/24	11/04/24	2,957.43	1.00	2,957		2,957	2,957		
BUY	11/13/24	11/13/24	41.85	1.00	42		42	42		
BUY	12/02/24	12/02/24	1.47	1.00	1		1	1		
BUY	12/03/24	12/03/24	0.99	1.00	1		1	1		
BUY	12/23/24	12/23/24	0.04	1.00	0		0	0		
SUB-TOTAL BUYS					TXN CNT:	20		9,761,255	9,761,255	
SELL	05/10/24	05/10/24	985,000.00	1.00	985,000		985,000	985,000		
SELL	05/16/24	05/16/24	3,665,133.45	1.00	3,665,133		3,665,133	3,665,133		
SELL	06/06/24	06/06/24	1,552.54	1.00	1,553		1,553	1,553		
SELL	06/07/24	06/07/24	139.54	1.00	140		140	140		
SELL	06/28/24	06/28/24	10.01	1.00	10		10	10		
SELL	07/09/24	07/09/24	2.77	1.00	3		3	3		
SELL	07/31/24	07/31/24	0.82	1.00	1		1	1		
SELL	08/14/24	08/14/24	21.70	1.00	22		22	22		
SELL	08/14/24	08/14/24	84.55	1.00	85		85	85		
SELL	08/16/24	08/16/24	0.31	1.00	0		0	0		
SELL	08/16/24	08/16/24	1.67	1.00	2		2	2		
SELL	10/28/24	10/28/24	5,104,310.97	1.00	5,104,311		5,104,311	5,104,311		
SELL	11/05/24	11/05/24	4,954.56	1.00	4,955		4,955	4,955		
SELL	11/18/24	11/18/24	41.85	1.00	42		42	42		
SELL	12/04/24	12/04/24	1.47	1.00	1		1	1		
SELL	12/06/24	12/06/24	0.99	1.00	1		1	1		
SUB-TOTAL SELLS					TXN CNT:	16		9,761,259	9,761,259	
SECURITY TOTAL					TXN CNT:	36		19,522,514	19,522,514	

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES  
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TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									63.00%
BUY	01/02/24	01/02/24		257.94	1.00	258	258	258		
BUY	01/16/24	01/16/24		1,255.00	1.00	1,255	1,255	1,255		
BUY	01/19/24	01/19/24		50,890.24	1.00	50,890	50,890	50,890		
BUY	01/22/24	01/22/24		40,020.33	1.00	40,020	40,020	40,020		
BUY	01/26/24	01/26/24		195.50	1.00	196	196	196		
BUY	01/31/24	01/31/24		102.60	1.00	103	103	103		
BUY	02/01/24	02/01/24		1,213.41	1.00	1,213	1,213	1,213		
BUY	02/02/24	02/02/24		399.00	1.00	399	399	399		
BUY	02/14/24	02/14/24		156.00	1.00	156	156	156		
BUY	02/21/24	02/21/24		110.00	1.00	110	110	110		
BUY	03/01/24	03/01/24		1,189.17	1.00	1,189	1,189	1,189		
BUY	03/13/24	03/13/24		112.75	1.00	113	113	113		
BUY	03/14/24	03/14/24		420.00	1.00	420	420	420		
BUY	03/15/24	03/15/24		229.00	1.00	229	229	229		
BUY	03/18/24	03/18/24		150.00	1.00	150	150	150		
BUY	03/20/24	03/20/24		328.05	1.00	328	328	328		
BUY	03/21/24	03/21/24		171.50	1.00	172	172	172		
BUY	03/22/24	03/22/24		84,531.38	1.00	84,531	84,531	84,531		
BUY	03/28/24	03/28/24		550.00	1.00	550	550	550		
BUY	04/01/24	04/01/24		227.34	1.00	227	227	227		
BUY	04/15/24	04/15/24		1,160.00	1.00	1,160	1,160	1,160		
BUY	04/18/24	04/18/24		57,296.93	1.00	57,297	57,297	57,297		
BUY	05/10/24	05/10/24		399.00	1.00	399	399	399		
BUY	05/15/24	05/15/24		337.75	1.00	338	338	338		
BUY	05/22/24	05/22/24		110.00	1.00	110	110	110		
BUY	05/30/24	05/30/24		600.00	1.00	600	600	600		
BUY	06/03/24	06/03/24		468.99	1.00	469	469	469		
BUY	06/05/24	06/05/24		29,468.51	1.00	29,469	29,469	29,469		
BUY	06/06/24	06/06/24		14,628.29	1.00	14,628	14,628	14,628		
BUY	06/07/24	06/07/24		60,128.43	1.00	60,128	60,128	60,128		
BUY	06/12/24	06/12/24		112.75	1.00	113	113	113		
BUY	06/20/24	06/20/24		538.40	1.00	538	538	538		
BUY	06/26/24	06/26/24		169.00	1.00	169	169	169		
BUY	06/28/24	06/28/24		510.00	1.00	510	510	510		
BUY	07/02/24	07/02/24		361.70	1.00	362	362	362		
BUY	07/09/24	07/09/24		5,195.99	1.00	5,196	5,196	5,196		
BUY	07/11/24	07/11/24		20,546.74	1.00	20,547	20,547	20,547		
BUY	07/15/24	07/15/24		154,560.22	1.00	154,560	154,560	154,560		
BUY	07/16/24	07/16/24		206,095.00	1.00	206,095	206,095	206,095		
BUY	07/30/24	07/30/24		83.75	1.00	84	84	84		
BUY	08/01/24	08/01/24		2,017.89	1.00	2,018	2,018	2,018		
BUY	08/02/24	08/02/24		311.60	1.00	312	312	312		
BUY	08/07/24	08/07/24		35.00	1.00	35	35	35		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					63.00%
BUY	08/14/24	08/14/24	165.75	1.00	166		166	166		
BUY	08/21/24	08/21/24	88.00	1.00	88		88	88		
BUY	08/29/24	08/29/24	600.00	1.00	600		600	600		
BUY	08/30/24	08/30/24	510.00	1.00	510		510	510		
BUY	09/03/24	09/03/24	1,625.82	1.00	1,626		1,626	1,626		
BUY	09/11/24	09/11/24	112.75	1.00	113		113	113		
BUY	09/13/24	09/13/24	498.28	1.00	498		498	498		
BUY	09/18/24	09/18/24	356.40	1.00	356		356	356		
BUY	09/19/24	09/19/24	645.75	1.00	646		646	646		
BUY	09/27/24	09/27/24	23,556.04	1.00	23,556		23,556	23,556		
BUY	10/11/24	10/11/24	89.25	1.00	89		89	89		
BUY	10/15/24	10/15/24	658.25	1.00	658		658	658		
BUY	10/18/24	10/18/24	29.81	1.00	30		30	30		
BUY	10/23/24	10/23/24	4,939,577.74	1.00	4,939,578		4,939,578	4,939,578		
BUY	10/30/24	10/30/24	877.50	1.00	878		878	878		
BUY	11/01/24	11/01/24	1,768.33	1.00	1,768		1,768	1,768		
BUY	12/02/24	12/02/24	0.99	1.00	1		1	1		
SUB-TOTAL BUYS					TXN CNT:	60		5,708,807	5,708,807	
SELL	01/23/24	01/23/24	41,053.73	1.00	41,054		41,054	41,054		
SELL	02/06/24	02/06/24	3,326.65	1.00	3,327		3,327	3,327		
SELL	02/07/24	02/07/24	11,029.30	1.00	11,029		11,029	11,029		
SELL	02/08/24	02/08/24	3,940.41	1.00	3,940		3,940	3,940		
SELL	02/09/24	02/09/24	17,131.13	1.00	17,131		17,131	17,131		
SELL	03/06/24	03/06/24	43,303.26	1.00	43,303		43,303	43,303		
SELL	03/11/24	03/11/24	866.64	1.00	867		867	867		
SELL	03/25/24	03/25/24	39,872.80	1.00	39,873		39,873	39,873		
SELL	03/26/24	03/26/24	29,762.12	1.00	29,762		29,762	29,762		
SELL	04/19/24	04/19/24	6,804.31	1.00	6,804		6,804	6,804		
SELL	04/26/24	04/26/24	29,595.22	1.00	29,595		29,595	29,595		
SELL	04/29/24	04/29/24	22,259.18	1.00	22,259		22,259	22,259		
SELL	04/30/24	04/30/24	2,812.99	1.00	2,813		2,813	2,813		
SELL	05/01/24	05/01/24	9,172.82	1.00	9,173		9,173	9,173		
SELL	05/02/24	05/02/24	7,881.50	1.00	7,882		7,882	7,882		
SELL	06/13/24	06/13/24	12,612.36	1.00	12,612		12,612	12,612		
SELL	06/14/24	06/14/24	40,179.76	1.00	40,180		40,180	40,180		
SELL	06/17/24	06/17/24	496.25	1.00	496		496	496		
SELL	07/10/24	07/10/24	6,294.11	1.00	6,294		6,294	6,294		
SELL	07/12/24	07/12/24	9,845.27	1.00	9,845		9,845	9,845		
SELL	07/17/24	07/17/24	59,962.96	1.00	59,963		59,963	59,963		
SELL	07/22/24	07/22/24	492.15	1.00	492		492	492		
SELL	08/15/24	08/15/24	115,700.13	1.00	115,700		115,700	115,700		
SELL	08/16/24	08/16/24	40,019.19	1.00	40,019		40,019	40,019		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
(CONT)										
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					63.00%
SELL	08/19/24	08/19/24	33,889.97	1.00	33,890		33,890	33,890		
SELL	09/30/24	09/30/24	33,581.96	1.00	33,582		33,582	33,582		
SELL	10/01/24	10/01/24	1,761.64	1.00	1,762		1,762	1,762		
SELL	10/02/24	10/02/24	24,566.29	1.00	24,566		24,566	24,566		
SELL	10/03/24	10/03/24	9,706.56	1.00	9,707		9,707	9,707		
SELL	10/21/24	10/21/24	508.93	1.00	509		509	509		
SELL	10/25/24	10/25/24	5,104,447.16	1.00	5,104,447		5,104,447	5,104,447		
SELL	11/04/24	11/04/24	2,645.83	1.00	2,646		2,646	2,646		
SELL	12/03/24	12/03/24	0.99	1.00	1		1	1		
SUB-TOTAL SELLS					TXN CNT:	33		5,765,523	5,765,523	
SECURITY TOTAL					TXN CNT:	93		11,474,330	11,474,330	
(CONT)										
4812A2835	JPMORGAN 100% US TREASURY MONEY MARKET									20.00%
BUY	01/02/24	01/02/24	991.72	1.00	992		992	992		
BUY	01/02/24	01/02/24	625.47	1.00	625		625	625		
BUY	01/16/24	01/16/24	14,041.23	1.00	14,041		14,041	14,041		
BUY	01/16/24	01/16/24	60.90	1.00	61		61	61		
BUY	01/17/24	01/17/24	594.17	1.00	594		594	594		
BUY	01/19/24	01/19/24	123,913.88	1.00	123,914		123,914	123,914		
BUY	01/25/24	01/25/24	2,954.66	1.00	2,955		2,955	2,955		
BUY	01/31/24	01/31/24	20,650.00	1.00	20,650		20,650	20,650		
BUY	02/01/24	02/01/24	3,823.78	1.00	3,824		3,824	3,824		
BUY	02/01/24	02/01/24	424.13	1.00	424		424	424		
BUY	02/06/24	02/06/24	17,211.15	1.00	17,211		17,211	17,211		
BUY	02/09/24	02/09/24	264.66	1.00	265		265	265		
BUY	02/12/24	02/12/24	41,188.99	1.00	41,189		41,189	41,189		
BUY	02/15/24	02/15/24	133,069.69	1.00	133,070		133,070	133,070		
BUY	02/15/24	02/15/24	1,107.23	1.00	1,107		1,107	1,107		
BUY	02/20/24	02/20/24	433.00	1.00	433		433	433		
BUY	02/20/24	02/20/24	7,458.68	1.00	7,459		7,459	7,459		
BUY	02/21/24	02/21/24	3,465.65	1.00	3,466		3,466	3,466		
BUY	02/26/24	02/26/24	13.55	1.00	14		14	14		
BUY	02/26/24	02/26/24	5,401.63	1.00	5,402		5,402	5,402		
BUY	02/27/24	02/27/24	22,338.49	1.00	22,338		22,338	22,338		
BUY	02/28/24	02/28/24	10,961.02	1.00	10,961		10,961	10,961		
BUY	02/29/24	02/29/24	1,687.50	1.00	1,688		1,688	1,688		
BUY	03/01/24	03/01/24	428.88	1.00	429		429	429		
BUY	03/05/24	03/05/24	7,317.31	1.00	7,317		7,317	7,317		
BUY	03/08/24	03/08/24	1,323.59	1.00	1,324		1,324	1,324		
BUY	03/11/24	03/11/24	57,658.23	1.00	57,658		57,658	57,658		
BUY	03/12/24	03/12/24	2,313.23	1.00	2,313		2,313	2,313		
BUY	03/15/24	03/15/24	12,198.54	1.00	12,199		12,199	12,199		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
4812A2835	JPMORGAN	100%	US	TREASURY MONEY MARKET	(CONT)					20.00%
BUY	03/18/24	03/18/24	8,710.01	1.00	8,710		8,710	8,710		
BUY	03/20/24	03/20/24	433.00	1.00	433		433	433		
BUY	03/25/24	03/25/24	1,513.71	1.00	1,514		1,514	1,514		
BUY	03/27/24	03/27/24	5,650.61	1.00	5,651		5,651	5,651		
BUY	04/01/24	04/01/24	6,616.40	1.00	6,616		6,616	6,616		
BUY	04/01/24	04/01/24	1,104.61	1.00	1,105		1,105	1,105		
BUY	04/02/24	04/02/24	0.66	1.00	1		1	1		
BUY	04/02/24	04/02/24	439.18	1.00	439		439	439		
BUY	04/05/24	04/05/24	7,278.39	1.00	7,278		7,278	7,278		
BUY	04/11/24	04/11/24	17,674.41	1.00	17,674		17,674	17,674		
BUY	04/11/24	04/11/24	278.00	1.00	278		278	278		
BUY	04/15/24	04/15/24	14,402.09	1.00	14,402		14,402	14,402		
BUY	04/15/24	04/15/24	114.66	1.00	115		115	115		
BUY	04/16/24	04/16/24	11,414.86	1.00	11,415		11,415	11,415		
BUY	04/18/24	04/18/24	48,860.58	1.00	48,861		48,861	48,861		
BUY	04/23/24	04/23/24	3,726.03	1.00	3,726		3,726	3,726		
BUY	04/25/24	04/25/24	10,523.28	1.00	10,523		10,523	10,523		
BUY	05/01/24	05/01/24	170.71	1.00	171		171	171		
BUY	05/01/24	05/01/24	568.85	1.00	569		569	569		
BUY	05/02/24	05/02/24	0.23	1.00	0		0	0		
BUY	05/07/24	05/07/24	12,161.62	1.00	12,162		12,162	12,162		
BUY	05/09/24	05/09/24	264.66	1.00	265		265	265		
BUY	05/13/24	05/13/24	57,534.50	1.00	57,535		57,535	57,535		
BUY	05/15/24	05/15/24	105,079.12	1.00	105,079		105,079	105,079		
BUY	05/16/24	05/16/24	39,635.91	1.00	39,636		39,636	39,636		
BUY	05/16/24	05/16/24	512.13	1.00	512		512	512		
BUY	05/17/24	05/17/24	15,456.19	1.00	15,456		15,456	15,456		
BUY	05/24/24	05/24/24	70,361.09	1.00	70,361		70,361	70,361		
BUY	05/28/24	05/28/24	45.77	1.00	46		46	46		
BUY	05/31/24	05/31/24	10,186.74	1.00	10,187		10,187	10,187		
BUY	06/03/24	06/03/24	365.45	1.00	365		365	365		
BUY	06/03/24	06/03/24	230.91	1.00	231		231	231		
BUY	06/04/24	06/04/24	289.44	1.00	289		289	289		
BUY	06/05/24	06/05/24	91,864.27	1.00	91,864		91,864	91,864		
BUY	06/07/24	06/07/24	19,097.20	1.00	19,097		19,097	19,097		
BUY	06/10/24	06/10/24	0.43	1.00	0		0	0		
BUY	06/17/24	06/17/24	23,122.49	1.00	23,122		23,122	23,122		
BUY	06/18/24	06/18/24	110,417.75	1.00	110,418		110,418	110,418		
BUY	06/20/24	06/20/24	1,577.94	1.00	1,578		1,578	1,578		
BUY	06/21/24	06/21/24	433.00	1.00	433		433	433		
BUY	06/25/24	06/25/24	16.62	1.00	17		17	17		
BUY	07/02/24	07/02/24	554.69	1.00	555		555	555		
BUY	07/02/24	07/02/24	0.46	1.00	0		0	0		
BUY	07/15/24	07/15/24	14,535.67	1.00	14,536		14,536	14,536		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES  
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TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
4812A2835	JPMORGAN 100% US		TREASURY MONEY MARKET		(CONT)					20.00%
BUY	07/16/24	07/16/24	60,589.04	1.00	60,589		60,589	60,589		
BUY	07/31/24	07/31/24	18,987.50	1.00	18,988		18,988	18,988		
BUY	08/01/24	08/01/24	3,861.71	1.00	3,862		3,862	3,862		
BUY	08/02/24	08/02/24	6,935.48	1.00	6,935		6,935	6,935		
BUY	08/13/24	08/13/24	16,953.86	1.00	16,954		16,954	16,954		
BUY	08/15/24	08/15/24	11,981.26	1.00	11,981		11,981	11,981		
BUY	08/16/24	08/16/24	17,257.01	1.00	17,257		17,257	17,257		
BUY	08/26/24	08/26/24	8.92	1.00	9		9	9		
BUY	09/03/24	09/03/24	1,777.34	1.00	1,777		1,777	1,777		
BUY	09/04/24	09/04/24	0.52	1.00	1		1	1		
BUY	09/16/24	09/16/24	1,787.50	1.00	1,788		1,788	1,788		
BUY	09/17/24	09/17/24	17,686.78	1.00	17,687		17,687	17,687		
BUY	09/19/24	09/19/24	4,744.80	1.00	4,745		4,745	4,745		
BUY	09/20/24	09/20/24	120,000.00	1.00	120,000		120,000	120,000		
BUY	09/23/24	09/23/24	433.00	1.00	433		433	433		
BUY	09/30/24	09/30/24	7,400.00	1.00	7,400		7,400	7,400		
BUY	10/01/24	10/01/24	128,394.62	1.00	128,395		128,395	128,395		
BUY	10/08/24	10/08/24	56,260.20	1.00	56,260		56,260	56,260		
BUY	10/15/24	10/15/24	5,989.38	1.00	5,989		5,989	5,989		
BUY	10/16/24	10/16/24	18,845.99	1.00	18,846		18,846	18,846		
BUY	10/22/24	10/22/24	3,293.03	1.00	3,293		3,293	3,293		
BUY	10/23/24	10/23/24	3,620.20	1.00	3,620		3,620	3,620		
BUY	10/25/24	10/25/24	7.34	1.00	7		7	7		
BUY	10/31/24	10/31/24	3,100.00	1.00	3,100		3,100	3,100		
BUY	11/01/24	11/01/24	274.68	1.00	275		275	275		
BUY	11/15/24	11/15/24	12,749.86	1.00	12,750		12,750	12,750		
BUY	11/18/24	11/18/24	1,200.00	1.00	1,200		1,200	1,200		
BUY	11/19/24	11/19/24	10,575.48	1.00	10,575		10,575	10,575		
BUY	11/25/24	11/25/24	17.33	1.00	17		17	17		
BUY	12/02/24	12/02/24	5,249.27	1.00	5,249		5,249	5,249		
BUY	12/11/24	12/11/24	1,907.15	1.00	1,907		1,907	1,907		
BUY	12/13/24	12/13/24	105.00	1.00	105		105	105		
BUY	12/16/24	12/16/24	7,908.28	1.00	7,908		7,908	7,908		
BUY	12/17/24	12/17/24	9,010.70	1.00	9,011		9,011	9,011		
BUY	12/26/24	12/26/24	4.34	1.00	4		4	4		
SUB-TOTAL BUYS					TXN CNT:	108		1,766,065	1,766,065	
SELL	01/22/24	01/22/24	124,773.69	1.00	124,774		124,774	124,774		
SELL	01/23/24	01/23/24	638.63	1.00	639		639	639		
SELL	01/23/24	01/23/24	328.62	1.00	329		329	329		
SELL	02/13/24	02/13/24	66,887.46	1.00	66,887		66,887	66,887		
SELL	02/14/24	02/14/24	79,670.18	1.00	79,670		79,670	79,670		
SELL	02/16/24	02/16/24	53,670.93	1.00	53,671		53,671	53,671		

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES  
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TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
4812A2835	JPMORGAN	100% US	TREASURY MONEY MARKET		(CONT)					20.00%
SELL	02/28/24	02/28/24	67,421.31	1.00	67,421		67,421	67,421		
SELL	02/29/24	02/29/24	4,756.69	1.00	4,757		4,757	4,757		
SELL	03/01/24	03/01/24	3,964.26	1.00	3,964		3,964	3,964		
SELL	03/04/24	03/04/24	4,592.39	1.00	4,592		4,592	4,592		
SELL	03/13/24	03/13/24	18,714.36	1.00	18,714		18,714	18,714		
SELL	03/14/24	03/14/24	845.86	1.00	846		846	846		
SELL	03/15/24	03/15/24	5,268.62	1.00	5,269		5,269	5,269		
SELL	03/18/24	03/18/24	3,029.86	1.00	3,030		3,030	3,030		
SELL	03/19/24	03/19/24	24,203.54	1.00	24,204		24,204	24,204		
SELL	03/19/24	03/19/24	2,797.03	1.00	2,797		2,797	2,797		
SELL	03/20/24	03/20/24	764.74	1.00	765		765	765		
SELL	03/21/24	03/21/24	756.39	1.00	756		756	756		
SELL	03/22/24	03/22/24	762.57	1.00	763		763	763		
SELL	03/25/24	03/25/24	1,353.75	1.00	1,354		1,354	1,354		
SELL	03/26/24	03/26/24	1,727.25	1.00	1,727		1,727	1,727		
SELL	03/28/24	03/28/24	16,191.80	1.00	16,192		16,192	16,192		
SELL	04/12/24	04/12/24	73,248.42	1.00	73,248		73,248	73,248		
SELL	04/19/24	04/19/24	120,561.65	1.00	120,562		120,562	120,562		
SELL	04/19/24	04/19/24	371.07	1.00	371		371	371		
SELL	05/15/24	05/15/24	123,835.42	1.00	123,835		123,835	123,835		
SELL	05/20/24	05/20/24	148,212.02	1.00	148,212		148,212	148,212		
SELL	05/23/24	05/23/24	62,253.10	1.00	62,253		62,253	62,253		
SELL	05/30/24	05/30/24	76,837.99	1.00	76,838		76,838	76,838		
SELL	06/05/24	06/05/24	1,032.48	1.00	1,032		1,032	1,032		
SELL	06/11/24	06/11/24	60,000.00	1.00	60,000		60,000	60,000		
SELL	06/26/24	06/26/24	110,028.43	1.00	110,028		110,028	110,028		
SELL	07/03/24	07/03/24	0.46	1.00	0		0	0		
SELL	07/22/24	07/22/24	653.41	1.00	653		653	653		
SELL	07/23/24	07/23/24	87,373.56	1.00	87,374		87,374	87,374		
SELL	07/25/24	07/25/24	61,049.14	1.00	61,049		61,049	61,049		
SELL	08/21/24	08/21/24	74,495.00	1.00	74,495		74,495	74,495		
SELL	08/28/24	08/28/24	12,996.64	1.00	12,997		12,997	12,997		
SELL	09/25/24	09/25/24	131,960.30	1.00	131,960		131,960	131,960		
SELL	10/03/24	10/03/24	78,891.42	1.00	78,891		78,891	78,891		
SELL	10/07/24	10/07/24	80,897.31	1.00	80,897		80,897	80,897		
SELL	10/09/24	10/09/24	39,339.40	1.00	39,339		39,339	39,339		
SELL	10/21/24	10/21/24	679.26	1.00	679		679	679		
SELL	11/29/24	11/29/24	12,483.18	1.00	12,483		12,483	12,483		
SELL	12/23/24	12/23/24	36,928.04	1.00	36,928		36,928	36,928		
SUB-TOTAL SELLS					TXN CNT:	45		1,877,245	1,877,245	
SECURITY TOTAL					TXN CNT:	153		3,643,310	3,643,310	

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NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND  
SCHEDULE H (FORM 5500) LINE 4j  
SCHEDULE REPORTABLE TRANSACTIONS  
EIN: 13-1567895, PLAN 501`  
DECEMBER 31, 2024

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
SECURITY CLASS TOTAL							0	34,640,154	34,640,154	
COMMON/COLLECTIVE FUNDS										
103013013	LONGVIEW BROAD MARKET 3000 INDEX FUND									33.44%
BUY	05/10/24	05/10/24	2,416.22	407.66	985,000		985,000	985,000		
BUY	06/07/24	06/07/24	0.34	416.54	140		140	140		
BUY	07/09/24	07/09/24	0.01	432.81	3		3	3		
BUY	08/14/24	08/14/24	0.05	423.83	22		22	22		
BUY	08/16/24	08/16/24	0.00	442.86	0		0	0		
BUY	10/28/24	10/28/24	11,228.82	454.57	5,104,311		5,104,311	5,104,311		
SUB-TOTAL BUYS					TXN CNT:	6		6,089,476	6,089,476	
SELL	07/22/24	07/22/24	0.15	429.98	64		64	61	3	
SELL	10/21/24	10/21/24	0.15	459.75	67		67	59	8	
SUB-TOTAL SELLS					TXN CNT:	2		131	120	11
SECURITY TOTAL					TXN CNT:	8		6,089,607	6,089,596	11
103091412	LV LARGE CAP 1000 GROWTH INDEX FD									20.14%
BUY	05/16/24	05/16/24	6,049.18	605.89	3,665,133		3,665,133	3,665,133		
BUY	06/06/24	06/06/24	2.51	618.99	1,553		1,553	1,553		
BUY	06/28/24	06/28/24	0.02	645.81	10		10	10		
BUY	07/31/24	07/31/24	0.00	630.77	1		1	1		
BUY	08/14/24	08/14/24	0.14	625.83	85		85	85		
BUY	08/16/24	08/16/24	0.00	642.31	2		2	2		
SUB-TOTAL BUYS					TXN CNT:	6		3,666,784	3,666,784	
SELL	07/22/24	07/22/24	0.38	638.21	243		243	231	12	
SELL	10/21/24	10/21/24	0.36	676.66	245		245	219	26	
SUB-TOTAL SELLS					TXN CNT:	2		488	450	38
SECURITY TOTAL					TXN CNT:	8		3,667,272	3,667,234	38
SECURITY CLASS TOTAL							0	9,756,879	9,756,830	49

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