Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [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 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

1406 BLONDELL AVE, 2ND FLOOR
BRONX, NY 10461

2b Employer Identification Number (EIN) 13-3207195

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MICHAEL DONOFRIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	KEVIN O'BRIEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1848
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1128
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1172
b	Retired or separated participants receiving benefits	**6b**	651
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1823
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	40
f	Total. Add lines **6d** and **6e**.	**6f**	1863
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	1848
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1863
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	287

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

2A 2H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

D Employer Identification Number (EIN)
13-3207195

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	LO8903	119	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	14024083
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	15283436
c	Additions: (1) Contributions deposited during the year	7c(1)	1536237		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	445466		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	1981703
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	17265139
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	3241056		
	▶ DISTRIBUTIONS				
	(5) Total deductions			7e(5)	3241056
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	14024083

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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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.			**10b**	

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

D Employer Identification Number (EIN)
13-3207195

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).. . . . . [X] 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 COMPANY
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

NEUBERGER BERMAN INVESTMENT ADV LLC
1290 6TH AVENUE
NEW YORK, NY 10104

02-0654486

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

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

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

JOHN HANCOCK RETIREMENT PLAN SCVS

690 CANTON STREET
WESTWOOD, MA 02090

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 65	NONE	143016	Yes [X] No [ ]	Yes [X] No [ ]	573261	Yes [ ] No [X]

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

BOYD WATTERSON ASSET MANAGEMENT

1801 EAST 9TH STREET STE 1400
CLEVLAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	338532	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TPKE STE 210
WOODBURY, NY 11797

13-2858927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	157852	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CONGRESS ASSET MANAGEMENT

2 SEAPORT LANE
BOSTON, MA 02210

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
68 51 28	NONE	103858	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	62285	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CAPITAL HIGH INCOME FUND B

11100 SANTA MONICA BLVD
LOS ANGELES, CA 90025

45-5287411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52		45901	Yes [ ] No [ ]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

PROSKAUER ROSE LLP

11 TIMES SQUARE
NEW YORK, NY 10036

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	27121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

D Employer Identification Number (EIN)
13-3207195

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	365812	462241
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1304914	1434320
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1451008	1041319
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2813039	2015776
(2) U.S. Government securities	1c(2)	7571220	8457110
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	13309498	13856210
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	22843307	22303011
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1106285	1015401
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	99921682	109200730
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15283436	14024083
(15) Other	1c(15)	33276094	35727128

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	199246295	209537329
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	411561	301142
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	12562359	12506289
1k Total liabilities (add all amounts in lines 1g through1j)	1k	12973920	12807431
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	186272375	196729898

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	9168992	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9168992
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32054	
(B) U.S. Government securities	2b(1)(B)	214356	
(C) Corporate debt instruments	2b(1)(C)	273690	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	284594	
(F) Other	2b(1)(F)	2046852	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2851546
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	102496	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2163538	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2266034
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	31863777	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28792707	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3071070
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10282329	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10282329

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		558501
d Total income. Add all **income** amounts in column (b) and enter total	2d		28198472
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16160665	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16160665
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	76597	
(2) Contract administrator fees	2i(2)	111167	
(3) Recordkeeping fees	2i(3)	140801	
(4) IQPA audit fees	2i(4)	24900	
(5) Investment advisory and investment management fees	2i(5)	1123836	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	46729	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	56254	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1580284
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17740949
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10457523
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		32159569
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
FINANCIAL REPORT
DECEMBER 31, 2025 AND 2024



FITZSIMMONS
ABRAMS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
FINANCIAL REPORT
DECEMBER 31, 2025 AND 2024

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FITZSIMMONS ABRAMS, LLP
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of Northeast District Council of the OPCMIA Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Supplemental Schedules Required by ERISA

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

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

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

Supplemental Information

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

Fitzsimmons Abrams LLP

Woodbury, New York
October 15, 2026

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

	December 31, 2025	December 31, 2024
ASSETS		
Investments at fair value:		
Cash equivalents	$ 633,910	$ 886,316
Government fixed income	8,457,110	7,571,220
Corporate fixed income	6,548,347	6,445,089
Common stocks	22,303,011	22,843,307
Real estate partnership	24,741,304	23,560,872
Partnerships	7,418,265	6,919,819
Mutual funds	109,200,730	99,921,682
Total Investments at fair value	179,302,677	168,148,305
Investments at contract Value:		
Pooled seperate accounts	14,024,083	15,283,436
Total Investments and insurance contracts	193,326,760	183,431,741
Receivables:		
Employer contributions	1,295,841	1,204,929
Notes receivable from participants	1,015,401	1,106,285
Due from broker	401,597	-
Due from related fund	138,479	99,985
Accrued interest receivable	152,235	129,813
Total Receivables	3,003,553	2,541,012
Cash	462,241	365,812
Prepaid expenses	18,696	18,136
TOTAL ASSETS	196,811,250	186,356,701
LIABILITIES		
Accounts payable and accrued expenses	81,352	84,326
TOTAL LIABILITIES	81,352	84,326
NET ASSETS AVAILABLE FOR BENEFITS	**$ 196,729,898**	**$ 186,272,375**

See independent auditors' report.

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

	Years Ended December 31,	
	2025	2024
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	$ 13,353,399	$ 17,883,075
Interest income	4,832,986	1,455,501
	18,186,385	19,338,576
Less: investment expenses	(1,123,836)	(1,183,736)
Net income (loss) from investments	17,062,549	18,154,840
Contributions:		
Employers' contributions	9,168,992	9,237,900
Interest on notes receivable from participants	284,594	251,613
Total Contributions	9,453,586	9,489,513
Other:		
Liquidated damages and interest	4,612	2,908
TOTAL ADDITIONS	26,520,747	27,647,261
DEDUCTIONS		
Benefits paid to or on behalf of participants:	16,160,665	18,161,764
General and administrative expenses	(97,441)	(113,340)
TOTAL DEDUCTIONS	16,063,224	18,048,424
NET INCREASE	10,457,523	9,598,837
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	186,272,375	176,673,538
End of Year	**$ 196,729,898**	**$ 186,272,375**

See independent auditors' report.

NOTE 1 - DESCRIPTION OF PLAN

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

General

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

Eligibility

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

Funding Policy

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

Vesting

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

Participant Accounts

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

Payment of Benefits

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

NOTE 1 - DESCRIPTION OF PLAN (continued)

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

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

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

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

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

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

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

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)

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

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

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

Contributions and Contributions Receivable
Employer contributions receivable represent cash contributions received subsequent to December 31, 2025 and 2024, but applicable to payroll periods prior to the balance sheet dates.

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

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

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

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

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

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

NOTE 3 – FAIR VALUE MEASURMEMENT

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurement*s 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	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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, 2025 and 2024.

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

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

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

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

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

NOTE 3 – FAIR VALUE MEASURMEMENT (continued)

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

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The Plans' investments are held in a bank-administered trust fund. The following is a summary of investments at fair value at December 31, 2025 and 2024.

Investments at fair value as of December 31, 2025

	Level 1	*Level 2*	*Level 3*	*Total*
Cash Equivalents	$ 633,910	$ -	$ -	$ 633,910
Government fixed income	-	8,457,110	-	8,457,110
Fixed income	-	6,548,347	-	6,548,347
Common stock	22,303,011	-	-	22,303,011
Mutual funds	109,200,730	-	-	109,200,730
Total investments in the fair value hierarchy	132,137,651	15,005,457	-	147,143,108
Investments measured at NAV				32,159,569
Total investments	**$ 132,137,651**	**$ 15,005,457**	**$ -**	**$ 179,302,677**

Investments at fair value as of December 31, 2024

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

During the years ended December 31, 2025 and 2024, the Plan's investments, including investments bought, sold and held during the year appreciated in value $13,353,399 and $17,883,075, respectively.

Net realized gains on the sale of investments included in the above totals amounted to $3,071,070 and $7,049,970 and for the years ended December 31, 2025 and 2024, respectively.

NOTE 3 – FAIR VALUE MEASURMEMENT (continued)

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended December 31, 2025 and 2024, there were no transfers into or out of level 3.

	Investments valued at NAV as of December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
Boyd Watterson GSA Fund LP	$ 24,741,304	$ -	*Quarterly*	*60 Days*
Partnerships				
Crescent Capital High Income Fund B, LP	7,418,265	-	*Monthly*	*60 Days*
	$ 32,159,569	**$ -**		

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

NOTE 4 – POOLED SEPARATE ACCOUNTS

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

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

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

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 6 – COMMITMENTS AND CONTINGENCIES

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

Occupancy costs are allocated between the Fund and its related funds based upon the estimated benefit received by each fund. The estimated portion of these costs allocable to the Fund for the years ended December 31, 2025 and 2024 was approximately 15%. Occupancy expense for the years ended December 31, 2025 and 2024, was $4,853 and $4,589, respectively.

NOTE 6 – COMMITMENTS AND CONTINGENCIES (continued)

Collection claims and lawsuits arise in the normal course of the Plan's activities. As of December 31, 2025 management has advised that no suits present claims against the Plan which could materially affect the financial position of the Plan.

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

NOTE 7 –TAX STATUS

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

Accounting principles generally accepted in the United States of America requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan's management has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 – PARTICIPANTS' NOTES RECEIVABLE

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

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

For the years ended December 31, 2025 and 2024, loans in default were $302,371 and $99,691, respectively. Interest income from participant loans for the years ended December 31, 2025 and 2024 was, $284,594 and $251,613, respectively.

NOTE 9 – RELATED PARTY TRANSACTIONS

The Northeast District Council of the OPCMIA Welfare Fund (related fund) acts as collection agent for all employer contributions to the Plan and other related Northeast District Council benefit funds, the Cement Masons Local 780 Pension Fund, OPCMIA Local 262 Pension Fund and the Plasterers' and Cement Masons Local 40 Pension Fund. The contributions are deposited into a segregated Northeast District Council of the OPCMIA Welfare Fund bank account and distributed to the related funds from that account. Amounts received by the Annuity Fund from the Northeast District Council of the OPCMIA Welfare Fund for contributions for the years ended December 31, 2025 and 2024 totaled $9,168,992 and $9,237,900, respectively. The amount of employer contributions due from the Northeast District Council of the OPCMIA Welfare Fund to the Plan at December 31, 2025 and 2024 included in the above totals was $1,295,841 and $1,204,929, respectively.

The Plan also shares office space and administration expenses with other related Northeast District Council benefit funds, the Cements Masons Local 780 Pension Fund, OPCMIA Local 262 Pension Fund and the Plasterers and Cement Masons Local 40 Pension Fund. As part of a cost sharing arrangement, the Northeast District Council of the OPCMIA Welfare Fund acts as paying agent for certain common administrative expenses. Consequently, the Plan reimburses the Northeast District Council of the OPCMIA Welfare Fund for its estimated allocable share of these common administrative expenses based on time studies as determined by the Plan Administrator and approved by the Board of Trustees. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Reimbursements made to the Northeast District Council Welfare Fund for shared administrative and payroll expenses for the years ended December 31, 2025 and 2024 totaled $290,381 and $294,358, respectively.

NOTE 10 – MULTIEMPLOYER PLAN

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

a) Assets contributed to the multiemployer plan by an employer may be used to provide benefits to participants of other participating employers.

b) If a participating employer discontinues contributions to the plan, other participating employers may have to cover any unfunded liability that may exist.

c) If the employer stops participating in some of its multiemployer pension plans, the employer may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in this plan for the fiscal year ended December 31, 2025, 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, 2025. The zone status is based on information that the fund received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

NOTE 10 – MULTIEMPLOYER PLAN (continued)

Name of Plan	EIN/Pension Plan Number	Certified Zone Status 2025	FIP/RP Status Pending/ Implemented	Contributions for Year Ended December 31, 2025	Surcharge Paid	Expiration Date of CBA
Cement Masons Local 780 Pension Fund	13-1626710/ 001	Green	N/A	$5,761	N/A	N/A

NOTE 11 - PROPERTY AND EQUIPMENT

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

	2025	2024
Furniture and Fixtures	$ 5,303	$ 5,303
Computer Equipment	8,282	8,282
Less: Accumulated depreciation	(13,585)	(13,585)
Property and Equipment, Net	$ -	$ -

Depreciation expense totaled $- for the years ended December 31, 2025 and 2024.

NOTE 12 – RISK AND UNCERTAINTIES

The Plan invests in various investment securities. These investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of these investment securities will occur in the near term and that such changes could materially affect the funding status of the Plan and amounts reported in the financial statements.

NOTE 13 – CASH

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

NOTE 14 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the date of the auditors' report which is the date that the financial statements were available to be issued. The Plan has determined that there were no subsequent events requiring recording or disclosure in the financial statements as of December 31, 2025.

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

	2025	2024
Participants' account balance	$ 193,326,760	$ 183,431,741
Employer contributions receivable	1,295,841	1,204,929
Notes receivable from participants	1,015,401	1,106,285
Unallocated assets/liabilities	1,091,896	529,420
Net assets available for benefits	$ 196,729,898	$ 186,272,375

NOTE 16 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

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

	Per Financial Statements	Reclassification	Per Form 5500
Contributions	$ 9,168,992	$ -	$ 9,168,992
Investment income	17,062,549	1,123,836	18,186,385
Interest on notes receivable from participants	284,594	-	284,594
Other Income	4,612	553,889	558,501
Total additions	26,520,747	1,677,725	28,198,472
Benefits paid	16,160,665	-	16,160,665
Administrative expenses	(97,441)	1,677,725	1,580,284
Total deductions	16,063,224	1,677,725	17,740,949
Net increase	$ 10,457,523	$ -	$ 10,457,523

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

SUPPLEMENTAL SCHEDULES

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

	Years Ended December 31,	
	2025	2024
Fund Office Expenses		
Salaries and payroll taxes	$ 60,078	$ 53,007
Rent and utilities	4,853	4,589
Employee benefits	16,519	16,139
Computer, internet and equipment maintenance	10,311	14,020
Office	4,890	3,520
Conference and meetings	5,612	803
Telephone	804	583
Fund administration	111,167	117,588
Total Fund Office Expenses	214,234	210,249
Professional Fees		
Legal	46,729	46,208
Auditing	24,900	23,900
Contractor payroll audits	140,801	142,395
Total Professional Fees	212,430	212,503
Other Expenses		
Insurance	29,002	27,803
Storage	782	768
Total Other Expense	29,784	28,571
Less: fees from administrator and independent employers to cover administrative expenses	(553,889)	(564,663)
Total Administrative Expense	**$ (97,441)**	**$ (113,340)**

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA
ANNUITY FUND
SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS
AVAILABLE FOR BENEFITS TO FORM 5500
DECEMBER 31, 2025

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Cash equivalents	$ 633,910	$ 1,381,866	$ 2,015,776
Government fixed income	8,457,110	-	8,457,110
Corporate fixed income	6,548,347	7,307,863	13,856,210
Common stock	22,303,011	-	22,303,011
Real estate partnership	24,741,304	(24,741,304)	-
Partnerships	7,418,265	(7,418,265)	-
Mutual funds	109,200,730	-	109,200,730
Other investments	-	35,727,128	35,727,128
Stable value insurance contract	14,024,083	-	14,024,083
Participant loans	-	1,015,401	1,015,401
Receivables	3,003,553	(736,844)	2,266,709
Cash	462,241	-	462,241
Other assets	18,696	190,234	208,930
Total Assets	196,811,250	12,726,079	209,537,329
Liabilities			
Operating payable	81,352	219,790	301,142
Other liabilities	-	12,506,289	12,506,289
Total Liabilities	81,352	12,726,079	12,807,431
Net Assets Available for Benefits	**$ 196,729,898**	**$ -**	**$ 196,729,898**

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

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
		Type / Maturity Date	% / Quanity	Price per Unit (if applicable)		
Cash Equivalents						
	Vanguard Treasuy Money Mkt In	N/A	N/A	$ 1.00	$ 149,601	$ 149,601
	John Hancock Interest Bearing Cash	N/A	N/A	1.00	127,126	127,126
	Boyd Watterson Fixed Income- Cash	N/A	N/A	1.00	76,829	76,829
	Congress Asset Management- Cash	N/A	N/A	1.00	280,354	280,354
	Crescent Capital High Income Fund B, LP- Cash	N/A	N/A	1.00	78,731	78,731
	Boyd Watterson GSA Fund - Cash	N/A	N/A	1.00	1,303,135	1,303,135
Total Cash Equivalents					**2,015,776**	**2,015,776**
Govenment Fixed Income						
	U.S. Treasuries					
	US Treasury Notes 1.625%	2/15/2026	335,000	99.75	334,103	334,163
	US Treasury Notes 3.500%	1/31/2028	780,000	100.04	774,625	780,274
	US Treasury Notes 1.500%	11/30/2028	1,390,000	94.40	1,291,140	1,312,410
	US Treasury Notes 4.000%	10/31/2029	635,000	101.37	637,356	643,706
	US Treasury Notes 3.500%	1/31/2030	1,285,000	99.50	1,239,312	1,278,525
	US Treasury Notes 0.625%	8/15/2030	1,395,000	87.09	1,239,069	1,214,958
	US Treasury Notes 4.625%	9/30/2030	870,000	104.01	881,689	904,868
	US Treasury Notes 1.375%	11/15/2031	425,000	87.22	363,370	370,696
	US Treasury Notes 2.875%	5/15/2032	610,000	94.42	566,962	575,973
	US Treasury Notes 3.500%	2/15/2033	1,070,000	97.34	1,031,174	1,041,536
Total Government Fixed Income					**8,358,800**	**8,457,110**
Corporate Fixed Income						
	Crescent Capital High Income Fund LP	Ownership	0.97%	N/A	6,523,645	7,307,863
	Asset Backed					
	CARMX 2022-4 D	4/16/2029	120,000	103.26	128,241	123,915
	CARMX 2023-2 C	11/15/2028	270,000	101.40	274,335	273,780
	GMCAR 2023-4 C	5/16/2029	260,000	103.06	268,480	267,951
	SDART 2023-1 C	5/15/2030	220,555	100.65	221,602	221,985
	Corporate Bonds					
	Acuity Brands Lighting	12/15/2030	180,000	89.86	174,514	161,742
	American Express Co VRN	1/30/2031	265,000	103.15	265,400	273,344
	Ares Capital Corp	1/15/2027	140,000	102.47	139,716	143,464
	Arrow Electronics Inc	8/21/2029	160,000	102.34	159,887	163,737
	Assurant Inc	1/15/2032	175,000	88.68	174,122	155,182
	Brown & Brown Inc	6/23/2030	125,000	101.50	124,809	126,879
	Cheniere Energy Partners	10/1/2029	145,000	100.21	139,829	145,305
	Citigroup Inc VRN	6/11/2035	135,000	103.72	135,002	140,025
	Comcast Corp	10/15/2028	255,000	100.53	265,127	256,356
	CVS Health Corp	3/25/2028	140,000	100.36	139,175	140,501
	Duke Energy Florida LLC	6/15/2030	300,000	90.22	297,669	270,663
	EOG Resources Inc	7/15/2032	270,000	102.58	276,889	276,966
	Equinix Inc	11/18/2029	155,000	96.07	159,076	148,913
	Freeport-McMoran Inc	3/1/2030	150,000	99.15	143,381	148,725
	Goldman Sachs Bank VRN	3/18/2027	250,000	100.25	249,428	250,631
	Huntington Bancshares VRN	2/2/2035	145,000	104.46	149,377	151,466
	JPMorgan Chase & Co VRN	7/25/2033	270,000	102.08	265,146	275,612
	KLA Corp	7/15/2032	270,000	101.62	265,494	274,368
	Lazard Group LLC	5/19/2028	145,000	100.69	148,433	145,994
	Lennox lnternatio:ial Inc	9/15/2028	135,000	103.23	134,921	139,363
	Marriott International	4/15/2032	145,000	103.12	144,511	149,526
	Masco Corp	2/15/2028	160,000	94.68	158,293	151,481
	Meritage Homes Corp	3/15/2035	155,000	102.37	154,191	158,667
	Morgan Stanley VRN	10/18/2028	260,000	103.90	265,979	270,138
	Oracle Corp	9/26/2032	155,000	97.02	155,297	150,384
	Sabra Health Care LP	12/1/2031	170,000	91.60	154,818	155,729
	Sysco Corperation	4/1/2030	130,000	106.07	134,378	137,886
	Targa Resources Partners	2/1/2031	145,000	100.67	140,001	145,972
	Tyco Electronics Group	2/9/2031	275,000	101.27	274,323	278,479
	Well tower OP LLC	7/1/2030	270,000	101.19	270,036	273,217
Total Corporate Fixed Income					**13,075,526**	**13,856,210**

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of inverest, collateral par or maturity value.			Cost	Current Value
		Type / Maturity Date	% / Quanity	Price per Unit (if applicable)		
Common Stocks						
	CAVA Group Inc.	Share	7,775	$ 58.69	$ 590,687	$ 456,315
	D.R. Horton, Inc.	Share	2,925	144.03	485,690	421,288
	Garmin Ltd	Share	2,850	202.85	604,721	578,123
	Ollies Bargain Outlet Holdings Inc.	Share	6,160	109.61	578,056	675,198
	Ross Stores Inc	Share	3,165	180.14	578,273	570,143
	Tapestry Inc	Share	6,190	127.77	606,549	790,896
	Texas Roadhouse Inc	Share	3,000	166.00	539,225	498,000
	Viking Holdings Ltd.	Share	10,220	71.41	596,417	729,810
	Casey's General Stores Inc.	Share	1,140	552.71	361,185	630,089
	Sprouts Farmers Markets Inc	Share	4,300	79.67	655,688	342,581
	Brown & Brown Inc	Share	4,600	79.70	325,290	366,620
	Houlihan Lokey Inc. CL A	Share	3,250	174.19	572,944	566,118
	Raymond JamesFinancial Inc.	Share	5,050	160.59	174,685	810,980
	Toast Inc CL A	Share	9,460	35.51	401,032	335,925
	Alnylam Pharmaceuticals Inc.	Share	1,350	397.65	612,858	536,828
	Encompass Health Corporation	Share	5,300	106.14	519,360	562,542
	Halozyme Therapeutics Inc	Share	6,670	67.30	395,142	448,891
	IDEXX Laboratories Inc.	Share	355	676.53	260,316	240,168
	Penumbra Inc.	Share	2,830	310.91	556,469	879,875
	API Group Corp COM STK	Share	14,600	38.26	528,901	558,596
	Crane Co. COMMON STOCK	Share	3,990	184.43	362,629	735,876
	Curtiss-Wright Corp.	Share	1,685	551.27	468,633	928,890
	Emcor Group Inc	Share	1,540	611.79	236,231	942,157
	Fastenal Co.	Share	12,780	40.13	518,176	512,861
	Heico Corp	Share	1,900	323.59	573,206	614,821
	NVent Electric PLC	Share	7,570	101.97	436,533	771,913
	Quanta Services, Inc.	Share	1,340	422.06	535,282	565,560
	Advanced Energy Industries, Inc.	Share	2,930	209.37	573,635	613,454
	Credo Technology Group Holding Ltd	Share	2,900	143.89	335,542	417,281
	Datadog Inc CL A COM	Share	3,925	135.99	547,637	533,761
	Dynatrace Inc COM NEW	Share	11,800	43.34	636,595	511,412
	Fair Isaac Corporation	Share	320	1,690.62	668,750	540,998
	Guidewire Software Inc	Share	3,025	201.01	547,023	608,055
	MongoDB Inc. CL A	Share	1,340	419.69	497,406	562,385
	Monolithic Power Systems Inc.	Share	845	906.36	177,280	765,874
	Cloudflare Inc CL A COM	Share	3,420	197.15	612,869	674,253
	Everpure Inc. CL A	Share	8,190	67.01	440,920	548,812
	Pinterest Inc CL A	Share	17,600	25.89	490,695	455,664
Total Common Stocks					**$ 18,602,530**	**$ 22,303,011**
Mutual Funds						
	JPMorgan US Govt MMkt Cap Cl	Share	65.50	1.00	65	65
	Loomis Core Plus Bond Fund Y	Share	148,990.26	11.69	1,784,499	1,741,696
	NYLI MK Short Dur High Inc I	Share	35,742.43	9.49	336,049	339,196
	T. Rowe Price Retire Bal	Share	32,079.49	14.01	417,541	449,434
	T Rowe Price Retirement 2020	Share	57,561.82	19.74	1,164,417	1,136,270
	T Rowe Price Retirement 2030	Share	13,267.57	27.75	333,042	368,175
	T Rowe Price Retirement 2040	Share	1,284.01	34.40	40,262	44,170
	T Rowe Price Retirement 2050	Share	33,017.88	21.64	710,035	714,507
	T Rowe Price Retirement 2060	Share	11,901.60	18.99	202,808	226,011
	T Rowe Price Equity Index 500	Share	9,124.81	177.63	1,333,866	1,620,840
	Artisan Mid Cap Fund	Share	2,225.54	32.73	79,021	72,842

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of inverest, collateral par or maturity value.			Cost	Current Value
		Type / Maturity Date	% / Quanity	Price per Unit (if applicable)		
Mutual Funds (continued)						
	Columbia Global Tech Grw Instl	Share	55,290.06	$ 111.02	$ 5,199,071	$ 6,138,302
	FAM Small Cap Fund Investor	Share	17.18	22.67	415	389
	JP Morgan Mid Cap Value Fund A	Share	377.68	30.28	13,291	11,436
	MFS Value Fund R3	Share	656.61	49.66	31,418	32,607
	The Growth Fund of America R4	Share	10,908.64	79.33	749,769	865,383
	Vanguard Growth Index Fd Adm	Share	3,714.29	251.14	651,589	932,808
	Vanguard Mid Cap Index Adm	Share	516.82	359.36	150,993	185,723
	Vanguard Mid-Cap Val Index Adm	Share	573.77	91.85	49,960	52,701
	Vanguard Sm Cap Val Ind (Adm)	Share	600.73	91.02	49,586	54,678
	Vanguard Small Growth Adml	Share	442.42	106.12	42,917	46,949
	MFS Global Growth Fund (R6)	Share	1,133.32	65.23	66,797	73,926
	Fidelity 500 Index Fd	Share	290,301.16	237.72	33,816,683	69,010,391
	Neuberger Strategic Income R6	Share	387,060.77	10.22	3,928,806	3,955,761
	Nuveen Large Cap Val Index Ret	Share	59,162.39	28.65	1,590,827	1,695,002
	Nuveen Lg Cap Growth Index Ret	Share	121,523.99	76.71	6,338,993	9,322,106
	Vanguard S&P SC 600 Idx Inst	Share	22,652.00	446.29	5,463,722	10,109,362
Total Mutual Funds					**64,546,442**	**109,200,730**
Other Investments						
	Boyd Watterson GSA Fund LP	Share	N/A	N/A	23,438,169	35,727,128
Total Other Investments					**23,438,169**	**35,727,128**
Pooled Separate Accounts						
	JH Stable Value Guaranteed Income		N/A	N/A	13,175,673	14,024,083
Total Pooled Separate Accounts					**13,175,673**	**14,024,083**
Participant Loans						
	* Participant loans	5 - 10 years		4.25% - 9.50%	1,015,401	1,015,401
Total Participant Loans					**1,015,401**	**1,015,401**
Total Investments					**$ 131,152,792**	**$ 206,599,449**

* Party in-interest

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
		Type / Maturity Date	% / Quanity	Price per Unit (if applicable)		
Cash Equivalents						
	Vanguard Treasuy Money Mkt In	N/A	N/A	$ 1.00	$ 149,601	$ 149,601
	John Hancock Interest Bearing Cash	N/A	N/A	1.00	127,126	127,126
	Boyd Watterson Fixed Income- Cash	N/A	N/A	1.00	76,829	76,829
	Congress Asset Management- Cash	N/A	N/A	1.00	280,354	280,354
	Crescent Capital High Income Fund B, LP- Cash	N/A	N/A	1.00	78,731	78,731
	Boyd Watterson GSA Fund - Cash	N/A	N/A	1.00	1,303,135	1,303,135
Total Cash Equivalents					**2,015,776**	**2,015,776**
Govenment Fixed Income						
	U.S. Treasuries					
	US Treasury Notes 1.625%	2/15/2026	335,000	99.75	334,103	334,163
	US Treasury Notes 3.500%	1/31/2028	780,000	100.04	774,625	780,274
	US Treasury Notes 1.500%	11/30/2028	1,390,000	94.40	1,291,140	1,312,410
	US Treasury Notes 4.000%	10/31/2029	635,000	101.37	637,356	643,706
	US Treasury Notes 3.500%	1/31/2030	1,285,000	99.50	1,239,312	1,278,525
	US Treasury Notes 0.625%	8/15/2030	1,395,000	87.09	1,239,069	1,214,958
	US Treasury Notes 4.625%	9/30/2030	870,000	104.01	881,689	904,868
	US Treasury Notes 1.375%	11/15/2031	425,000	87.22	363,370	370,696
	US Treasury Notes 2.875%	5/15/2032	610,000	94.42	566,962	575,973
	US Treasury Notes 3.500%	2/15/2033	1,070,000	97.34	1,031,174	1,041,536
Total Government Fixed Income					**8,358,800**	**8,457,110**
Corporate Fixed Income						
	Crescent Capital High Income Fund LP	Ownership	0.97%	N/A	6,523,645	7,307,863
	Asset Backed					
	CARMX 2022-4 D	4/16/2029	120,000	103.26	128,241	123,915
	CARMX 2023-2 C	11/15/2028	270,000	101.40	274,335	273,780
	GMCAR 2023-4 C	5/16/2029	260,000	103.06	268,480	267,951
	SDART 2023-1 C	5/15/2030	220,555	100.65	221,602	221,985
	Corporate Bonds					
	Acuity Brands Lighting	12/15/2030	180,000	89.86	174,514	161,742
	American Express Co VRN	1/30/2031	265,000	103.15	265,400	273,344
	Ares Capital Corp	1/15/2027	140,000	102.47	139,716	143,464
	Arrow Electronics Inc	8/21/2029	160,000	102.34	159,887	163,737
	Assurant Inc	1/15/2032	175,000	88.68	174,122	155,182
	Brown & Brown Inc	6/23/2030	125,000	101.50	124,809	126,879
	Cheniere Energy Partners	10/1/2029	145,000	100.21	139,829	145,305
	Citigroup Inc VRN	6/11/2035	135,000	103.72	135,002	140,025
	Comcast Corp	10/15/2028	255,000	100.53	265,127	256,356
	CVS Health Corp	3/25/2028	140,000	100.36	139,175	140,501
	Duke Energy Florida LLC	6/15/2030	300,000	90.22	297,669	270,663
	EOG Resources Inc	7/15/2032	270,000	102.58	276,889	276,966
	Equinix Inc	11/18/2029	155,000	96.07	159,076	148,913
	Freeport-McMoran Inc	3/1/2030	150,000	99.15	143,381	148,725
	Goldman Sachs Bank VRN	3/18/2027	250,000	100.25	249,428	250,631
	Huntington Bancshares VRN	2/2/2035	145,000	104.46	149,377	151,466
	JPMorgan Chase & Co VRN	7/25/2033	270,000	102.08	265,146	275,612
	KLA Corp	7/15/2032	270,000	101.62	265,494	274,368
	Lazard Group LLC	5/19/2028	145,000	100.69	148,433	145,994
	Lennox lnternatio:ial Inc	9/15/2028	135,000	103.23	134,921	139,363
	Marriott International	4/15/2032	145,000	103.12	144,511	149,526
	Masco Corp	2/15/2028	160,000	94.68	158,293	151,481
	Meritage Homes Corp	3/15/2035	155,000	102.37	154,191	158,667
	Morgan Stanley VRN	10/18/2028	260,000	103.90	265,979	270,138
	Oracle Corp	9/26/2032	155,000	97.02	155,297	150,384
	Sabra Health Care LP	12/1/2031	170,000	91.60	154,818	155,729
	Sysco Corperation	4/1/2030	130,000	106.07	134,378	137,886
	Targa Resources Partners	2/1/2031	145,000	100.67	140,001	145,972
	Tyco Electronics Group	2/9/2031	275,000	101.27	274,323	278,479
	Well tower OP LLC	7/1/2030	270,000	101.19	270,036	273,217
Total Corporate Fixed Income					**13,075,526**	**13,856,210**

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of inverest, collateral par or maturity value.			Cost	Current Value
		Type / Maturity Date	% / Quanity	Price per Unit (if applicable)		
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	CAVA Group Inc.	Share	7,775	$ 58.69	$ 590,687	$ 456,315
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	Crane Co. COMMON STOCK	Share	3,990	184.43	362,629	735,876
	Curtiss-Wright Corp.	Share	1,685	551.27	468,633	928,890
	Emcor Group Inc	Share	1,540	611.79	236,231	942,157
	Fastenal Co.	Share	12,780	40.13	518,176	512,861
	Heico Corp	Share	1,900	323.59	573,206	614,821
	NVent Electric PLC	Share	7,570	101.97	436,533	771,913
	Quanta Services, Inc.	Share	1,340	422.06	535,282	565,560
	Advanced Energy Industries, Inc.	Share	2,930	209.37	573,635	613,454
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Total Common Stocks					**$ 18,602,530**	**$ 22,303,011**
Mutual Funds						
	JPMorgan US Govt MMkt Cap Cl	Share	65.50	1.00	65	65
	Loomis Core Plus Bond Fund Y	Share	148,990.26	11.69	1,784,499	1,741,696
	NYLI MK Short Dur High Inc I	Share	35,742.43	9.49	336,049	339,196
	T. Rowe Price Retire Bal	Share	32,079.49	14.01	417,541	449,434
	T Rowe Price Retirement 2020	Share	57,561.82	19.74	1,164,417	1,136,270
	T Rowe Price Retirement 2030	Share	13,267.57	27.75	333,042	368,175
	T Rowe Price Retirement 2040	Share	1,284.01	34.40	40,262	44,170
	T Rowe Price Retirement 2050	Share	33,017.88	21.64	710,035	714,507
	T Rowe Price Retirement 2060	Share	11,901.60	18.99	202,808	226,011
	T Rowe Price Equity Index 500	Share	9,124.81	177.63	1,333,866	1,620,840
	Artisan Mid Cap Fund	Share	2,225.54	32.73	79,021	72,842

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) – LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EIN# 13-327195, PLAN# 002
DECEMBER 31, 2025

(a)	(b)	(c)			(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of inverest, collateral par or maturity value.			Cost	Current Value
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Mutual Funds (continued)						
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	FAM Small Cap Fund Investor	Share	17.18	22.67	415	389
	JP Morgan Mid Cap Value Fund A	Share	377.68	30.28	13,291	11,436
	MFS Value Fund R3	Share	656.61	49.66	31,418	32,607
	The Growth Fund of America R4	Share	10,908.64	79.33	749,769	865,383
	Vanguard Growth Index Fd Adm	Share	3,714.29	251.14	651,589	932,808
	Vanguard Mid Cap Index Adm	Share	516.82	359.36	150,993	185,723
	Vanguard Mid-Cap Val Index Adm	Share	573.77	91.85	49,960	52,701
	Vanguard Sm Cap Val Ind (Adm)	Share	600.73	91.02	49,586	54,678
	Vanguard Small Growth Adml	Share	442.42	106.12	42,917	46,949
	MFS Global Growth Fund (R6)	Share	1,133.32	65.23	66,797	73,926
	Fidelity 500 Index Fd	Share	290,301.16	237.72	33,816,683	69,010,391
	Neuberger Strategic Income R6	Share	387,060.77	10.22	3,928,806	3,955,761
	Nuveen Large Cap Val Index Ret	Share	59,162.39	28.65	1,590,827	1,695,002
	Nuveen Lg Cap Growth Index Ret	Share	121,523.99	76.71	6,338,993	9,322,106
	Vanguard S&P SC 600 Idx Inst	Share	22,652.00	446.29	5,463,722	10,109,362
Total Mutual Funds					**64,546,442**	**109,200,730**
Other Investments						
	Boyd Watterson GSA Fund LP	Share	N/A	N/A	23,438,169	35,727,128
Total Other Investments					**23,438,169**	**35,727,128**
Pooled Separate Accounts						
	JH Stable Value Guaranteed Income		N/A	N/A	13,175,673	14,024,083
Total Pooled Separate Accounts					**13,175,673**	**14,024,083**
Participant Loans						
	* Participant loans	5 - 10 years		4.25% - 9.50%	1,015,401	1,015,401
Total Participant Loans					**1,015,401**	**1,015,401**
Total Investments					**$ 131,152,792**	**$ 206,599,449**

* Party in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: [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 ANNUITY FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FU

1406 BLONDELL AVE, 2ND FLOOR

BRONX NY 10461

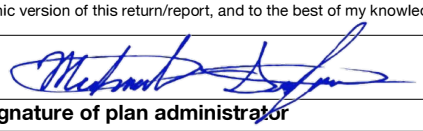
2b Employer Identification Number (EIN) 13-3207195

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.

SIGN HERE		10/13/2026	MICHAEL DONOFRIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/2026	KEVIN O'BRIEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE