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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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

100 MERRICK ROAD, SUITE 500 WEST
ROCKVILLE CENTRE, NY 11570-4836

2b Employer Identification Number (EIN) 13-3207195

2c Plan Sponsor's telephone number 516-775-2280

2d Business code (see instructions) 525100

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.	10/04/2022	GINO CASTIGNOLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	MICHAEL SALGO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3106
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)**	2335
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1165
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	838
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2003
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	28
f Total. Add lines **6d** and **6e**	**6f**	2031
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2031
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**	286

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

2A 2H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	30500	2031	01/01/2021	12/31/2021

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	12976634

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. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ 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 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	30500	2031	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	6601327

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. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

NEUBERGER BERMAN INVESTMENT ADVISOR
1290 AVENUE OF AMERICAS
NEW YORK, NY 10104

02-0654486

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

NEUBERGER BERMAN BD LLC
1290 AVENUE OF AMERICAS
NEW YORK, NY 10104

13-5521910

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

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

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?
15 37 50 52 62 64 65	NONE	159008	Yes [X] No [ ]	Yes [X] No [ ]	0	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	333130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	70907	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)

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	57000	Yes ☐ No ☒	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	NONE	52866	Yes ☐ No ☒	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	23600	Yes ☐ No ☒	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)

SEGAL SELECT INSURANCE COMPANY

333 WEST 34TH STREET
NEW YORK, NY 10001

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	11503	Yes [ ] No [X]

(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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B Three-digit plan number (PN) ▶ 002

C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5582869-125	P	12976634

a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-5582869-125	P	6601327

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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		161000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1189172	968853
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	137275	852097
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	127871	1636771
(2) U.S. Government securities	1c(2)		5815417
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20407271	14465283
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	25120576	27058015
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	22785963	
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2080756	1747121
(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)	83732415	98917897
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16287325	19577961
(15) Other	1c(15)		36162840

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	2372	1400
f	Total assets (add all amounts in lines 1a through 1e)	1f	171870996	207364655
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	99625	101834
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	23071	13246322
k	Total liabilities (add all amounts in lines 1g through1j)	1k	122696	13348156
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	171748300	194016499

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)	9902647	
	(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)		9902647
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	17	
	(B) U.S. Government securities	2b(1)(B)	106503	
	(C) Corporate debt instruments	2b(1)(C)	243268	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	201512	
	(F) Other	2b(1)(F)	2257889	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2809189
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	114010	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3198872	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3312882
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	30275219	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19382635	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10892584
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	11571914	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		11571914

		(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		614412
d Total income. Add all **income** amounts in column (b) and enter total	2d		39103628
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15573668	
(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)		15573668
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	169317	
(2) Contract administrator fees	2i(2)	159008	
(3) Investment advisory and management fees	2i(3)	797366	
(4) Other	2i(4)	136070	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1261761
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16835429
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22268199
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** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		24765589
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 ☒ 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, 2021 AND 2020

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
FINANCIAL REPORT
DECEMBER 31, 2021 AND 2020

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FITZSIMMONS
ABRAMS, LLP
CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke, Ste 210
Woodbury, NY 11797
p: (516) 682-0100
p: (212) 759-4949
f: (516) 682-0111
www.fallpcpa.com

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, 2021 and 2020, 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, 2021 and 2020, 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.

Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ABC Company Employee Benefit Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about ABC Company Employee Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

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 22 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 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 11, 2022

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

	December 31, 2021	December 31, 2020
ASSETS		
Investments at fair value:		
Cash equivalents	$ 421,345	$ 127,871
Fixed income	20,280,700	20,407,271
Common stocks	27,058,015	25,120,576
Real estate partnership	24,765,589	22,785,963
Mutual funds	98,917,897	83,732,415
Investments at contract Value:		
Pooled seperate accounts	19,577,961	16,287,325
Total Investments and insurance contracts	191,021,507	168,461,421
Receivables:		
Notes receivable from participants	1,747,121	2,080,756
Due from related parties	174,037	106,017
Employer contributions	968,853	1,189,172
Total Receivables	2,890,011	3,375,945
Cash	161,000	-
Fixed Assets net of accumulated depreciation	1,400	2,372
Prepaid expenses	27,118	31,258
TOTAL ASSETS	194,101,036	171,870,996
LIABILITIES		
Book Overdraft	-	23,071
Accounts payable and accrued expenses	84,537	99,625
TOTAL LIABILITIES	84,537	122,696
NET ASSETS AVAILABLE FOR BENEFITS	**$ 194,016,499**	**$ 171,748,300**

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, 2021	2020
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	$ 22,464,498	$ 19,520,391
Interest income	5,920,559	3,384,273
	28,385,057	22,904,664
Less: investment expenses	(797,366)	(755,950)
Net income from investments	27,587,691	22,148,714
Contributions:		
Employers' contributions	9,902,647	9,876,974
Interest on notes receivable from participants	201,512	210,412
Total Contributions	10,104,159	10,087,386
Other:		
Liquidated damages and interest	7,898	8,974
Total Other Income	7,898	8,974
TOTAL ADDITIONS	37,699,748	32,245,074
DEDUCTIONS		
Benefits paid to or on behalf of participants:	15,573,668	17,184,673
General and administrative expenses	(142,119)	32,318
Total Deductions	15,431,549	17,216,991
NET INCREASE	22,268,199	15,028,083
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	171,748,300	156,720,217
End of Year	**$ 194,016,499**	**$ 171,748,300**

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"), 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.

Plan Name Change

Effective December 31, 2017 the Cement Masons Local 780 Annuity Fund changed its name to the Northeast District Council of the OPCMIA Annuity Fund.

Eligibility

Any worker performing 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 Plan in its capacity as employers. The Plan is non-contributory for employees and is funded from contributions received from employers.

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 70 ½ by April 1st in the calendar year after they reach 70 ½.

Effective January 1, 2020 and in accordance with the "Secure Act" approved by the U.S. Senate on December 19, 2019, the required minimum distribution age was increased to 72 for those not already receiving distributions.

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 New York Life Insurance Company.

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 the case of a financial hardship resulting from a proven immediate and heavy financial need, a participant may receive a distribution not to exceed the lesser of (1) the value of participant's account, or (2) the amount necessary to satisfy the financial hardship. 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, the purchase or repair of an automobile to a maximum of $20,000, 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.

CARES Act
During 2020, the Board of Trustees adopted relief programs made available through the Coronavirus Aid Relief and the Economic Security Act ("CARES Act") including the option for eligible participants to take special distributions of up to $50,000 on a tax favored basis through December 31, 2020, the option for eligible participants to take Coronavirus related loans between the time period March 27, 2020 through September 22, 2020, the option for eligible participants to delay the due date of certain Plan loan payments due between March 27, 2020 and December 31, 2020 for one year, and the suspension of required minimum distributions for 2020.

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, 2021 and 2020, 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 8)

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 have been reclassified to conform to the current year's presentation.

NOTE 3 – FAIR VALUE MEASURMEMENT

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

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	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, 2021 and 2020.

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.

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

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

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.

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, 2021 and 2020.

Investments at fair value as of December 31, 2021

	Level 1	*Level 2*	*Level 3*	*Total*
Cash Equivalents	$ 421,345	$ -	$ -	$ 421,345
Fixed income	-	20,280,700	-	20,280,700
Common stock	27,058,015	-	-	27,058,015
Mutual funds	98,917,897	-	-	98,917,897
Total investments in the fair value hierarchy	126,397,257	20,280,700	-	146,677,957
Investments measured at NAV				24,765,589
Total investments	**$ 126,397,257**	**$ 20,280,700**	**$ -**	**$171,443,546**

Investments at fair value as of December 31, 2020

	Level 1	*Level 2*	*Level 3*	*Total*
Cash Equivalents	$ 127,871			$ 127,871
Fixed income	-	$ 20,407,271	$ -	20,407,271
Common stock	25,120,576	-	-	25,120,576
Mutual funds	83,732,415	-	-	83,732,415
Total investments in the fair value hierarchy	108,980,862	20,407,271	-	129,388,133
Investments measured at NAV				22,785,963
Total investments	**$ 108,980,862**	**$ 20,407,271**	**$ -**	**$152,174,096**

During the years ended December 31, 2021 and 2020, the Plan's investments, including investments bought, sold and held during the year appreciated / (depreciated) in value $22,464,498 and $19,520,391, respectively.

Net realized gains on the sale of investments included in the above totals amounted to $10,892,584 and $3,939,146 and for the years ended December 31, 2021 and 2020, 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, 2021 and 2020, there were no transfers into or out of level 3.

	Investments valued at NAV as of December 31, 2021			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
*Boyd Watterson GSA Fund LP	$ 24,765,589	$ -	*Quarterly*	*60 Days*
	$ 24,765,589	**$ -**		

	Investments valued at NAV as of December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
*Boyd Watterson GSA Fund LP	$ 22,785,963	$ -	*Quarterly*	*60 Days*
	$ 22,785,963	**$ -**		

**Boyd Watterson GSA Fund valuation is valued at a quarter behind by the Plan Administrator. Valuiation is as of 9/30/2021.*

NOTE 4 – POOLED SEPARATE ACCOUNTS

The Plan has traditional investment contract in a New York Life participating group annuity contract stable value account. 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 account is 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 a New York Life pooled separate account (PSA) dedicated to the stable value account. The PSA invests the funds primarily in fixed income securities but, in the sole discretion of New York Life, 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 or be held in cash, as permitted by applicable law. The rates set every quarter are based, in part, on the investment performance of these investments.

NOTE 4 – INVESTMENT IN STABLE VALUE INSURANCE CONTRACT (continued)

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

Executed October 31, 2017, with payments commencing November 1, 2017, the Plan and its related Plans entered into a five-year lease agreement for its premises which expires October 31, 2022. The Plan's allocable portion of rent for the year ended December 31, 2021 and 2020 was 14.98% and 19.00%, respectively. Rent expenses including rent and utilities paid for the years ended December 31, 2021 and 2020 was $ 11,267 and $13,071, respectively.

Net future minimum lease payments of the allocable portion for the year ended December 31, 2021 are as follows:

Year	Total
2022	$ 8,670
Total	$ 8,670

Collection claims and lawsuits arise in the normal course of the Plan's activities. As of December 31, 2021 management has advised that no suits present claims against the Plan which could materially affect the financial position of the Plan.

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, 2021, 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 2018.

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, 2021 and 2020, loans in default were $519,898 and $816,475, respectively. Interest income from participant loans for the years ended December 31, 2021 and 2020 was, $201,512 and $210,412, 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, 2021 and 2020 totaled $9,918,193 and $9,876,974, respectively. The amount of employer contributions due from the Northeast District Council of the OPCMIA Welfare Fund to the Plan at December 31, 2021 and 2020 included in the above totals was $968,853 and $1,189,172, 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, 2021 and 2020 totaled $208,784 and $268,707, 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.

NOTE 10 – MULTIEMPLOYER PLAN (continued)

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

The Plan's participation in this plan for the fiscal year ended December 31, 2021, 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, 2020. The zone status is based on information that the Plan received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

Name of Plan	EIN/Pension Plan Number	Certified Zone Status 2021	FIP/RP Status Pending/ Implemented	Contributions for Year Ended December 31, 2021	Surcharge Paid	Expiration Date of CBA
Cement Masons Local 780 Pension Fund	13-1626710/ 001	Green	N/A	$6,099	N/A	N/A

NOTE 11 - PROPERTY AND EQUIPMENT

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

	2021	2020
Furniture and Fixtures	$ 5,303	$ 5,303
Computer Equipment	8,282	8,282
Less: Accumulated depreciation	(12,185)	(11,213)
Property and Equipment, Net	$ 1,400	$ 2,372

Depreciation expense totaled $972 and $2,407 for the year ended December 31, 2021 and 2020, respectively.

NOTE 12 – RISK AND UNCERTAINTIES

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

NOTE 12 – RISK AND UNCERTAINTIES (continued)

On March 11, 2020 the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. We cannot reasonably estimate the extent to which the disruption in work may materially impact our financial position and results of operations in the future.

NOTE 13 – 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. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

NOTE 14 – 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 15 – 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, 2021.

SUPPLEMENTAL SCHEDULES

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

	Years Ended December 31, 2021	2020
Fund Office Expenses		
Salaries and payroll taxes	$ 50,167	$ 66,642
Rent and utilities	11,267	13,071
Employee benefits	15,552	19,983
Computer, internet and equipment maintenance	10,103	31,059
Office	14,849	3,276
Conference and meetings	390	650
Telephone	678	784
Fund administration	159,008	177,987
Travel Expenses	-	46
Depreciation	972	2,407
Total Fund Office Expenses	262,986	315,905
Professional Fees		
Legal	89,483	119,471
Auditing	23,600	23,000
Contractor payroll audits	56,234	81,974
Total Professional Fees	169,317	224,445
Other Expenses		
Insurance	31,526	41,111
Moving	566	694
Total Other Expense	32,092	41,805
Less: fees from independent employers to cover administrative expenses	(606,514)	(549,837)
Total Administrative Expense	**$ (142,119)**	**$ 32,318**

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, 2021

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Cash equivalents	$ 421,345	$ 1,215,426	$ 1,636,771
Fixed income	20,280,700	-	20,280,700
Common stock	27,058,015	-	27,058,015
Real estate partnership	24,765,589	(24,765,589)	-
Mutual funds	98,917,897	-	98,917,897
Other investments	-	36,162,840	36,162,840
Stable value insurance contract	19,577,961	-	19,577,961
Participant loans	1,747,121	-	1,747,121
Receivables	1,142,890	488,781	1,631,671
Cash	161,000	-	161,000
Other assets	27,118	162,161	189,279
Property and equipment	1,400	-	1,400
Total Assets	194,101,036	13,263,619	207,364,655
Liabilities			
Operating payable	84,537	17,297	101,834
Other liabilities	-	13,246,322	13,246,322
Total Liabilities	84,537	13,263,619	13,348,156
Net Assets Available for Benefits	**$ 194,016,499**	**$ -**	**$ 194,016,499**

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, 2021

(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)**			
Cash Equivalents						
Vanguard Treasuy Money Mkt In				$	127,889	$ 127,889
Boyd Watterson Fixed Income- Cash					253,899	253,899
Congress Asset Management- Cash					39,557	39,557
Boyd Watterson GSA Fund - Cash					1,215,426	1,215,426
Total Cash Equivalents				**$**	**1,636,771**	**$ 1,636,771**
Fixed Income						
Crescent Capital High Income Fund LP	Ownership	0.71%	N/A	$	6,252,100	$ 6,252,100
Asset Backed						
AMCAR 2017 3D	7/18/2023	210,000	100.52		214,627	211,093
AMCAR 2019 1D	3/18/2025	100,000	104.84		104,836	103,021
CARMAX 2020 2D	5/15/2027	130,000	112.36		146,067	140,074
CARMAX 2019 1C	1/15/2025	130,000	105.30		136,886	133,841
DRIVE 2018 2D	8/15/2024	83,661	101.25		84,926	84,710
DRIVE 2018 4D	1/15/2026	184,051	101.61		190,507	187,007
DTRT 2020 1 A3	9/15/2023	223,110	100.32		223,087	223,813
GMALT 2020 2B	7/22/2024	125,000	100.71		127,392	125,891
GMCAR 2018 4 A3	10/16/2023	36,318	100.55		36,312	36,519
SDART 2019 3D	10/15/2025	120,000	101.32		123,876	121,581
SDART 2019 3C	1/15/2026	430,000	100.29		435,140	431,249
BACM 2017 BNK3 A3	2/17/2050	200,000	105.91		202,688	211,811
Corporate						
Duke Energy Florida LLC	6/15/2030	280,000	96.07		280,549	269,006
Florida Power & Light	4/1/2025	250,000	104.46		254,875	261,160
Ares Capital Corp	11/15/2031	200,000	98.43		198,779	196,863
Assurant Inc	1/15/2032	170,000	98.19		169,745	166,919
Avalonbay Communities	5/15/2027	225,000	107.45		247,857	241,766
Bank of America Corp VRN	10/1/2025	255,000	104.07		254,921	265,381
Capital One Financial	5/11/2027	130,000	107.79		129,843	140,130
Charles Schwab Corp FRN	5/13/2026	270,000	100.28		270,000	270,753
Equinix Inc	11/18/2029	140,000	105.21		150,778	147,289
JP Morgan Chase & Co VRN	12/5/2024	250,000	105.45		252,737	263,622
Lazard Group LLC	9/19/2028	125,000	114.45		135,048	143,063
Public Storage FRN	4/23/2024	145,000	99.87		145,000	144,817
Trust Financial Corp VRN	6/7/2029	270,000	98.55		270,557	266,096
Westpac Banking Corp FRN	6/3/2026	270,000	100.12		270,476	270,335
Acuity Brands Lighting	12/15/2030	150,000	97.58		149,443	146,367
BorgWarner Inc	7/1/2027	145,000	103.38		145,013	149,901
Comcast Corp	10/15/2028	235,000	113.61		259,444	266,992
CVS Health Corp	3/25/2028	125,000	112.30		123,875	140,376
Dollar Tree Inc	5/15/2028	130,000	111.53		149,873	144,995
Enbridge Inc	11/15/2029	135,000	104.82		144,019	141,504
Georgia Pacific LLC	1/15/2024	195,000	113.59		210,958	221,495
Masco Corp	2/15/2028	140,000	96.87		139,798	135,620
McDonald's Corp	9/1/2029	140,000	103.25		145,140	144,547
Oshkosh Corporation	5/15/2028	125,000	112.79		141,819	140,985
Roper Technologies Inc	9/15/2028	130,000	112.35		141,317	146,050
Toyota Motor Credit Corp FRN	6/18/2024	265,000	99.78		265,000	264,409
United Rentals Inc	11/15/2027	140,000	103.62		146,255	145,066
Verisign Inc	7/15/2027	135,000	103.88		141,950	140,231
Verisk Analytics Inc	3/15/2029	130,000	111.59		149,316	145,067
Verizon Communications	9/21/2028	125,000	113.69		141,070	142,110
Pass-throughs						
FNMA Pool #MA4122	9/1/2035	203,951	100.37		208,763	204,701
FNMA Pool #MA4154	10/1/2035	333,728	100.37		342,149	334,957
U.S. Treasuries						
US Treasury Notes	11/15/2022	385,000	101.07		389,852	389,121
US Treasury Notes	11/15/2023	445,000	103.79		464,861	461,861
US Treasury Notes	2/15/2024	940,000	104.17		986,198	979,179
US Treasury Notes	2/15/2025	855,000	103.03		866,593	880,917
US Treasury Notes	8/15/2025	825,000	103.17		873,744	851,168
US Treasury Notes	2/15/2025	575,000	101.77		603,344	585,152
US Treasury Notes	8/15/2030	1,315,000	93.36		1,236,797	1,227,676
Treasury Inflation-Index Sec	1/15/2031	370,000	112.01		427,385	440,343
Total Fixed Income				**$**	**20,303,585**	**$ 20,280,700**

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, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
Common Stocks						
	Booz Allen Hamilton Hldg Corp.	Share	3,765	84.79	$ 272,597	$ 311,603
	Cintas Corp	Share	2,250	443.17	119,627	997,133
	Copart Inc	Share	6,500	151.62	282,929	985,530
	Generac Hldgs Inc	Share	4,000	351.92	225,012	1,407,680
	Huntington Ingalls Industries	Share	1,700	186.74	320,288	317,458
	IDEX Corp Com	Share	2,100	236.32	306,361	496,272
	Masco Corporation	Share	8,550	70.22	467,779	600,381
	Asbury Automotive Group Inc	Share	2,700	172.73	532,717	466,371
	Burlington Stores Inc	Share	2,500	291.51	297,986	728,775
	Etsy Inc	Share	4,825	218.94	245,540	1,056,385
	Floor & Décor Holdings Inc Class A	Share	5,050	130.01	466,176	656,551
	Pool Corp	Share	2,575	566.00	278,679	1,457,450
	Williams-Sonoma Inc	Share	2,000	169.13	183,994	338,260
	Church & Dwight Co	Share	5,500	102.50	180,407	568,875
	McCormick & Co.	Share	7,550	96.61	360,778	729,406
	Azenta Inc	Share	6,000	103.11	616,214	618,660
	Charles River Laboratories International Inc	Share	2,150	376.78	218,507	810,077
	Cooper Cos Inc	Share	1,250	418.94	155,863	523,675
	Horizon Therapeutics Plc	Share	3,850	107.76	213,009	414,876
	Mettler Toledo Internatoinal Com	Share	540	1,697.21	158,154	916,493
	Neurocrine Biosceince Inc	Share	2,750	85.17	359,471	234,218
	Resmed Inc Com	Share	4,200	260.48	220,035	1,094,016
	Steris Plc Shs Usd	Share	1,675	243.41	170,448	407,712
	West Pharmaceutical Services Inc	Share	850	469.01	209,216	398,659
	First Rep Bk San Francisco Cal	Share	2,400	206.51	283,086	495,624
	Raymond James Financial Inc	Share	5,775	100.40	199,764	579,810
	Akamai Technologies Inc	Share	3,475	117.04	295,634	406,714
	Ciena Corp Com	Share	9,650	76.97	413,232	742,761
	Diodes Inc	Share	7,025	109.81	277,530	771,415
	Entegris Inc	Share	5,050	138.58	435,503	699,829
	Keysight Technologirs Inc	Share	4,700	206.51	286,690	970,597
	Monolithic Power Systems Inc	Share	2,700	493.33	217,061	1,331,991
	Paycom Software Inc	Share	2,200	415.19	244,228	913,418
	Qualys Inc	Share	3,350	137.22	306,345	459,687
	Skyworks Solutions Inc	Share	3,500	155.14	331,292	542,990
	SPS Commerce Inc Com	Share	4,190	142.35	627,974	596,447
	Teledyne Technologies Inc Com	Share	900	436.89	306,073	393,201
	Zebra Technologies Corp- Cl A	Share	1,680	595.20	288,748	999,936
	Take Two Interactive	Share	1,700	177.72	240,126	302,124
	Sun Communities Inc	Share	1,500	209.97	212,393	314,955
Total Common Stocks					**$ 11,827,466**	**$ 27,058,015**
Mutual Funds						
	Neuberger Ber Strat Income R6	Share	1,006,020.72	$ 11.10	$ 10,984,287	$ 11,166,830
	Fidelity 500 Index Fd	Share	274,029.26	165.32	31,035,009	45,302,517
	TIAA-CREF Lrg Cap Val Idx Ret	Share	333,542.54	25.06	6,865,614	8,358,576
	TIAA-CREF Lrg Cap Grwth Idx R	Share	232,381.29	58.33	8,728,427	13,554,801
	Vanguard S&P SC 600 Idx Inst	Share	21,367.14	422.50	4,942,047	9,027,618
	Loomis Core Plus Bond Fund Y	Share	111,855.90	13.56	1,551,645	1,516,766
	T Rowe Price Retirement 2020	Share	46,262.70	22.21	1,038,627	1,027,494
	T Rowe Price Retirement 2030	Share	18,479.86	29.48	479,004	544,786
	T Rowe Price Retirement 2040	Share	742.18	32.76	23,476	24,314
	T Rowe Price Retirement 2050	Share	3,258.74	19.49	62,443	63,513
	T Rowe Price Retirement 2060	Share	49.48	16.54	830	818
	T Rowe Price Retire Bal	Share	663.44	15.16	10,495	10,058
	The Growth Fund of America R4	Share	2,015.53	73.47	136,832	148,081
	Artisan Mid Cap Fund	Share	1,148.22	44.52	55,809	51,119
	JP Morgan Mid Cap Value Fund A	Share	501.85	40.31	18,527	20,229
	MFS Value Fund R3	Share	589.29	54.11	30,082	31,886
	Vanguard Small Growth Adml	Share	423.75	99.01	42,084	41,955
	Vanguard Growth Index Fd Adm	Share	2,840.16	165.15	384,924	469,052
	Vanguard Mid Cap Index Adm	Share	1,327.84	315.46	346,488	418,880
	Vanguard Mid-Cap Val Index Adm	Share	1,895.00	77.84	138,451	147,508
	Vanguard Sm Cap Val Ind (Adm)	Share	3,415.46	76.81	221,835	262,342
	Columbia Global Tech Grw Adv	Share	79,806.40	73.23	4,075,472	5,844,223
	FAM Small Cap Fund Investor	Share	2,182.87	24.97	44,291	54,506
	Invesco Opp Global A	Share	228.28	124.32	27,067	28,380
	JPMorgan US Govt MMkt Cap Cl	Share	45.68	1.00	46	46
	AB High Income A	Share	43,655.72	7.94	349,380	346,626
	T Rowe Price Equity Index 500	Share	3,630.78	125.31	433,648	454,973
Total Mutual Funds					**$ 72,026,840**	**$ 98,917,897**

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, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
Other Investments						
	Boyd Watterson GSA Fund LP	Share	20,216.56	1,225.02	23,550,163	36,162,840
Total Other Investments					**$ 23,550,163**	**$ 36,162,840**
Pooled Separate Accounts						
	New York Life Anchor Account		N/A	N/A	$ 19,577,961	$ 19,577,961
Total Pooled Separate Accounts					**$ 19,577,961**	**$ 19,577,961**
Participant Loans						
*	Participant loans		5 - 10 years	4.25% - 6.50%	$ 1,747,121	$ 1,747,121
Total Participant Loans					**$ 1,747,121**	**$ 1,747,121**
Net Assets Available					**$ 150,669,907**	**$ 205,381,305**

* Party in-interest

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) - LINE4j
SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 13-327195 PLAN 002
DECEMBER 31, 2021

(a) Identity of Party Involved	(b) Description of Transactions	(c) Shares Transacted ($)	(d) Number of Shares Transacted	(e) Cost	(f) Realized Gain/Loss
SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS					
SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS					
NYL GIC Anchor I	144 Series - Sell	(11,626,763)	11,626,763	11,626,763	-
NYL GIC Anchor I	103 Series - Buy	14,917,397	14,917,397	14,917,397	-

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, 2021

(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)**			
Cash Equivalents						
Vanguard Treasuy Money Mkt In				$	127,889	$ 127,889
Boyd Watterson Fixed Income- Cash					253,899	253,899
Congress Asset Management- Cash					39,557	39,557
Boyd Watterson GSA Fund - Cash					1,215,426	1,215,426
Total Cash Equivalents				**$**	**1,636,771**	**$ 1,636,771**
Fixed Income						
Crescent Capital High Income Fund LP	Ownership	0.71%	N/A	$	6,252,100	$ 6,252,100
Asset Backed						
AMCAR 2017 3D	7/18/2023	210,000	100.52		214,627	211,093
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SDART 2019 3C	1/15/2026	430,000	100.29		435,140	431,249
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Bank of America Corp VRN	10/1/2025	255,000	104.07		254,921	265,381
Capital One Financial	5/11/2027	130,000	107.79		129,843	140,130
Charles Schwab Corp FRN	5/13/2026	270,000	100.28		270,000	270,753
Equinix Inc	11/18/2029	140,000	105.21		150,778	147,289
JP Morgan Chase & Co VRN	12/5/2024	250,000	105.45		252,737	263,622
Lazard Group LLC	9/19/2028	125,000	114.45		135,048	143,063
Public Storage FRN	4/23/2024	145,000	99.87		145,000	144,817
Trust Financial Corp VRN	6/7/2029	270,000	98.55		270,557	266,096
Westpac Banking Corp FRN	6/3/2026	270,000	100.12		270,476	270,335
Acuity Brands Lighting	12/15/2030	150,000	97.58		149,443	146,367
BorgWarner Inc	7/1/2027	145,000	103.38		145,013	149,901
Comcast Corp	10/15/2028	235,000	113.61		259,444	266,992
CVS Health Corp	3/25/2028	125,000	112.30		123,875	140,376
Dollar Tree Inc	5/15/2028	130,000	111.53		149,873	144,995
Enbridge Inc	11/15/2029	135,000	104.82		144,019	141,504
Georgia Pacific LLC	1/15/2024	195,000	113.59		210,958	221,495
Masco Corp	2/15/2028	140,000	96.87		139,798	135,620
McDonald's Corp	9/1/2029	140,000	103.25		145,140	144,547
Oshkosh Corporation	5/15/2028	125,000	112.79		141,819	140,985
Roper Technologies Inc	9/15/2028	130,000	112.35		141,317	146,050
Toyota Motor Credit Corp FRN	6/18/2024	265,000	99.78		265,000	264,409
United Rentals Inc	11/15/2027	140,000	103.62		146,255	145,066
Verisign Inc	7/15/2027	135,000	103.88		141,950	140,231
Verisk Analytics Inc	3/15/2029	130,000	111.59		149,316	145,067
Verizon Communications	9/21/2028	125,000	113.69		141,070	142,110
Pass-throughs						
FNMA Pool #MA4122	9/1/2035	203,951	100.37		208,763	204,701
FNMA Pool #MA4154	10/1/2035	333,728	100.37		342,149	334,957
U.S. Treasuries						
US Treasury Notes	11/15/2022	385,000	101.07		389,852	389,121
US Treasury Notes	11/15/2023	445,000	103.79		464,861	461,861
US Treasury Notes	2/15/2024	940,000	104.17		986,198	979,179
US Treasury Notes	2/15/2025	855,000	103.03		866,593	880,917
US Treasury Notes	8/15/2025	825,000	103.17		873,744	851,168
US Treasury Notes	2/15/2025	575,000	101.77		603,344	585,152
US Treasury Notes	8/15/2030	1,315,000	93.36		1,236,797	1,227,676
Treasury Inflation-Index Sec	1/15/2031	370,000	112.01		427,385	440,343
Total Fixed Income				**$**	**20,303,585**	**$ 20,280,700**

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, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
Common Stocks						
	Booz Allen Hamilton Hldg Corp.	Share	3,765	84.79	$ 272,597	$ 311,603
	Cintas Corp	Share	2,250	443.17	119,627	997,133
	Copart Inc	Share	6,500	151.62	282,929	985,530
	Generac Hldgs Inc	Share	4,000	351.92	225,012	1,407,680
	Huntington Ingalls Industries	Share	1,700	186.74	320,288	317,458
	IDEX Corp Com	Share	2,100	236.32	306,361	496,272
	Masco Corporation	Share	8,550	70.22	467,779	600,381
	Asbury Automotive Group Inc	Share	2,700	172.73	532,717	466,371
	Burlington Stores Inc	Share	2,500	291.51	297,986	728,775
	Etsy Inc	Share	4,825	218.94	245,540	1,056,385
	Floor & Décor Holdings Inc Class A	Share	5,050	130.01	466,176	656,551
	Pool Corp	Share	2,575	566.00	278,679	1,457,450
	Williams-Sonoma Inc	Share	2,000	169.13	183,994	338,260
	Church & Dwight Co	Share	5,500	102.50	180,407	568,875
	McCormick & Co.	Share	7,550	96.61	360,778	729,406
	Azenta Inc	Share	6,000	103.11	616,214	618,660
	Charles River Laboratories International Inc	Share	2,150	376.78	218,507	810,077
	Cooper Cos Inc	Share	1,250	418.94	155,863	523,675
	Horizon Therapeutics Plc	Share	3,850	107.76	213,009	414,876
	Mettler Toledo Internatoinal Com	Share	540	1,697.21	158,154	916,493
	Neurocrine Biosceince Inc	Share	2,750	85.17	359,471	234,218
	Resmed Inc Com	Share	4,200	260.48	220,035	1,094,016
	Steris Plc Shs Usd	Share	1,675	243.41	170,448	407,712
	West Pharmaceutical Services Inc	Share	850	469.01	209,216	398,659
	First Rep Bk San Francisco Cal	Share	2,400	206.51	283,086	495,624
	Raymond James Financial Inc	Share	5,775	100.40	199,764	579,810
	Akamai Technologies Inc	Share	3,475	117.04	295,634	406,714
	Ciena Corp Com	Share	9,650	76.97	413,232	742,761
	Diodes Inc	Share	7,025	109.81	277,530	771,415
	Entegris Inc	Share	5,050	138.58	435,503	699,829
	Keysight Technologirs Inc	Share	4,700	206.51	286,690	970,597
	Monolithic Power Systems Inc	Share	2,700	493.33	217,061	1,331,991
	Paycom Software Inc	Share	2,200	415.19	244,228	913,418
	Qualys Inc	Share	3,350	137.22	306,345	459,687
	Skyworks Solutions Inc	Share	3,500	155.14	331,292	542,990
	SPS Commerce Inc Com	Share	4,190	142.35	627,974	596,447
	Teledyne Technologies Inc Com	Share	900	436.89	306,073	393,201
	Zebra Technologies Corp- Cl A	Share	1,680	595.20	288,748	999,936
	Take Two Interactive	Share	1,700	177.72	240,126	302,124
	Sun Communities Inc	Share	1,500	209.97	212,393	314,955
Total Common Stocks					**$ 11,827,466**	**$ 27,058,015**
Mutual Funds						
	Neuberger Ber Strat Income R6	Share	1,006,020.72	$ 11.10	$ 10,984,287	$ 11,166,830
	Fidelity 500 Index Fd	Share	274,029.26	165.32	31,035,009	45,302,517
	TIAA-CREF Lrg Cap Val Idx Ret	Share	333,542.54	25.06	6,865,614	8,358,576
	TIAA-CREF Lrg Cap Grwth Idx R	Share	232,381.29	58.33	8,728,427	13,554,801
	Vanguard S&P SC 600 Idx Inst	Share	21,367.14	422.50	4,942,047	9,027,618
	Loomis Core Plus Bond Fund Y	Share	111,855.90	13.56	1,551,645	1,516,766
	T Rowe Price Retirement 2020	Share	46,262.70	22.21	1,038,627	1,027,494
	T Rowe Price Retirement 2030	Share	18,479.86	29.48	479,004	544,786
	T Rowe Price Retirement 2040	Share	742.18	32.76	23,476	24,314
	T Rowe Price Retirement 2050	Share	3,258.74	19.49	62,443	63,513
	T Rowe Price Retirement 2060	Share	49.48	16.54	830	818
	T Rowe Price Retire Bal	Share	663.44	15.16	10,495	10,058
	The Growth Fund of America R4	Share	2,015.53	73.47	136,832	148,081
	Artisan Mid Cap Fund	Share	1,148.22	44.52	55,809	51,119
	JP Morgan Mid Cap Value Fund A	Share	501.85	40.31	18,527	20,229
	MFS Value Fund R3	Share	589.29	54.11	30,082	31,886
	Vanguard Small Growth Adml	Share	423.75	99.01	42,084	41,955
	Vanguard Growth Index Fd Adm	Share	2,840.16	165.15	384,924	469,052
	Vanguard Mid Cap Index Adm	Share	1,327.84	315.46	346,488	418,880
	Vanguard Mid-Cap Val Index Adm	Share	1,895.00	77.84	138,451	147,508
	Vanguard Sm Cap Val Ind (Adm)	Share	3,415.46	76.81	221,835	262,342
	Columbia Global Tech Grw Adv	Share	79,806.40	73.23	4,075,472	5,844,223
	FAM Small Cap Fund Investor	Share	2,182.87	24.97	44,291	54,506
	Invesco Opp Global A	Share	228.28	124.32	27,067	28,380
	JPMorgan US Govt MMkt Cap Cl	Share	45.68	1.00	46	46
	AB High Income A	Share	43,655.72	7.94	349,380	346,626
	T Rowe Price Equity Index 500	Share	3,630.78	125.31	433,648	454,973
Total Mutual Funds					**$ 72,026,840**	**$ 98,917,897**

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, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate			(d) Cost	(e) Current Value
Other Investments						
	Boyd Watterson GSA Fund LP	Share	20,216.56	1,225.02	23,550,163	36,162,840
Total Other Investments					**$ 23,550,163**	**$ 36,162,840**
Pooled Separate Accounts						
	New York Life Anchor Account		N/A	N/A	$ 19,577,961	$ 19,577,961
Total Pooled Separate Accounts					**$ 19,577,961**	**$ 19,577,961**
Participant Loans						
*	Participant loans		5 - 10 years	4.25% - 6.50%	$ 1,747,121	$ 1,747,121
Total Participant Loans					**$ 1,747,121**	**$ 1,747,121**
Net Assets Available					**$ 150,669,907**	**$ 205,381,305**

* 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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
[ ] 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 F

100 MERRICK ROAD, SUITE 500 WEST

ROCKVILLE CENTRE NY 11570

2b Employer Identification Number (EIN) 13-3207195

2c Plan Sponsor's telephone number 516-775-2280

2d Business code (see instructions) 525100

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	Signature of plan administrator	10-4-2022 Date	GINO CASTIGNOLI Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10-4-2022 Date	MICHAEL SALGO Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

118401 12-30-21

12521003 763473 3207195 2021.04030 NORTHEAST DISTRICT COUNCI 32071951

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
SCHEDULE H (FORM 5500) - LINE4j
SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 13-327195 PLAN 002
DECEMBER 31, 2021

(a) Identity of Party Involved	(b) Description of Transactions	(c) Shares Transacted ($)	(d) Number of Shares Transacted	(e) Cost	(f) Realized Gain/Loss
SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS					
SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS					
NYL GIC Anchor I	144 Series - Sell	(11,626,763)	11,626,763	11,626,763	-
NYL GIC Anchor I	103 Series - Buy	14,917,397	14,917,397	14,917,397	-