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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

1406 BLONDELL AVE, 2ND FLOOR
BRONX, NY 10461

2b Employer Identification Number (EIN) 13-3207195

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

2d Business code (see instructions) 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.	10/11/2023	GINO CASTIGNOLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	KEVIN O'BRIEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	2031
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)**	1165
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1224
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	869
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2093
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	32
f Total. Add lines **6d** and **6e**.	**6f**	2125
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2125
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**	273

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	2125	01/01/2022	12/31/2022

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

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

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

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

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

(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	18418694

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	2125	01/01/2022	12/31/2022

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

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

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

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

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

(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	1420844

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

SEGAL SELECT INSURANCE COMPANY
333 WEST 34TH STREET
NEW YORK, NY 10001

46-0619194

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

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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	147911	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	351880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONRESSS ASSET MANAGEMENT

2 SEAPORT LANE
BOSTON, MA 02210

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	97608	Yes [X] No [ ]	Yes [X] No [ ]	1070	Yes [ ] No [X]

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?
51 27	NONE	57000	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	55115	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CAPITAL HIGH INCOME FUND B

11100 SANTA MONICA BLVD
LOS ANGELES, CA 90025

45-5287411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	44243	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)

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TPKE STE 210
WOODBURY, NY 11797

13-2858927

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	18418694

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	1420844

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

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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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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	409561
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	968853	1530091
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	852097	834522
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1636771	2426267
(2) U.S. Government securities	1c(2)	5815417	7208698
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14465283	11139848
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	27058015	18719459
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1747121	1065532
(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)	98917897	74209461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19577961	19839538
(15) Other	1c(15)	36162840	36081985

			(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	1400	339
f	Total assets (add all amounts in lines 1a through 1e)	1f	207364655	173465301
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	101834	723554
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	13246322	11711368
k	Total liabilities (add all amounts in lines 1g through1j)	1k	13348156	12434922
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	194016499	161030379

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)	10014584	
	(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)		10014584
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1924	
	(B) U.S. Government securities	2b(1)(B)	136446	
	(C) Corporate debt instruments	2b(1)(C)	165162	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	211283	
	(F) Other	2b(1)(F)	2550053	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3064868
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	114662	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2545516	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2660178
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13257492	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11742927	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1514565
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-32613673	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-32613673

		(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		585546
d Total income. Add all **income** amounts in column (b) and enter total	2d		-14773932
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16600268	
(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)		16600268
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)	223701	
(2) Contract administrator fees	2i(2)	147244	
(3) Investment advisory and management fees	2i(3)	1100023	
(4) Other	2i(4)	140952	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1611920
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18212188
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-32986120
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		31965752
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, 2022 AND 2021

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
FINANCIAL REPORT
DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of Northeast District Council of the OPCMIA Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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 schedule 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.

Supplemental Schedules Required by ERISA (Continued)

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 17 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 9th, 2023

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

	December 31, 2022	December 31, 2021
ASSETS		
Investments at fair value:		
Cash equivalents	$ 475,130	$ 421,345
Fixed income	12,905,748	14,028,600
Common stocks	18,719,459	27,058,015
Real estate partnership	26,199,819	24,765,589
Partnerships	5,765,933	6,252,100
Mutual funds	74,209,461	98,917,897
Investments at contract Value:		
Pooled seperate accounts	19,839,538	19,577,961
Total Investments and insurance contracts	158,115,088	191,021,507
Receivables:		
Notes receivable from participants	1,065,532	1,747,121
Due from related fund	114,401	174,037
Employer contributions	1,415,690	968,853
Total Receivables	2,595,623	2,890,011
Cash	409,561	161,000
Fixed Assets net of accumulated depreciation	339	1,400
Prepaid expenses	24,548	27,118
TOTAL ASSETS	161,145,159	194,101,036
LIABILITIES		
Accounts payable and accrued expenses	94,209	84,537
Due to related fund	20,571	-
TOTAL LIABILITIES	114,780	84,537
NET ASSETS AVAILABLE FOR BENEFITS	**$ 161,030,379**	**$ 194,016,499**

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, 2022	2021
ADDITIONS		
Investment income:		
Net (depreciation) appreciation in fair value of investments	$ (31,099,108)	$ 22,464,498
Interest income	5,513,763	5,920,559
	(25,585,345)	28,385,057
Less: investment expenses	(1,100,023)	(797,366)
Net (loss) income from investments	(26,685,368)	27,587,691
Contributions:		
Employers' contributions	10,014,584	9,902,647
Interest on notes receivable from participants	211,283	201,512
Total Contributions	10,225,867	10,104,159
Other:		
Liquidated damages and interest	8,804	7,898
Total Other Income	8,804	7,898
TOTAL (DEFICIT) ADDITIONS	(16,450,697)	37,699,748
DEDUCTIONS		
Benefits paid to or on behalf of participants:	16,600,268	15,573,668
General and administrative expenses	(64,845)	(142,119)
Total Deductions	16,535,423	15,431,549
NET (DECREASE) INCREASE	(32,986,120)	22,268,199
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	194,016,499	171,748,300
End of Year	**$ 161,030,379**	**$ 194,016,499**

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 1 - DESCRIPTION OF PLAN

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

General

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

Eligibility

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

Funding Policy

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

Vesting

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

Participant Accounts

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

Payment of Benefits

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

NOTE 1 - DESCRIPTION OF PLAN (continued)

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

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, 2022 and 2021, but applicable to payroll periods prior to the balance sheet dates.

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

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

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

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

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

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

NOTE 3 – FAIR VALUE MEASURMEMENT

FASB Accounting Standards Codification (ASC) 820, *Fair Value 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, 2022 and 2021.

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

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

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

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

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, 2022 and 2021.

Investments at fair value as of December 31, 2022

	Level 1	*Level 2*	*Level 3*	*Total*
Cash Equivalents	$ 475,130	$ -	$ -	$ 475,130
Fixed income	-	12,905,748	-	12,905,748
Common stock	18,719,459	-	-	18,719,459
Mutual funds	74,209,461	-	-	74,209,461
Total investments in the fair value hierarchy	93,404,050	12,905,748	-	106,309,798
Investments measured at NAV				31,965,752
Total investments	**$ 93,404,050**	**$ 12,905,748**	**$ -**	**$138,275,550**

Investments at fair value as of December 31, 2021

	Level 1	*Level 2*	*Level 3*	*Total*
Cash Equivalents	$ 421,345	$ -	$ -	$ 421,345
Fixed income	-	14,028,600	-	14,028,600
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	14,028,600	-	140,425,857
Investments measured at NAV				31,017,689
Total investments	**$ 126,397,257**	**$ 14,028,600**	**$ -**	**$171,443,546**

During the years ended December 31, 2022 and 2021, the Plan's investments, including investments bought, sold and held during the year appreciated / (depreciated) in value $(31,099,108) and $22,464,498, respectively.

Net realized gains on the sale of investments included in the above totals amounted to $1,514,565 and $10,892,584 and for the years ended December 31, 2022 and 2021, 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, 2022 and 2021, there were no transfers into or out of level 3.

	Investments valued at NAV as of December 31, 2022			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Real Estate Funds				
*Boyd Watterson GSA Fund LP	$ 26,199,819	$ -	*Quarterly*	*60 Days*
Partnerships				
Crescent Capital High Income Fund B, LP	5,765,933	-	*Monthly*	*60 Days*
	$ 31,965,752	**$ -**		

	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*
Partnerships				
Crescent Capital High Income Fund B, LP	6,252,100	-	*Monthly*	*60 Days*
	$ 31,017,689	**$ -**		

**Boyd Watterson GSA Fund valuation is valued at a quarter behind by the Plan Administrator. Valuation is as of 9/30/2022 and 9/30/2021, respectively.*

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

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 6 – COMMITMENTS AND CONTINGENCIES

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

Prior to November 1, 2022, the Fund and its related funds leased, from an unrelated third party, office space located at 100 Merrick Road, Ste 500 West, Rockville Centre, New York. The term of the lease was from November 1, 2017 through October 31, 2022. Under the terms of the agreement the rent increased annually at a rate of 2.68%. Rent expense includes base rent plus escalation charges for real estate taxes, maintenance and utilities.

Occupancy costs are allocated between the Fund and its related funds based upon the estimated benefit received by each fund. The estimated portion of these costs allocable to the Fund for the years ended December 31, 2022 and 2021 was approximately 15% and 17%, respectively. Occupancy expense for the years ended December 31, 2022 and 2021, was $10,741 and $11,267, respectively.

Collection claims and lawsuits arise in the normal course of the Plan's activities. As of December 31, 2022 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, 2022, 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 2019.

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, 2022 and 2021, loans in default were $617,582 and $519,898, respectively. Interest income from participant loans for the years ended December 31, 2022 and 2021 was, $211,283 and $201,512, 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, 2022 and 2021 totaled $10,004,164 and $9,902,647, respectively. The amount of employer contributions due from the Northeast District Council of the OPCMIA Welfare Fund to the Plan at December 31, 2022 and 2021 included in the above totals was $1,405,269 and $968,853, 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, 2022 and 2021 totaled $200,793 and $208,784, respectively.

NOTE 10 – MULTIEMPLOYER PLAN

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

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

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

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

The Plan's participation in this plan for the fiscal year ended December 31, 2022, 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, 2022. The zone status is based on information that the fund received from the plan and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

Name of Plan	EIN/Pension Plan Number	Certified Zone Status 2022	FIP/RP Status Pending/ Implemented	Contributions for Year Ended December 31, 2022	Surcharge Paid	Expiration Date of CBA
Cement Masons Local 780 Pension Fund	13-1626710/ 001	Green	N/A	$5,653	N/A	N/A

NOTE 11 - PROPERTY AND EQUIPMENT

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

	2022	2021
Furniture and Fixtures	$ 5,303	$ 5,303
Computer Equipment	8,282	8,282
Less: Accumulated depreciation	(13,246)	(12,185)
Property and Equipment, Net	$ 339	$ 1,400

Depreciation expense totaled $1,061 and $972 for the year ended December 31, 2022 and 2021, 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.

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. Effective May 11, 2023 the national public health emergency around COVID 19 official ended in the United States. 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, 2022.

SUPPLEMENTAL SCHEDULES

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

	Years Ended December 31, 2022	2021
Fund Office Expenses		
Salaries and payroll taxes	$ 55,413	$ 50,167
Rent and utilities	10,741	11,267
Employee benefits	15,834	15,552
Computer, internet and equipment maintenance	11,678	10,103
Office	5,171	14,849
Conference and meetings	990	390
Telephone	747	678
Fund administration	147,244	159,008
Depreciation	1,061	972
Total Fund Office Expenses	248,879	262,986
Professional Fees		
Legal	97,126	89,483
Auditing	23,900	23,600
Contractor payroll audits	102,675	56,234
Total Professional Fees	223,701	169,317
Other Expenses		
Insurance	37,285	31,526
Moving	2,032	566
Total Other Expense	39,317	32,092
Less: fees from independent employers to cover administrative expenses	(576,742)	(606,514)
Total Administrative Expense	**$ (64,845)**	**$ (142,119)**

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, 2022

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Cash equivalents	$ 475,130	$ 1,951,137	$ 2,426,267
Fixed income	12,905,748	5,442,798	18,348,546
Common stock	18,719,459	-	18,719,459
Real estate partnership	26,199,819	(26,199,819)	-
Partnerships	5,765,933	(5,765,933)	-
Mutual funds	74,209,461	-	74,209,461
Other investments	-	36,081,985	36,081,985
Stable value insurance contract	19,839,538	-	19,839,538
Participant loans	1,065,532	-	1,065,532
Receivables	1,530,091	625,802	2,155,893
Cash	409,561	-	409,561
Other assets	24,548	184,172	208,720
Property and equipment	339	-	339
Total Assets	161,145,159	12,320,142	173,465,301
Liabilities			
Operating payable	114,780	608,774	723,554
Other liabilities	-	11,711,368	11,711,368
Total Liabilities	114,780	12,320,142	12,434,922
Net Assets Available for Benefits	**$ 161,030,379**	**$ -**	**$ 161,030,379**

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, 2022

(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				$ 129,813	$ 129,813
	Boyd Watterson Fixed Income- Cash				232,515	232,515
	Congress Asset Management- Cash				112,802	112,802
	Crescent Capital High Income Fund B, LP- Cash				289,814	289,814
	Boyd Watterson GSA Fund - Cash				1,661,323	1,661,323
Total Cash Equivalents					**2,426,267**	**2,426,267**
Fixed Income						
	Crescent Capital High Income Fund LP	Ownership	0.71%	N/A	5,476,119	5,442,798
	Asset Backed					
	AMCAR 2019 1D	3/18/2025	100,000	104.84	104,836	98,514
	CARMAX 2020 2D	5/15/2027	130,000	112.36	146,067	127,870
	CARMX 2019-1C	1/15/2025	130,000	105.30	136,886	129,914
	GMALT 2020 2B	7/22/2024	47,265	101.91	48,170	47,206
	SDART 2019 3D	10/15/2025	58,674	101.32	60,570	58,472
	SDART 2020 #C	1/15/2026	190,357	101.20	192,633	188,744
	WOART 2021 -A B	12/15/2026	300,000	97.29	291,879	272,024
	Commercial MBS					
	BACM 2017 BNK3 A3	2/17/2050	197,912	101.34	200,572	184,514
	Corporate					
	Duke Energy Florida LLC	6/15/2030	280,000	100.17	280,677	223,750
	Exelon Corp	4/15/2030	145,000	106.08	154,921	136,195
	Assurant Inc	1/15/2032	170,000	99.86	169,731	128,248
	Avalonbay Communities	5/15/2027	225,000	108.32	252,363	210,274
	Bank of America Corp VRN	10/1/2025	255,000	99.98	254,675	246,231
	Capital One Financial	5/11/2027	145,000	99.06	143,508	137,343
	Equinix Inc	11/18/2029	155,000	104.60	164,488	135,723
	JP Morgan Chase & Co VRN	12/5/2024	250,000	100.73	254,674	247,058
	Lazard Group LLC	9/19/2028	145,000	104.81	155,965	136,819
	Trust Financial Corp VRN	6/7/2029	270,000	100.18	270,572	226,760
	US Bancorp VRN	6/3/2026	235,000	99.96	234,889	242,071
	Acuity Brands Lighting	12/15/2030	180,000	95.50	171,615	138,773
	BorgWarner Inc	7/1/2027	150,000	96.38	144,253	135,628
	Comcast Corp	10/15/2028	235,000	108.98	266,380	227,837
	CVS Health Corp	3/25/2028	140,000	98.71	137,454	137,248
	Enbridge Inc	11/15/2029	150,000	103.89	156,995	131,741
	Georgia Pacific LLC	1/15/2024	195,000	104.25	234,255	208,086
	Masco Corp	2/15/2028	155,000	98.03	151,786	129,430
	Oshkosh Corporation	5/15/2028	140,000	109.88	159,161	134,105
	Roper Technologies Inc	9/15/2028	140,000	106.50	153,387	137,201
	T Mobile USA Inc	2/1/2028	140,000	98.21	137,344	138,873
	Toyota Motor Credit Corp FRN	6/18/2024	250,000	100.00	250,000	248,203
	Verisign Inc	7/15/2027	135,000	104.29	142,813	133,458
	Verisk Analytics Inc	3/15/2029	145,000	110.74	166,646	137,831
	Verizon Communications	9/21/2028	140,000	109.62	156,946	136,542
	WorkdayINC	4/1/2029	140,000	100.03	140,042	129,688
	Corporate					
	Freddie Mac	5/17/2024	220,000	100.00	220,000	221,476
	U.S. Treasuries					
	US Treasury Notes	11/15/2023	935,000	2.75	937,043	922,414
	US Treasury Notes	2/15/2024	1,230,000	2.75	1,296,531	1,216,446
	US Treasury Notes	8/31/2024	905,000	1.25	871,235	861,048
	US Treasury Notes	2/15/2025	1,015,000	2.00	1,032,644	974,018
	US Treasury Notes	8/15/2025	545,000	2.00	586,988	519,142
	US Treasury Notes	2/15/2026	345,000	1.63	366,225	321,512
	US Treasury Notes	8/15/2030	970,000	0.63	896,054	768,097
	US Treasury Notes	11/15/2031	835,000	1.38	768,853	683,516
	US Treasury Notes	5/15/2032	1,015,000	2.88	989,147	942,505
	Boyd Watterson Fixed Income Market Adjustment					(6,800)
	Total Fixed Income				**19,527,991**	**18,348,546**

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, 2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date,			(d) Cost	(e) Current Value
Common Stocks						
	Avery Dennison Corp	Share	2,000	185.62	$ 371,249	$ 362,000
	Booz Allen Hamilton Hldg Corp.	Share	3,675	74.18	272,597	384,111
	Copart Inc	Share	12,000	21.76	261,165	730,680
	Emcor Group Inc Com	Share	2,500	153.40	383,492	370,275
	IDEX Corp Com	Share	2,100	145.89	306,361	479,493
	Masco Corporation	Share	8,550	54.71	467,779	399,028
	Paycom Software Inc	Share	2,200	111.01	244,228	682,682
	Saia Inc	Share	2,500	275.16	687,902	524,200
	Asbury Automotive Group Inc	Share	2,700	197.30	532,717	483,975
	Choic eHotels Intl Inc	Share	2,761	115.36	318,510	310,999
	Deckers Outdoor Corporation	Share	1,450	273.42	396,459	578,782
	Floor and Décor Holdings Inc Class A	Share	5,400	90.87	490,685	376,002
	Pool Corp Ulta Beauty Inc	Share	2,575	108.22	278,679	778,500
	Ulta Beauty Inc	Share	1,000	383.89	383,890	469,070
	Williams Sonoma Inc	Share	2,000	92.00	183,994	229,840
	Church Dwight Co	Share	5,550	32.51	180,407	447,385
	McCormick & Co - non voting shares	Share	7,550	47.79	360,778	625,820
	Charles River Laboratories International Inc	Share	2,150	101.63	218,507	468,485
	Cooper Cos Inc	Share	1,250	124.69	155,863	413,337
	Horizon Therapeutics Plc	Share	3,850	55.33	213,009	438,130
	Mettler Toledo Internatoinal Com	Share	540	292.88	158,154	780,543
	Neurocrine Biosceince Inc	Share	2,750	130.72	359,471	328,460
	Resmed Inc Com	Share	4,200	52.39	220,034	874,146
	Steris Plc Shs Usd	Share	1,675	101.79	170,448	309,356
	West Pharmaceutical Services Inc	Share	850	246.14	209,216	200,048
	First Rep Bk San Francisco Cal	Share	2,400	117.95	283,086	292,536
	Raymond James Financial Inc	Share	5,775	34.59	199,764	617,059
	Akamai Technologies Inc	Share	3,475	85.07	295,634	292,943
	Ciena Corp Com	Share	9,650	42.82	413,232	491,957
	Diodes Inc	Share	7,025	39.51	277,530	534,884
	Entegris Inc	Share	5,050	86.24	435,503	331,230
	Keysight Technologirs Inc	Share	4,700	61.00	286,690	804,029
	Monolithic Power Systems Inc	Share	2,700	80.39	217,061	954,747
	Qualys Inc	Share	3,350	91.45	306,345	375,971
	Skyworks Solutions Inc	Share	3,500	94.65	331,292	318,955
	SPS Commerce Inc Com	Share	4,190	149.87	627,974	538,122
	Teledyne Technologies Inc Com	Share	900	340.08	306,073	359,919
	Trimble Inc	Share	7,800	67.42	525,841	394,368
	Take Two Interactive	Share	1,700	141.25	240,126	177,021
	Sun Communities Inc	Share	1,500	141.60	212,393	214,500
	Congress Asset Management Co - FMV Adjustment					(24,129)
Total Common Stocks					**$ 12,784,138**	**$ 18,719,459**
Mutual Funds						
	MainStay MK Short Duration HY	Share	34,461.56	9.13	317,036	314,634
	Fidelity 500 Index	Share	278,627.40	133.12	31,656,938	37,090,879
	Vanguard S&P SC 600 Idx Inst	Share	21,696.22	348.76	5,055,549	7,566,774
	Loomis Core Plus Bond Fund Y	Share	70,330.11	11.46	899,846	805,983
	T Rowe Price Retirement 2020	Share	51,811.39	16.74	1,129,396	867,323
	T Rowe Price Retirement 2030	Share	20,316.16	21.86	517,862	444,111
	T Rowe Price Retirement 2040	Share	785.66	24.42	24,293	19,186
	T Rowe Price Retirement 2050	Share	4,446.71	14.62	80,606	65,011
	T Rowe Price Retirement 2060	Share	86.58	12.63	1,331	1,093
	T Rowe Price Retire Bal	Share	7,375.58	11.95	103,154	88,138
	The Growth Fund of America R4	Share	4,952.96	48.93	314,216	242,348
	Artisan Mid Cap Fund	Share	1,474.50	28.05	64,360	41,360
	JP Morgan Mid Cap Value Fund A	Share	573.12	33.12	20,899	18,982
	MFS Value Fund R3	Share	432.24	47.26	22,117	20,428
	FAM Small Cap Fund Invest	Share	1,097.62	21.79	22,277	23,917
	MFS Global Growth Fund R6	Share	252.98	51.37	13,383	12,996
	Vanguard Small Growth Adml	Share	212.76	70.51	20,294	15,002
	Vanguard Growth Index Fd Adm	Share	4,128.65	109.72	549,601	452,995
	Vanguard Mid Cap Index Adm	Share	1,538.05	252.48	400,866	388,311
	Vanguard Mid-Cap Val Index Adm	Share	2,190.85	70.08	158,304	153,535
	Vanguard Sm Cap Val Ind (Adm)	Share	3,746.64	68.25	245,536	255,708
	Columbia Global Tech Grw Adv	Share	53,669.48	46.44	2,766,129	2,492,411
	Neuberger Ber Strat Income R6	Share	1,059,758.78	9.43	11,511,045	9,993,525
	TIAA-CREF Lrg Cap Val Idx Ret	Share	230,004.55	22.19	4,897,512	5,103,801
	TIAA-CREF Lrg Cap Growth Idx R	Share	192,360.77	37.41	7,504,520	7,196,216
	JP Morgan US Govt MMkt Cap Cl	Share	46.37	1.00	46	46
	T Rowe Price Equity Index 500	Share	5,297.67	100.94	620,696	534,748
Total Mutual Funds					**$ 68,917,812**	**$ 74,209,461**

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, 2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date,			(d) Cost	(e) Current Value
Other Investments						
	Boyd Watterson GSA Fund LP	Share	20,216.56	1,225.02	24,538,496	36,081,985
Total Other Investments					**$ 24,538,496**	**$ 36,081,985**
Pooled Separate Accounts						
	New York Life Anchor Account		N/A	N/A	$ 19,839,538	$ 19,839,538
Total Pooled Separate Accounts					**$ 19,839,538**	**$ 19,839,538**
Participant Loans						
*	Participant loans		5 - 10 years	4.25% - 6.50%	$ 1,065,532	$ 1,065,532
Total Participant Loans					**$ 1,065,532**	**$ 1,065,532**
Net Assets Available					**$ 149,099,775**	**$ 170,690,788**

* 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, 2022

(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	150 Series - Sell	(10,248,205)	10,248,205	10,248,205	-
NYL GIC Anchor I	101 Series - Buy	10,509,782	10,509,782	10,509,782	-

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, 2022

(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				$ 129,813	$ 129,813
	Boyd Watterson Fixed Income- Cash				232,515	232,515
	Congress Asset Management- Cash				112,802	112,802
	Crescent Capital High Income Fund B, LP- Cash				289,814	289,814
	Boyd Watterson GSA Fund - Cash				1,661,323	1,661,323
Total Cash Equivalents					**2,426,267**	**2,426,267**
Fixed Income						
	Crescent Capital High Income Fund LP	Ownership	0.71%	N/A	5,476,119	5,442,798
	Asset Backed					
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	CARMAX 2020 2D	5/15/2027	130,000	112.36	146,067	127,870
	CARMX 2019-1C	1/15/2025	130,000	105.30	136,886	129,914
	GMALT 2020 2B	7/22/2024	47,265	101.91	48,170	47,206
	SDART 2019 3D	10/15/2025	58,674	101.32	60,570	58,472
	SDART 2020 #C	1/15/2026	190,357	101.20	192,633	188,744
	WOART 2021 -A B	12/15/2026	300,000	97.29	291,879	272,024
	Commercial MBS					
	BACM 2017 BNK3 A3	2/17/2050	197,912	101.34	200,572	184,514
	Corporate					
	Duke Energy Florida LLC	6/15/2030	280,000	100.17	280,677	223,750
	Exelon Corp	4/15/2030	145,000	106.08	154,921	136,195
	Assurant Inc	1/15/2032	170,000	99.86	169,731	128,248
	Avalonbay Communities	5/15/2027	225,000	108.32	252,363	210,274
	Bank of America Corp VRN	10/1/2025	255,000	99.98	254,675	246,231
	Capital One Financial	5/11/2027	145,000	99.06	143,508	137,343
	Equinix Inc	11/18/2029	155,000	104.60	164,488	135,723
	JP Morgan Chase & Co VRN	12/5/2024	250,000	100.73	254,674	247,058
	Lazard Group LLC	9/19/2028	145,000	104.81	155,965	136,819
	Trust Financial Corp VRN	6/7/2029	270,000	100.18	270,572	226,760
	US Bancorp VRN	6/3/2026	235,000	99.96	234,889	242,071
	Acuity Brands Lighting	12/15/2030	180,000	95.50	171,615	138,773
	BorgWarner Inc	7/1/2027	150,000	96.38	144,253	135,628
	Comcast Corp	10/15/2028	235,000	108.98	266,380	227,837
	CVS Health Corp	3/25/2028	140,000	98.71	137,454	137,248
	Enbridge Inc	11/15/2029	150,000	103.89	156,995	131,741
	Georgia Pacific LLC	1/15/2024	195,000	104.25	234,255	208,086
	Masco Corp	2/15/2028	155,000	98.03	151,786	129,430
	Oshkosh Corporation	5/15/2028	140,000	109.88	159,161	134,105
	Roper Technologies Inc	9/15/2028	140,000	106.50	153,387	137,201
	T Mobile USA Inc	2/1/2028	140,000	98.21	137,344	138,873
	Toyota Motor Credit Corp FRN	6/18/2024	250,000	100.00	250,000	248,203
	Verisign Inc	7/15/2027	135,000	104.29	142,813	133,458
	Verisk Analytics Inc	3/15/2029	145,000	110.74	166,646	137,831
	Verizon Communications	9/21/2028	140,000	109.62	156,946	136,542
	WorkdayINC	4/1/2029	140,000	100.03	140,042	129,688
	Corporate					
	Freddie Mac	5/17/2024	220,000	100.00	220,000	221,476
	U.S. Treasuries					
	US Treasury Notes	11/15/2023	935,000	2.75	937,043	922,414
	US Treasury Notes	2/15/2024	1,230,000	2.75	1,296,531	1,216,446
	US Treasury Notes	8/31/2024	905,000	1.25	871,235	861,048
	US Treasury Notes	2/15/2025	1,015,000	2.00	1,032,644	974,018
	US Treasury Notes	8/15/2025	545,000	2.00	586,988	519,142
	US Treasury Notes	2/15/2026	345,000	1.63	366,225	321,512
	US Treasury Notes	8/15/2030	970,000	0.63	896,054	768,097
	US Treasury Notes	11/15/2031	835,000	1.38	768,853	683,516
	US Treasury Notes	5/15/2032	1,015,000	2.88	989,147	942,505
	Boyd Watterson Fixed Income Market Adjustment					(6,800)
	Total Fixed Income				**19,527,991**	**18,348,546**

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, 2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date,			(d) Cost	(e) Current Value
Common Stocks						
	Avery Dennison Corp	Share	2,000	185.62	$ 371,249	$ 362,000
	Booz Allen Hamilton Hldg Corp.	Share	3,675	74.18	272,597	384,111
	Copart Inc	Share	12,000	21.76	261,165	730,680
	Emcor Group Inc Com	Share	2,500	153.40	383,492	370,275
	IDEX Corp Com	Share	2,100	145.89	306,361	479,493
	Masco Corporation	Share	8,550	54.71	467,779	399,028
	Paycom Software Inc	Share	2,200	111.01	244,228	682,682
	Saia Inc	Share	2,500	275.16	687,902	524,200
	Asbury Automotive Group Inc	Share	2,700	197.30	532,717	483,975
	Choic eHotels Intl Inc	Share	2,761	115.36	318,510	310,999
	Deckers Outdoor Corporation	Share	1,450	273.42	396,459	578,782
	Floor and Décor Holdings Inc Class A	Share	5,400	90.87	490,685	376,002
	Pool Corp Ulta Beauty Inc	Share	2,575	108.22	278,679	778,500
	Ulta Beauty Inc	Share	1,000	383.89	383,890	469,070
	Williams Sonoma Inc	Share	2,000	92.00	183,994	229,840
	Church Dwight Co	Share	5,550	32.51	180,407	447,385
	McCormick & Co - non voting shares	Share	7,550	47.79	360,778	625,820
	Charles River Laboratories International Inc	Share	2,150	101.63	218,507	468,485
	Cooper Cos Inc	Share	1,250	124.69	155,863	413,337
	Horizon Therapeutics Plc	Share	3,850	55.33	213,009	438,130
	Mettler Toledo Internatoinal Com	Share	540	292.88	158,154	780,543
	Neurocrine Biosceince Inc	Share	2,750	130.72	359,471	328,460
	Resmed Inc Com	Share	4,200	52.39	220,034	874,146
	Steris Plc Shs Usd	Share	1,675	101.79	170,448	309,356
	West Pharmaceutical Services Inc	Share	850	246.14	209,216	200,048
	First Rep Bk San Francisco Cal	Share	2,400	117.95	283,086	292,536
	Raymond James Financial Inc	Share	5,775	34.59	199,764	617,059
	Akamai Technologies Inc	Share	3,475	85.07	295,634	292,943
	Ciena Corp Com	Share	9,650	42.82	413,232	491,957
	Diodes Inc	Share	7,025	39.51	277,530	534,884
	Entegris Inc	Share	5,050	86.24	435,503	331,230
	Keysight Technologirs Inc	Share	4,700	61.00	286,690	804,029
	Monolithic Power Systems Inc	Share	2,700	80.39	217,061	954,747
	Qualys Inc	Share	3,350	91.45	306,345	375,971
	Skyworks Solutions Inc	Share	3,500	94.65	331,292	318,955
	SPS Commerce Inc Com	Share	4,190	149.87	627,974	538,122
	Teledyne Technologies Inc Com	Share	900	340.08	306,073	359,919
	Trimble Inc	Share	7,800	67.42	525,841	394,368
	Take Two Interactive	Share	1,700	141.25	240,126	177,021
	Sun Communities Inc	Share	1,500	141.60	212,393	214,500
	Congress Asset Management Co - FMV Adjustment					(24,129)
Total Common Stocks					**$ 12,784,138**	**$ 18,719,459**
Mutual Funds						
	MainStay MK Short Duration HY	Share	34,461.56	9.13	317,036	314,634
	Fidelity 500 Index	Share	278,627.40	133.12	31,656,938	37,090,879
	Vanguard S&P SC 600 Idx Inst	Share	21,696.22	348.76	5,055,549	7,566,774
	Loomis Core Plus Bond Fund Y	Share	70,330.11	11.46	899,846	805,983
	T Rowe Price Retirement 2020	Share	51,811.39	16.74	1,129,396	867,323
	T Rowe Price Retirement 2030	Share	20,316.16	21.86	517,862	444,111
	T Rowe Price Retirement 2040	Share	785.66	24.42	24,293	19,186
	T Rowe Price Retirement 2050	Share	4,446.71	14.62	80,606	65,011
	T Rowe Price Retirement 2060	Share	86.58	12.63	1,331	1,093
	T Rowe Price Retire Bal	Share	7,375.58	11.95	103,154	88,138
	The Growth Fund of America R4	Share	4,952.96	48.93	314,216	242,348
	Artisan Mid Cap Fund	Share	1,474.50	28.05	64,360	41,360
	JP Morgan Mid Cap Value Fund A	Share	573.12	33.12	20,899	18,982
	MFS Value Fund R3	Share	432.24	47.26	22,117	20,428
	FAM Small Cap Fund Invest	Share	1,097.62	21.79	22,277	23,917
	MFS Global Growth Fund R6	Share	252.98	51.37	13,383	12,996
	Vanguard Small Growth Adml	Share	212.76	70.51	20,294	15,002
	Vanguard Growth Index Fd Adm	Share	4,128.65	109.72	549,601	452,995
	Vanguard Mid Cap Index Adm	Share	1,538.05	252.48	400,866	388,311
	Vanguard Mid-Cap Val Index Adm	Share	2,190.85	70.08	158,304	153,535
	Vanguard Sm Cap Val Ind (Adm)	Share	3,746.64	68.25	245,536	255,708
	Columbia Global Tech Grw Adv	Share	53,669.48	46.44	2,766,129	2,492,411
	Neuberger Ber Strat Income R6	Share	1,059,758.78	9.43	11,511,045	9,993,525
	TIAA-CREF Lrg Cap Val Idx Ret	Share	230,004.55	22.19	4,897,512	5,103,801
	TIAA-CREF Lrg Cap Growth Idx R	Share	192,360.77	37.41	7,504,520	7,196,216
	JP Morgan US Govt MMkt Cap Cl	Share	46.37	1.00	46	46
	T Rowe Price Equity Index 500	Share	5,297.67	100.94	620,696	534,748
Total Mutual Funds					**$ 68,917,812**	**$ 74,209,461**

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, 2022

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date,			(d) Cost	(e) Current Value
Other Investments						
	Boyd Watterson GSA Fund LP	Share	20,216.56	1,225.02	24,538,496	36,081,985
Total Other Investments					**$ 24,538,496**	**$ 36,081,985**
Pooled Separate Accounts						
	New York Life Anchor Account		N/A	N/A	$ 19,839,538	$ 19,839,538
Total Pooled Separate Accounts					**$ 19,839,538**	**$ 19,839,538**
Participant Loans						
*	Participant loans		5 - 10 years	4.25% - 6.50%	$ 1,065,532	$ 1,065,532
Total Participant Loans					**$ 1,065,532**	**$ 1,065,532**
Net Assets Available					**$ 149,099,775**	**$ 170,690,788**

* 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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.)

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1983

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

1406 BLONDELL AVE, 2ND FLOOR

BRONX NY 10461

2b Employer Identification Number (EIN) 13-3207195

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

2d Business code (see instructions) 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		10/11/2023	GINO CASTIGNOLI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/2023	KEVIN O'BRIEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

218401 12-08-22

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, 2022

(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	150 Series - Sell	(10,248,205)	10,248,205	10,248,205	-
NYL GIC Anchor I	101 Series - Buy	10,509,782	10,509,782	10,509,782	-