

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	MICHAEL RENDINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2024	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 ☒ 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 2125
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1224 6a(2) 1202 6b 6c 1882 6d 3084 6e 37 6f 3121 6g(1) 2125 6g(2) 1919 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 252

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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	LO8903	149	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 18073915**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 18330565
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 200045
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 18530610**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 18530610**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)** 456695

▶ DISTRIBUTIONS

(5) Total deductions **7e(5)** 456695**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 18073915

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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.
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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	0	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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	18418694
c Additions: (1) Contributions deposited during the year	7c(1)	1471633
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	342182
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	1813815
d Total of balance and additions (add lines 7b and 7c(6))	7d	20232509
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)	20232509
▶ DISTRIBUTIONS		
(5) Total deductions	7e(5)	20232509
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND	D Employer Identification Number (EIN) 13-3207195	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
SEGAL SELECT INSURANCE 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	114782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BOYD WATTERSON ASSET MANAGEMENT

1801 EAST 9TH STREET STE 1400
CLEVELAND, OH 44114

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	324089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES LLC

25 NEWBRIDGE ROAD
HICKSVILLE, NY 11801

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	58710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	NONE	41223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FITZSIMMONS ABRAMS, LLP

7600 JERICHO TPKE STE 210
WOODBURY, NY 11797

13-2858927

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	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 ☐

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
NEUBERGER BERMAN TRUST COMPANY N.A. 1260 6TH AVENUE NEW YORK, NY 10104 27-2510082	52 71 28	SCHEDULE C DISCLOSURES
CONGRESS ASSET MANAGEMENT 2 SEAPORT LANE BOSTON, MA 02210 04-2848965	51 52	SCHEDULE C DISCLOSURES
CRESCENT CAPITAL HIGH INCOME FUND B 11100 SANTA MONICA BLVD LOS ANGELES, CA 90025 45-5287411	28 52	SCHEDULE C DISCLOSURES

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	409561	254802
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1530091	1212482
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	834522	841208
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2426267	2260203
(2) U.S. Government securities	1c(2)	7208698	7615315
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11139848	12344148
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18719459	21921061
(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)	1065532	1116102
(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)	74209461	88092097
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19839538	18073915
(15) Other	1c(15)	36081985	36098142

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	339	0
f Total assets (add all amounts in lines 1a through 1e)	1f	173465301	189829475
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	723554	181133
i Acquisition indebtedness	1i		
j Other liabilities	1j	11711368	12974804
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12434922	13155937
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	161030379	176673538

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)	9270863	
(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)		9270863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14764	
(B) U.S. Government securities	2b(1)(B)	151416	
(C) Corporate debt instruments	2b(1)(C)	199145	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	175662	
(F) Other	2b(1)(F)	645011	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1185998
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	118823	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2011318	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2130141
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	25986913	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	25462337	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		524576
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18776518	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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		550807
d Total income. Add all income amounts in column (b) and enter total	2d		32438903

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15218564	
(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)		15218564
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	139318	
(3) Recordkeeping fees.....	2i(3)	133111	
(4) IQPA audit fees.....	2i(4)	23900	
(5) Investment advisory and investment management fees	2i(5)	1076557	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	72383	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	131911	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1577180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16795744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15643159
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: FITZSIMMONS ABRAMS, LLP

(2) EIN: 13-2858927

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		32056411
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

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, 2023 AND 2022**



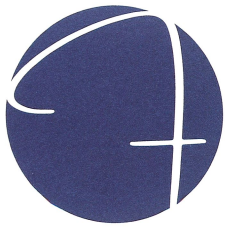
**FITZSIMMONS
ABRAMS, LLP**

CERTIFIED PUBLIC ACCOUNTANTS

**NORTHEAST DISTRICT COUNCIL OF THE OPCMLA ANNUITY FUND
FINANCIAL REPORT
DECEMBER 31, 2023 AND 2022**

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FITZSIMMONS ABRAMS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke, Ste 210

Woodbury, NY 11797

p: (516) 682-0100

p: (212) 759-4949

f: (516) 682-0111

www.fallpcpa.com

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of Northeast District Council of the OPCMIA Annuity Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, 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, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules reported on pages 18 through 22 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 17 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
September 17th, 2024

FITZSIMMONS ABRAMS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

7600 Jericho Tpke | Ste 210 | Woodbury, NY 11797



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

	December 31,	
	2023	2022
<u>ASSETS</u>		
Investments at fair value:		
Cash equivalents	\$ 286,879	\$ 475,130
Fixed income	13,734,270	12,905,748
Common stocks	21,921,061	18,719,459
Real estate partnership	25,638,809	26,199,819
Partnerships	6,417,602	5,765,933
Mutual funds	88,092,097	74,209,461
Investments at contract Value:		
Pooled separate accounts	18,073,915	19,839,538
Total Investments and insurance contracts	174,164,633	158,115,088
Receivables:		
Notes receivable from participants	1,116,102	1,065,532
Due from related fund	138,046	114,401
Employer contributions	1,074,436	1,415,690
Total Receivables	2,328,584	2,595,623
Cash	254,802	409,561
Fixed Assets net of accumulated depreciation	-	339
Prepaid expenses	15,045	24,548
TOTAL ASSETS	176,763,064	161,145,159
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	88,303	94,209
Due to related fund	1,223	20,571
TOTAL LIABILITIES	89,526	114,780
NET ASSETS AVAILABLE FOR BENEFITS	\$ 176,673,538	\$ 161,030,379

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,	
	2023	2022
<u>ADDITIONS</u>		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 19,301,094	\$ (31,099,108)
Interest income	3,140,477	5,513,763
	22,441,571	(25,585,345)
Less: investment expenses	(1,076,557)	(1,100,023)
	21,365,014	(26,685,368)
Contributions:		
Employers' contributions	9,270,863	10,014,584
Interest on notes receivable from participants	175,662	211,283
	9,446,525	10,225,867
Other:		
Liquidated damages and interest	20,587	8,804
	20,587	8,804
TOTAL ADDITIONS (DEFICIT)	30,832,126	(16,450,697)
<u>DEDUCTIONS</u>		
Benefits paid to or on behalf of participants:	15,218,564	16,600,268
General and administrative expenses	(29,597)	(64,845)
	15,188,967	16,535,423
NET INCREASE (DECREASE)	15,643,159	(32,986,120)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	161,030,379	194,016,499
End of Year	<u>\$ 176,673,538</u>	<u>\$ 161,030,379</u>

See independent auditors' report.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

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.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (continued)

Investments Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian. See Note 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, 2023 and 2022, but applicable to payroll periods prior to the balance sheet dates.

Depreciation

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

Payment of Benefits

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

Notes Receivable from Participants

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

Allocation of Shared Expenses

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

Compensated Absences

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

Reclassification

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

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENT

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

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	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, 2023 and 2022.

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.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENT (continued)

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

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

The Plans' investments are held in a bank-administered trust fund. The following is a summary of investments at fair value at December 31, 2023 and 2022.

Investments at fair value as of December 31, 2023

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

Investments at fair value as of December 31, 2022

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
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
<i>Total investments in the fair value hierarchy</i>	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

During the years ended December 31, 2023 and 2022, the Plan's investments, including investments bought, sold and held during the year appreciated / (depreciated) in value \$19,301,094 and \$(31,099,108), respectively.

Net realized gains on the sale of investments included in the above totals amounted to \$524,576 and \$1,514,565 and for the years ended December 31, 2023 and 2022, respectively.

See independent auditors' report

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 3 – FAIR VALUE MEASUREMENT (continued)

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets. For the years ended December 31, 2023 and 2022, there were no transfers into or out of level 3.

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

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

**Boyd Watterson GSA Fund valuation is valued at a quarter behind by the Plan Administrator. Valuation is as of 9/30/2023 and 9/30/2022, respectively.*

See independent auditors' report

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 – POOLED SEPARATE ACCOUNTS

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

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

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

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 6 – COMMITMENTS AND CONTINGENCIES

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

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 expiring 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, 2023 and 2022 was approximately 15%. Occupancy expense for the years ended December 31, 2023 and 2022, was \$4,510 and \$10,741, respectively.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 6 – COMMITMENTS AND CONTINGENCIES (continued)

Collection claims and lawsuits arise in the normal course of the Plan's activities. As of December 31, 2023 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, 2023, 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 2020.

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, 2023 and 2022, loans in default were \$54,103 and \$617,582, respectively. Interest income from participant loans for the years ended December 31, 2023 and 2022 was, \$175,662 and \$211,283, 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, 2023 and 2022 totaled \$9,270,863 and \$10,014,584, respectively. The amount of employer contributions due from the Northeast District Council of the OPCMIA Welfare Fund to the Plan at December 31, 2023 and 2022 included in the above totals was \$1,074,436 and \$1,415,690, respectively.

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 9 – RELATED PARTY TRANSACTIONS (continued)

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, 2023 and 2022 totaled \$209,863 and \$200,793, 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, 2023, 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, 2023. 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 2023	FIP/RP Status Pending/ Implemented	Contributions		Expiration Date of CBA
				for Year Ended December 31, 2023	Surcharge Paid	
Cement Masons Local 780 Pension Fund	13-1626710/ 001	Green	N/A	\$5,653	N/A	N/A

See independent auditors' report

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 11 - PROPERTY AND EQUIPMENT

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

	<u>2023</u>	<u>2022</u>
Furniture and Fixtures	\$ 5,303	\$ 5,303
Computer Equipment	8,282	8,282
Less: Accumulated depreciation	<u>(13,585)</u>	<u>(13,246)</u>
Property and Equipment, Net	<u>\$ -</u>	<u>\$ 339</u>

Depreciation expense totaled \$339 and \$1,061 for the year ended December 31, 2023 and 2022, respectively.

NOTE 12 – RISK AND UNCERTAINTIES

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

NOTE 13 – CASH

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

NOTE 14 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the date of the auditors' report which is the date that the financial statements were available to be issued. The Plan has determined that there were no subsequent events requiring recording or disclosure in the financial statements as of December 31, 2023.

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

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

	<u>2023</u>	<u>2022</u>
Participants' account balance	\$ 174,164,633	\$ 158,115,088
Employer contributions receivable	1,074,436	1,415,690
Notes receivable from participants	1,116,102	1,065,532
Unallocated assets/liabilities	<u>318,367</u>	<u>434,069</u>
Net assets available for benefits	<u>\$ 176,673,538</u>	<u>\$ 161,030,379</u>

See independent auditors' report

NORTHEAST DISTRICT COUNCIL OF THE OPCMIA ANNUITY FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 16 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

	Per Financial Statements	Reclassification	Per Form 5500
Contributions	\$ 9,270,863	\$ -	\$ 9,270,863
Investment income	21,365,014	1,076,557	22,441,571
Interest on notes receivable from participants	175,662	-	175,662
Other Income	20,587	530,220	550,807
Total additions	30,832,126	1,606,777	32,438,903
Benefits paid	15,218,564	-	15,218,564
Administrative expenses	(29,597)	1,606,777	1,577,180
Total deductions	15,188,967	1,606,777	16,795,744
Net increase	\$ 15,643,159	\$ -	\$ 15,643,159

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

SUPPLEMENTAL SCHEDULES

See independent auditors' report

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

	Years Ended December 31,	
	2023	2022
<u>Fund Office Expenses</u>		
Salaries and payroll taxes	\$ 57,665	\$ 55,413
Rent and utilities	4,510	10,741
Employee benefits	15,986	15,834
Computer, internet and equipment maintenance	13,670	11,678
Office	2,608	5,171
Conference and meetings	1,063	990
Telephone	545	747
Fund administration	139,318	147,244
Depreciation	339	1,061
Total Fund Office Expenses	235,704	248,879
<u>Professional Fees</u>		
Legal	72,383	97,126
Auditing	23,900	23,900
Contractor payroll audits	133,111	102,675
Total Professional Fees	229,394	223,701
<u>Other Expenses</u>		
Insurance	34,718	37,285
Moving	807	2,032
Total Other Expense	35,525	39,317
Less: fees from administrator and independent employers to cover administrative expenses	(530,220)	(576,742)
Total Administrative Expense	\$ (29,597)	\$ (64,845)

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, 2023**

	Per Financial Statements	Reclassification	Per Form 5500
<i>Assets</i>			
Investments			
Cash equivalents	\$ 286,879	\$ 1,973,324	\$ 2,260,203
Fixed income	13,734,270	(13,734,270)	-
Government fixed income	-	7,615,315	7,615,315
Corporate fixed income	-	12,344,148	12,344,148
Common stock	21,921,061	-	21,921,061
Real estate partnership	25,638,809	(25,638,809)	-
Partnerships	6,417,602	(6,417,602)	-
Mutual funds	88,092,097		88,092,097
Other investments	-	36,098,142	36,098,142
Stable value insurance contract	18,073,915	-	18,073,915
Participant loans	-	1,116,102	1,116,102
Receivables	2,328,584	(528,297)	1,800,287
Cash	254,802	-	254,802
Other assets	<u>15,045</u>	<u>238,358</u>	<u>253,403</u>
<i>Total Assets</i>	176,763,064	13,066,411	189,829,475
<i>Liabilities</i>			
Operating payable	89,526	91,607	181,133
Other liabilities	<u>-</u>	<u>12,974,804</u>	<u>12,974,804</u>
<i>Total Liabilities</i>	89,526	13,066,411	13,155,937
Net Assets Available for Benefits	<u>\$ 176,673,538</u>	<u>\$ -</u>	<u>\$ 176,673,538</u>

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

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, 2023

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party		Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
		Type / Maturity Date	% / Quantity	Price per Unit (if applicable)		
Cash Equivalents						
	Vanguard Treasury Money Mkt In				\$ 136,373	\$ 136,373
	Boyd Watterson Fixed Income- Cash				76,091	76,091
	Congress Asset Management- Cash				74,415	74,415
	Crescent Capital High Income Fund B, LP- Cash				207,348	207,348
	Boyd Watterson GSA Fund - Cash				1,765,976	1,765,976
Total Cash Equivalents					2,260,203	2,260,203
Government Fixed Income						
	<u>U.S. Treasuries</u>					
	US Treasury Notes	2/15/2024	460,000	99.68	456,165	463,328
	US Treasury Notes	8/31/2024	905,000	97.55	871,235	886,657
	US Treasury Notes	2/15/2025	815,000	97.07	830,753	797,248
	US Treasury Notes	1/31/2028	1,235,000	98.53	1,213,373	1,234,564
	US Treasury Notes	11/30/2028	1,325,000	88.65	1,161,989	1,187,923
	US Treasury Notes	1/31/2030	1,220,000	93.53	1,138,391	1,212,611
	US Treasury Notes	8/15/2030	795,000	88.46	691,079	647,721
	US Treasury Notes	11/15/2031	685,000	88.12	592,391	570,970
	US Treasury Notes	5/15/2032	490,000	95.09	463,425	456,715
	US Treasury Notes	2/15/2033	160,000	96.80	154,669	157,578
Total Government Fixed Income					7,573,470	7,615,315
Corporate Fixed Income						
	Crescent Capital High Income Fund LP	Ownership	0.71%	N/A	5,410,787	6,225,193
	<u>Asset Backed</u>					
	CARMAX 2020-2 D	5/15/2027	130,000	99.78	129,711	130,044
	CARMX 2022-4 D	4/16/2029	120,000	104.25	125,097	125,528
	GMALT 2022-2 C	5/20/2026	250,000	98.77	246,932	247,263
	SOART 2021-3 D	9/15/2027	260,000	95.53	248,390	248,544
	WOART 2021-A B	12/15/2026	300,000	94.46	283,388	283,473
	<u>Corporate Bonds</u>					
	Duke Energy Florida LLC	6/15/2030	300,000	98.93	296,658	250,928
	Exelon Corp	4/15/2030	145,000	105.31	154,921	139,918
	Ares Capital Corp	1/15/2027	135,000	99.34	133,997	142,818
	Assurant Inc	1/15/2032	170,000	99.88	169,731	139,572
	Avalonbay Communit ies	5/15/2027	260,000	104.84	284,969	249,699
	Bank of America Corp VRN	10/1/2025	255,000	99.98	254,675	251,982
	Capital One Financial	5/11/2027	145,000	99.25	143,508	139,177
	Equinix Inc	11/18/2029	155,000	103.95	164,488	143,144
	J P Morgan Chase & Co VRN	7 /2.5/2033	250,000	97.70	243,870	252,901
	Lazard Group LLC	9/19/2028	145,000	104.02	155,965	143,068
	Raymond James Financial	4/1/2030	250,000	97.42	242,957	255,179
	T rueis Financial Corp VRN	6/7/2029	285,000	99.42	283,241	246,882
	US Bancorp VRN	10/21/2026	235,000	99.97	234,889	239,145
	Acuity Brands Lighting	12/15/2030	180,000	95.95	171,615	149,966
	American Tower Corp	7/15/2028	135,000	99.75	134,611	141,491
	BorgWarner Inc	7/1/2027	90,000	95.16	84,168	84,688
	Comcast Corp	10/15/2028	250,000	106.84	280,725	248,921
	CVS Health Corp	3/25/2028	140,000	98.93	137,454	139,394
	Enbridge Inc	11/15/2029	150,000	103.34	156,995	137,615
	Lennox International Inc	9/15/2028	135,000	99.90	134,860	140,926
	Masco Corp	2/15/2028	155,000	98.37	151,786	136,622
	Netflix Inc	11/15/2028	130,000	103.64	135,363	137,844
	Oshkosh Corporation	5/15/2028	55,000	106.43	61,053	54,559
	Roper Technologies Inc	9/15/2028	85,000	105.00	92,535	84,642
	Sysco Corporation	4/1/2030	130,000	104.72	136,560	140,296
	T Mobile USA Inc	2/1/2028	140,000	98.53	137,344	142,277
	Toyota Motor Credit Corp FRN	6/18/2024	250,000	100.00	250,000	250,356
	Verisk Analytics Inc	3/15/2029	145,000	109.08	166,646	143,046

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, 2023

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.		Cost	Current Value
Corporate Fixed Income (continued)				
<i>Corporate Bonds (continued)</i>				
Workday Inc	4/1/2029	140,000 100.02	140,042	135,826
<i>U.S. Government Agencies</i>				
Freddie Mac	5/17/2024	220,000 100.00	220,000	221,221
Total Corporate Fixed Income			11,799,931	12,344,148
Common Stocks				
ChampionX Corporation	Share	\$ 14,500.00 \$ 30.89	\$ 447,857	\$ 423,546
Avery Dennison Corp	Share	2,000 185.62	371,249	404,320
Booz Allen Hamilton Hldg Corp	Share	3,675 74.18	272,597	470,069
Copart Inc.	Share	20,000 10.88	217,638	980,000
Crane Company	Share	4,600 90.88	418,068	543,444
Emcor Group Inc Com	Share	2,500 153.40	383,492	538,575
Nvent Electric Plc Com	Share	9,900 57.67	570,896	584,991
Paycom Software Inc Com	Share	2,200 111.01	244,228	454,784
Saia Inc	Share	1,675 275.16	460,895	734,019
Watts Water Technologies Inc	Share	2,500 181.86	454,644	520,850
WillScot Mobile Mini Holdings Corp Cl A	Share	9,500 50.44	479,188	422,750
Darden Restaurants Inc	Share	3,100 145.36	450,609	509,330
Deckers Outdoor Corporation	Share	1,300 273.42	355,446	868,959
Pool Corp Com	Share	2,575 108.22	278,679	1,026,678
Ulta Beauty Inc Com	Share	1,000 383.89	383,890	489,990
Valvoline Inc	Share	11,750 37.40	439,507	441,565
BJ Wholesale Club	Share	4,100 74.23	304,333	273,306
Church & Dwight Co Inc Com	Share	5,550 32.51	180,407	524,808
Bruker Corporation	Share	4,900 78.08	382,610	360,052
Charles River Laboratories International Inc	Share	2,150 101.63	218,507	508,260
Cooper Cos Inc Com New	Share	1,250 124.69	155,863	473,050
Hologic Inc Com	Share	5,800 82.03	475,779	414,410
Mettler Toledo International Com	Share	540 292.88	158,154	654,998
Resmed Inc Com	Share	4,200 52.39	220,035	722,484
Steris Plc Shs Usd	Share	1,675 101.76	170,448	368,249
West Pharmaceutical Services Inc	Share	1,000 262.48	262,479	352,120
Brown & Brown Inc	Share	4,600 70.72	325,290	327,106
Factset Reasearch Systems Inc	Share	1,000 423.56	423,560	477,050
Raymond James Finl Inc Com	Share	5,775 34.59	199,764	643,913
Diodes Inc	Share	7,025 39.51	277,530	565,653
Entegris Inc	Share	5,050 86.24	435,503	605,091
Fabrinet	Share	2,400 190.55	457,312	456,792
Keysight Technologies Inc	Share	4,700 61.00	286,690	747,723
Monolithic Pwr Sys Inc Com	Share	2,100 80.39	168,825	1,324,638
Perficient Inc	Share	5,500 93.02	511,623	362,010
Qualys Inc	Share	3,350 91.45	306,345	657,538
SPS Commerce Inc Com	Share	4,190 149.87	627,974	812,190
Teledyne Technologies Inc Com	Share	900 340.08	306,073	401,661
Take Two Interactive	Share	1,700 141.25	240,126	273,615
Sun Communities Inc	Share	1,500 141.60	212,393	200,475
Total Common Stocks			\$ 13,536,505	\$ 21,921,061
Mutual Funds				
Fidelity 500 Index Fd	Share	283,044.56 \$165.49	32,330,017	46,841,044
Neuberger Ber Strat Income R6	Share	1,013,369.88 \$9.82	10,609,549	9,951,292
TIAA-CREF Lrg Cap Grwth Idx R	Share	167,316.08 \$52.33	6,826,610	8,755,651
TIAA-CREF Lrg Cap Val Idx Ret	Share	185,675.79 \$23.54	4,065,760	4,370,808
Vanguard S&P SC 600 Idx Inst	Share	22,020.85 \$398.55	5,184,411	8,776,408
JPMorgan US Govt MMkt Cap Cl	Share	48.68 1.00	49	49
Loomis Core Plus Bond Fund Y	Share	115,074.26 11.70	1,406,013	1,346,369
MainStay MK Short Duration HY	Share	30,890.60 9.48	284,603	292,843
T Rowe Price Retirement 2020	Share	58,699.53 17.78	1,254,136	1,043,678
T Rowe Price Retirement 2030	Share	23,328.73 23.94	588,729	558,490
T Rowe Price Retirement 2040	Share	2,139.42 27.63	60,712	59,112

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, 2023

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
<u>Mutual Funds (continued)</u>					
T Rowe Price Retirement 2050	Share	6,584.99	16.90	113,074	111,286
T Rowe Price Retirement 2060	Share	3,716.15	14.77	52,188	54,888
T. Rowe Price Retire Bal	Share	28,476.95	12.76	365,348	363,366
T Rowe Price Equity Index 500	Share	4,162.39	125.41	475,779	522,005
Artisan Mid Cap Fund	Share	1,095.12	34.78	39,684	38,088
Columbia Global Tech Grw Adv	Share	46,896.86	71.26	2,530,237	3,341,871
FAM Small Cap Fund Investor	Share	119.41	24.60	2,489	2,937
JP Morgan Mid Cap Value Fund A	Share	247.06	34.62	8,701	8,553
MFS Value Fund R3	Share	8.04	47.03	406	378
The Growth Fund of America R4	Share	5,887.07	62.42	365,534	367,471
Vanguard Growth Index Fd Adm	Share	3,284.69	160.00	447,941	525,550
Vanguard Mid Cap Index Adm	Share	1,068.52	288.07	282,119	307,807
Vanguard Mid-Cap Val Index Adm	Share	883.04	75.08	63,650	66,299
Vanguard Sm Cap Val Ind (Adm)	Share	3,630.57	77.34	239,680	280,788
Vanguard Small Growth Adml	Share	91.17	84.98	7,284	7,747
MFS Global Growth Fund (R6)	Share	1,601.97	60.75	93,154	97,320
Total Mutual Funds				\$ 67,697,855	\$ 88,092,097
<u>Other Investments</u>					
Boyd Watterson GSA Fund LP	Share	22,268.48	1,109.86	23,872,838	36,098,142
Total Other Investments				\$ 23,872,838	\$ 36,098,142
<u>Pooled Separate Accounts</u>					
JH Stable Value Guaranteed Income		N/A	N/A	\$ 18,073,915	\$ 18,073,915
Total Pooled Separate Accounts				\$ 18,073,915	\$ 18,073,915
<u>Participant Loans</u>					
* Participant loans		5 - 10 years	4.25% - 9.50%	\$ 1,116,102	\$ 1,116,102
Total Participant Loans				\$ 1,116,102	\$ 1,116,102
Total Investments				\$ 134,130,887	\$ 187,520,983

* Party in-interest

See independent auditors' report.

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, 2023

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Party Involved	Description of Transactions	Shares Transacted (\$)	Number of Shares Transacted	Cost	Realized Gain/Loss
<u>SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS</u>					
JH Stable Value Guaranteed Inc	Buy	\$ 17,239,369.56	1,723,936.956	\$ 17,239,369.56	\$ -
NLY GIC Anchor I	Sell	(17,238,018.92)	(17,238,018.920)	17,238,018.92	-
<u>SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS</u>					
JH Stable Value Guaranteed Inc	29 Series - Buy	\$ 18,287,715.61	1,828,145.931	\$ 18,287,715.61	-
NLY GIC Anchor I	77 Series - Sell	(22,125,040.46)	(22,125,050.460)	(22,125,040.46)	-

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, 2023

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party		Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
		Type / Maturity Date	% / Quantity	Price per Unit (if applicable)		
Cash Equivalents						
Vanguard Treasury Money Mkt In					\$ 136,373	\$ 136,373
Boyd Watterson Fixed Income- Cash					76,091	76,091
Congress Asset Management- Cash					74,415	74,415
Crescent Capital High Income Fund B, LP- Cash					207,348	207,348
Boyd Watterson GSA Fund - Cash					1,765,976	1,765,976
Total Cash Equivalents					2,260,203	2,260,203
Government Fixed Income						
<u>U.S. Treasuries</u>						
US Treasury Notes		2/15/2024	460,000	99.68	456,165	463,328
US Treasury Notes		8/31/2024	905,000	97.55	871,235	886,657
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US Treasury Notes		2/15/2033	160,000	96.80	154,669	157,578
Total Government Fixed Income					7,573,470	7,615,315
Corporate Fixed Income						
Crescent Capital High Income Fund LP		Ownership	0.71%	N/A	5,410,787	6,225,193
<u>Asset Backed</u>						
CARMAX 2020-2 D		5/15/2027	130,000	99.78	129,711	130,044
CARMX 2022-4 D		4/16/2029	120,000	104.25	125,097	125,528
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<u>Corporate Bonds</u>						
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Avalonbay Communities		5/15/2027	260,000	104.84	284,969	249,699
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Capital One Financial		5/11/2027	145,000	99.25	143,508	139,177
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J P Morgan Chase & Co VRN		7 /2.5/2033	250,000	97.70	243,870	252,901
Lazard Group LLC		9/19/2028	145,000	104.02	155,965	143,068
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Truist Financial Corp VRN		6/7/2029	285,000	99.42	283,241	246,882
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Roper Technologies Inc		9/15/2028	85,000	105.00	92,535	84,642
Sysco Corporation		4/1/2030	130,000	104.72	136,560	140,296
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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, 2023

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.		Cost	Current Value
Corporate Fixed Income (continued)				
<i>Corporate Bonds (continued)</i>				
Workday Inc	4/1/2029	140,000 100.02	140,042	135,826
<i>U.S. Government Agencies</i>				
Freddie Mac	5/17/2024	220,000 100.00	220,000	221,221
Total Corporate Fixed Income			11,799,931	12,344,148
Common Stocks				
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Crane Company	Share	4,600 90.88	418,068	543,444
Emcor Group Inc Com	Share	2,500 153.40	383,492	538,575
Nvent Electric Plc Com	Share	9,900 57.67	570,896	584,991
Paycom Software Inc Com	Share	2,200 111.01	244,228	454,784
Saia Inc	Share	1,675 275.16	460,895	734,019
Watts Water Technologies Inc	Share	2,500 181.86	454,644	520,850
WillScot Mobile Mini Holdings Corp Cl A	Share	9,500 50.44	479,188	422,750
Darden Restaurants Inc	Share	3,100 145.36	450,609	509,330
Deckers Outdoor Corporation	Share	1,300 273.42	355,446	868,959
Pool Corp Com	Share	2,575 108.22	278,679	1,026,678
Ultra Beauty Inc Com	Share	1,000 383.89	383,890	489,990
Valvoline Inc	Share	11,750 37.40	439,507	441,565
BJ Wholesale Club	Share	4,100 74.23	304,333	273,306
Church & Dwight Co Inc Com	Share	5,550 32.51	180,407	524,808
Bruker Corporation	Share	4,900 78.08	382,610	360,052
Charles River Laboratories International Inc	Share	2,150 101.63	218,507	508,260
Cooper Cos Inc Com New	Share	1,250 124.69	155,863	473,050
Hologic Inc Com	Share	5,800 82.03	475,779	414,410
Mettler Toledo International Com	Share	540 292.88	158,154	654,998
Resmed Inc Com	Share	4,200 52.39	220,035	722,484
Steris Plc Shs Usd	Share	1,675 101.76	170,448	368,249
West Pharmaceutical Services Inc	Share	1,000 262.48	262,479	352,120
Brown & Brown Inc	Share	4,600 70.72	325,290	327,106
Factset Reasearch Systems Inc	Share	1,000 423.56	423,560	477,050
Raymond James Finl Inc Com	Share	5,775 34.59	199,764	643,913
Diodes Inc	Share	7,025 39.51	277,530	565,653
Entegris Inc	Share	5,050 86.24	435,503	605,091
Fabrinet	Share	2,400 190.55	457,312	456,792
Keysight Technologies Inc	Share	4,700 61.00	286,690	747,723
Monolithic Pwr Sys Inc Com	Share	2,100 80.39	168,825	1,324,638
Perficient Inc	Share	5,500 93.02	511,623	362,010
Qualys Inc	Share	3,350 91.45	306,345	657,538
SPS Commerce Inc Com	Share	4,190 149.87	627,974	812,190
Teledyne Technologies Inc Com	Share	900 340.08	306,073	401,661
Take Two Interactive	Share	1,700 141.25	240,126	273,615
Sun Communities Inc	Share	1,500 141.60	212,393	200,475
Total Common Stocks			\$ 13,536,505	\$ 21,921,061
Mutual Funds				
Fidelity 500 Index Fd	Share	283,044.56 \$165.49	32,330,017	46,841,044
Neuberger Ber Strat Income R6	Share	1,013,369.88 \$9.82	10,609,549	9,951,292
TIAA-CREF Lrg Cap Grwth Idx R	Share	167,316.08 \$52.33	6,826,610	8,755,651
TIAA-CREF Lrg Cap Val Idx Ret	Share	185,675.79 \$23.54	4,065,760	4,370,808
Vanguard S&P SC 600 Idx Inst	Share	22,020.85 \$398.55	5,184,411	8,776,408
JPMorgan US Govt MMkt Cap Cl	Share	48.68 1.00	49	49
Loomis Core Plus Bond Fund Y	Share	115,074.26 11.70	1,406,013	1,346,369
MainStay MK Short Duration HY	Share	30,890.60 9.48	284,603	292,843
T Rowe Price Retirement 2020	Share	58,699.53 17.78	1,254,136	1,043,678
T Rowe Price Retirement 2030	Share	23,328.73 23.94	588,729	558,490
T Rowe Price Retirement 2040	Share	2,139.42 27.63	60,712	59,112

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, 2023

(a)	(b)	(c)		(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity value.			Cost	Current Value
<u>Mutual Funds (continued)</u>					
T Rowe Price Retirement 2050	Share	6,584.99	16.90	113,074	111,286
T Rowe Price Retirement 2060	Share	3,716.15	14.77	52,188	54,888
T. Rowe Price Retire Bal	Share	28,476.95	12.76	365,348	363,366
T Rowe Price Equity Index 500	Share	4,162.39	125.41	475,779	522,005
Artisan Mid Cap Fund	Share	1,095.12	34.78	39,684	38,088
Columbia Global Tech Grw Adv	Share	46,896.86	71.26	2,530,237	3,341,871
FAM Small Cap Fund Investor	Share	119.41	24.60	2,489	2,937
JP Morgan Mid Cap Value Fund A	Share	247.06	34.62	8,701	8,553
MFS Value Fund R3	Share	8.04	47.03	406	378
The Growth Fund of America R4	Share	5,887.07	62.42	365,534	367,471
Vanguard Growth Index Fd Adm	Share	3,284.69	160.00	447,941	525,550
Vanguard Mid Cap Index Adm	Share	1,068.52	288.07	282,119	307,807
Vanguard Mid-Cap Val Index Adm	Share	883.04	75.08	63,650	66,299
Vanguard Sm Cap Val Ind (Adm)	Share	3,630.57	77.34	239,680	280,788
Vanguard Small Growth Adml	Share	91.17	84.98	7,284	7,747
MFS Global Growth Fund (R6)	Share	1,601.97	60.75	93,154	97,320
Total Mutual Funds				\$ 67,697,855	\$ 88,092,097
<u>Other Investments</u>					
Boyd Watterson GSA Fund LP	Share	22,268.48	1,109.86	23,872,838	36,098,142
Total Other Investments				\$ 23,872,838	\$ 36,098,142
<u>Pooled Separate Accounts</u>					
JH Stable Value Guaranteed Income		N/A	N/A	\$ 18,073,915	\$ 18,073,915
Total Pooled Separate Accounts				\$ 18,073,915	\$ 18,073,915
<u>Participant Loans</u>					
* Participant loans		5 - 10 years	4.25% - 9.50%	\$ 1,116,102	\$ 1,116,102
Total Participant Loans				\$ 1,116,102	\$ 1,116,102
Total Investments				\$ 134,130,887	\$ 187,520,983

* Party in-interest

See independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

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

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

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

SIGN HERE		10/10/2024	MICHAEL RENDINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/2024	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

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, 2023

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Party Involved	Description of Transactions	Shares Transacted (\$)	Number of Shares Transacted	Cost	Realized Gain/Loss
<u>SINGLE TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS</u>					
JH Stable Value Guaranteed Inc	Buy	\$ 17,239,369.56	1,723,936.956	\$ 17,239,369.56	\$ -
NLY GIC Anchor I	Sell	(17,238,018.92)	(17,238,018.920)	17,238,018.92	-
<u>SERIES OF TRANSACTIONS IN EXCESS OF FIVE PERCENT OF PLAN ASSETS</u>					
JH Stable Value Guaranteed Inc	29 Series - Buy	\$ 18,287,715.61	1,828,145.931	\$ 18,287,715.61	-
NLY GIC Anchor I	77 Series - Sell	(22,125,040.46)	(22,125,050.460)	(22,125,040.46)	-

See independent auditors' report