

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

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

☐ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☒

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 <u>MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u> 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) <u>BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u> <u>520 EIGHTH AVENUE, SUITE 600</u> <u>NEW YORK, NY 10018-4196</u>	1b Three-digit plan number (PN) ▶ <u>076</u>	1c Effective date of plan <u>01/01/1970</u>	
	2b Employer Identification Number (EIN) <u>13-6358540</u>	2c Plan Sponsor's telephone number <u>212-452-9700</u>	
	2d Business code (see instructions) <u>236200</u>		

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.	10/05/2022	JOHN O'HARE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2022	RAYMOND M. POCINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	18490
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	11166
a(2) Total number of active participants at the end of the plan year		6a(2)	11072
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	8641
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	19713
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	19713
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	19667
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	680
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E			
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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MASON TENDERS DISTRICT COUNCIL ANNUITY FUND	B Three-digit plan number (PN) ▶	076
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND	D Employer Identification Number (EIN) 13-6358540	

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
BAIRD ADVISORS
39-6037917

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS, LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE ALTERNATIVE ASSET MGMT
13-3702086

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHEVY CHASE TRUST COMPANY
53-2037618

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

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

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	AUDITOR	553889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL

26-0319356

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	462660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(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 52 68	NONE	343821	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

WESTERN ASSET MANAGEMENT CO., LLC

52-1200960

(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	320046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(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 52 67 99	NONE	266383	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 62	NONE	141594	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	116101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUE TYPE PRINTING CO. INC

13-5600711

(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?
49 50	NONE	78976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GORLICK, KRAVITZ, & LISTHAUS, P.C.

13-3790829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	78433	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)

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(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 50	NONE	75875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL CO. (EASTERN STATES), INC

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	68381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANUS CAPITAL MANAGEMENT LLC

75-3019302

(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 52 68	NONE	48700	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

INVESTMENT COUNSELORS OF MARYLAND

52-5345054

(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 52 68	NONE	45845	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BICC SYSTEMS, INC.

36-2852073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	43930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIED SYSTEM INTEGRATORS INC

11-3622037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	25854	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)

MD BUILDING SERVICES

315 WEST 39TH STREET
NEW YORK, NY 10018

(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?
49 50	CLEANING COMPANY	20610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEANECK BUSINESS ASSOCIATES, INC

267 GRIGGS AVENUE
TEANECK, NJ 07666-3304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT M. CHEVERIE & ASSOCIATES, PC

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8900	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)

ADP

ONE ADP BLVD
ROSELAND, NJ 07068

(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 50	NONE	5988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SVCS, INC.

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	24507	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
SEGAL SELECT INSURANCE SVCS, INC.	22 53	14405
(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.	
CHUBB 13-1963496	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS, INC.	22 53	7339
(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.	
EUCLID / HUDSON 45-3957469	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS, INC.	22 53	2767
(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.	
ULLICO / MARKEL 13-2988846	INSURANCE COMMISSIONS	

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
SEGAL SELECT INSURANCE SVCS, INC.	22 53	1563
(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.	
TRAVELERS 06-0566090	INSURANCE COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>076</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>13-6358540</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE VALUE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
c EIN-PN <u>84-1142974-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>137198772</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET US CORE PLUS, L.L.C.</u>		
b Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY</u>		
c EIN-PN <u>20-1575788-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>137174916</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB LABOR EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70819631</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u>	B Three-digit plan number (PN) ►	<u>076</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND</u>	D Employer Identification Number (EIN) <u>13-6358540</u>	

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	3306387	6147406
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11519000	12019000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	12085038	8849794
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28222167	23837527
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	214190047	245068154
(5) Partnership/joint venture interests	1c(5)	19771189	21690450
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	200911113	208018403
(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)	134915727	137174916
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	240986401	273277846
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	251872	297730
f Total assets (add all amounts in lines 1a through 1e)	1f	866158941	936381226

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	529230	529250
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	8291907	11741459
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8821137	12270709

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	857337804	924110517
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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)	84520855	
(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)		84520855
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14641	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14641
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	1566384	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5921859	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		7488243
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	57997494	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	50523515	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7473979
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	40324001	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		40324001

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		21123667
(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)		-1670971
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-5204622
c Other income.....	2c		171577
d Total income. Add all income amounts in column (b) and enter total.....	2d		154241370
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	82841033	
(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)		82841033
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	843017	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1704779	
(4) Other.....	2i(4)	2079828	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4627624
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		87468657
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		66772713
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: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		7500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		346582769
4g	X		346582769
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 _____.			



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

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DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma

Independent Auditor's Report

Board of Trustees
Mason Tenders' District Council Annuity Fund

Opinion

We have audited the accompanying financial statements of the Mason Tenders' District Council Annuity Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, 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 the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years ended December 31, 2021 and 2020 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 the Plan 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 28 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.



Hauppauge, New York
October 3, 2022

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning	01/01/2021 and ending 12/31/2021
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ☒ 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 MASON TENDERS DISTRICT COUNCIL ANNUITY FUND 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) BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND 520 EIGHTH AVENUE, SUITE 600 NEW YORK NY 10018-4196	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">076</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">01/01/1970</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td style="text-align: center;">13-6358540</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(212) 452-9700</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">236200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	076	1c Effective date of plan	01/01/1970	2b Employer Identification Number (EIN)	13-6358540	2c Plan Sponsor's telephone number	(212) 452-9700	2d Business code (see instructions)	236200
1b Three-digit plan number (PN) ▶	076										
1c Effective date of plan	01/01/1970										
2b Employer Identification Number (EIN)	13-6358540										
2c Plan Sponsor's telephone number	(212) 452-9700										
2d Business code (see instructions)	236200										

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

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

SIGN HERE	 Signature of plan administrator	10-5-2022 Date	X John O'Hare Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10-5-2022 Date	X Raymond M. Pocino Enter name of individual signing as employer or plan sponsor
SIGN HERE	_____ Signature of DFE	_____ Date	_____ Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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 18,490
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 11,166
a(2) Total number of active participants at the end of the plan year	6a(2) 11,072
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c 8,641
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 19,713
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 19,713
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 19,667
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 680

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

2E

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
---	---

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES MASON TENDERS DISTRICT COUNCIL ANNUITY FUND Number, street, and room or suite no. (If a P.O. box, see instructions) 520 EIGHTH AVENUE, SUITE 600 City or town, state, and ZIP code NEW YORK NY 10018-4196	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-6358540 Social security number (SSN) (9 digits XXX-XX-XXXX)			
C Plan name MASON TENDERS DISTRICT COUNCIL ANNUITY FUND	Plan number 0 7 6	Plan year ending — MM 12	DD 31	YYYY 2021

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 / 2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is automatically approved to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 9955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax ▶	a	
b	Enter the payment amount attached ▶	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	c	

5 State in detail why you need the extension:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

MGA

Certified Article Number

9414 7266 9904 2182 6268 99

SENDER'S RECORD

Form **5558** (Rev. 9-2018)

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2021 AND 2020

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

YEARS ENDED DECEMBER 31, 2021 AND 2020

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 15
Supplemental Information	
Schedule of Interest Bearing Cash	16
Schedule of Corporate Stock - Common	17 - 22
Schedule of Partnerships/Joint Venture Interests	23
Schedule of Common/Collective Trust Funds	24
Schedule of 103-12 Investment Entities	25
Schedule of Registered Investment Companies	26
Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500	27
Schedules of Administrative Expenses	28



Schultheis & Panettieri LLP

Accountants and Consultants

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Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma

Independent Auditor's Report

Board of Trustees
Mason Tenders' District Council Annuity Fund

Opinion

We have audited the accompanying financial statements of the Mason Tenders' District Council Annuity Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, 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 the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years ended December 31, 2021 and 2020 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 the Plan 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 16 through 26 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 27 through 28 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.



Hauppauge, New York
October 3, 2022

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 21,232,360	\$ 28,046,681
Corporate stock	194,165,754	172,018,769
Partnership/joint venture interests	72,209,081	67,876,572
Common/collective trust funds	208,018,403	200,911,113
103-12 investment entities	137,174,916	134,915,727
Registered investment companies	<u>273,277,846</u>	<u>240,078,685</u>
Total investments	906,078,360	843,847,547
Receivables		
Employers' contributions	12,019,000	11,519,000
Accrued interest/dividends	73,785	52,877
Related organizations	32,858	-
Cash	6,147,406	3,306,387
Other assets	<u>297,730</u>	<u>251,872</u>
Total assets	<u>924,649,139</u>	<u>858,977,683</u>
Liabilities		
Accounts payable	529,250	503,199
Related organizations	-	26,031
Net trades pending settlement	<u>9,372</u>	<u>1,110,649</u>
Total liabilities	<u>538,622</u>	<u>1,639,879</u>
Net assets available for benefits	<u><u>\$ 924,110,517</u></u>	<u><u>\$ 857,337,804</u></u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation in fair value of investments	\$ 60,067,422	\$ 65,754,525
Interest/dividends	<u>9,481,516</u>	<u>11,077,174</u>
Total investment income	69,548,938	76,831,699
Less investment expenses	<u>(1,704,779)</u>	<u>(1,469,967)</u>
Net investment income	67,844,159	75,361,732
Contributions		
Employers'	84,520,855	72,356,147
Other income	<u>171,577</u>	<u>145,567</u>
Total additions	<u>152,536,591</u>	<u>147,863,446</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	82,841,033	112,953,741
Administrative expenses	<u>2,922,845</u>	<u>3,147,004</u>
Total deductions	<u>85,763,878</u>	<u>116,100,745</u>
Net increase	66,772,713	31,762,701
Net assets available for benefits		
Beginning of year	<u>857,337,804</u>	<u>825,575,103</u>
End of year	<u>\$ 924,110,517</u>	<u>\$ 857,337,804</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the Mason Tenders' District Council Annuity Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective January 1, 1970 and is a defined contribution profit sharing plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Mason Tenders' District Council of Greater New York (the "Council") and various employers and employer associations in the construction industry in the New York City metropolitan area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement benefits to eligible participants.

Participation

An individual becomes a participant in the Plan the first day his/her employer, subject to a collective bargaining agreement or a participation agreement, is required to make contributions to the Plan. Full-time employees of the Council, participating unions and their related fringe benefit funds are also participants of the Plan.

Vesting

Participants are immediately 100% vested in all contributions and related earnings credited to their individual accounts.

Benefits

A participant, or the participant's beneficiary, is entitled to receive benefits, if the participant:

1. Attains age 65 and retires
2. Dies
3. Becomes totally and permanently disabled
4. Has no employers' contributions credited to his/her individual account for eight consecutive months.
5. Retirees under 65 receiving a pension from the Mason Tenders' District Council Pension Fund for a period of at least three successive months

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Prior to January 1, 2020, Plan regulations mandated that the distribution of a participant's benefit commenced when the participant attained age 70 ½. Effective January 1, 2020, in accordance with the Setting Every Community Up for Retirement Enhancement Act of 2019 ("SECURE Act"), the Plan was amended and mandates that the distribution of a participant's benefit commences when the participant attains age 72 and attained age 70 1/2 after January 1, 2020.

Benefits are recorded when paid.

A participant may elect any one of the following methods of payment:

- a. Single life annuity or a qualified joint survivor annuity
- b. A series of annual installments, not to exceed ten (10) years
- c. One lump sum

In accordance with IRS Regulations, minimal account balances may be distributed in one lump sum payment without consent of the participant.

Hardship withdrawals

In the event of certain financial hardships, as defined in the Plan, a participant may apply for a distribution of up to the amount necessary to satisfy the need, from his/her profit sharing account.

In-service withdrawals

Participants with at least five years of participation in the Plan may request a withdrawal from his/her profit sharing account for certain permissible expenses, as defined in the Plan, once per calendar year.

Participant accounts

Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with contributions made on his/her behalf plus an allocation of Plan investment earnings reduced by the administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Forfeitures

The Plan forfeits an inactive participant account balance if no contributions are received for a period of five years and the account balance does not exceed \$5,000; or the participant has attained age 72 and attained age 70 1/2 after January 1, 2020. Forfeited amounts are used to reduce administrative expenses allocated to the remaining participants account balances provided that the participant is deemed unable to be located pursuant to the procedures established by the Board of Trustees. Forfeited accounts are subject to restoration in the event the participant subsequently files an application for the amount. Once an account is forfeited, no earnings or administrative expense will be added or deducted from the account unless it is restored. Forfeitures for the years ended December 31, 2021 and 2020 were \$1,761,034 and \$553,770, respectively. Required Minimum Distribution forfeitures were suspended under the Cares Act in 2020. Reinstated forfeitures for the years ended December 31, 2021 and 2020 were \$111,831 and \$81,489, respectively.

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.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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.

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 amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Reciprocal agreements

The Plan is a party to reciprocal agreements with other annuity funds of the Laborers International Union of North America.

Administrative expense allocation

The administrative office is occupied by the Plan and various related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended December 31, 2021 and 2020 were \$21,174 and \$375,087, respectively.

Reimbursements paid to related organizations for the years ended December 31, 2021 and 2020 were \$2,201,667 and \$2,472,326, respectively.

Employer contributions remitted for other entities

The Welfare, Pension, and Annuity Funds collect employer contributions on behalf of various entities, remit the respective amounts to each entity and charge a 1.25% fee of the amounts collected. Fees collected are allocated between the Welfare, Pension, and Annuity Funds based upon the estimated administrative expense allocation related to such revenue. The Welfare Fund maintains a separate bank account to process and allocate all employer contributions. The Plan's portion of the fees collected for the years ended December 31, 2021 and 2020 are included in Other income and were \$161,176 and \$145,567, respectively.

Note 2 - Fair value measurements

The framework for measuring fair value 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 are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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.

Interest bearing cash: Valued at cost.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Partnership/joint venture interests, common/collective trust funds and 103-12 investment entity values are estimated by management of the trusts/accounts.

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.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2021, with fair value measurements on a recurring basis:

	<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 21,232,360	\$ 21,230,500	\$ 1,860	\$ -
Corporate stock	194,165,754	194,165,754	-	-
Registered investment companies	<u>273,277,846</u>	<u>273,277,846</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	488,675,960	<u>\$ 488,674,100</u>	<u>\$ 1,860</u>	<u>\$ -</u>
Investments measured at net asset value	<u>417,402,400</u>			
Investments at fair value	<u>\$ 906,078,360</u>			

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2020, with fair value measurements on a recurring basis:

	<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 28,046,681	\$ 23,101,227	\$ 4,945,454	\$ -
Corporate stock	172,018,769	172,018,769	-	-
Registered investment companies	<u>240,078,685</u>	<u>240,078,685</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	440,144,135	<u>\$ 435,198,681</u>	<u>\$ 4,945,454</u>	<u>\$ -</u>
Investments measured at net asset value	<u>403,703,412</u>			
Investments at fair value	<u>\$ 843,847,547</u>			

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 3 - Partnership interests

BPIF Non-Taxable L.P. ("BPIF") is a Delaware limited partnership which was organized for the primary purpose of developing and actively managing an investment portfolio of non-traditional portfolio managers. This is done by investing substantially all of its assets through a "master-feeder" structure in Blackstone Partners Non-Taxable Offshore Master Fund Ltd., an exempted company incorporated under the laws of Cayman Islands. The Plan is a Class C limited partner. Redemptions may be made on June 30 and December 31 each year upon 95 days written notice for Class C limited partners. Up to 95% of the withdrawal proceeds will be paid within 30 days, with the remaining balance, together with interest earned thereon, paid promptly following completion of the BPIF's annual audit for the year in which such withdrawal occurs. The General Partner may, in its sole discretion, limit withdrawals requested on a withdrawal date if such requests exceed 25% of BPIF's net asset value. Any requests not fully satisfied will be paid at a subsequent withdrawal date subject to the same limitations. The estimated fair value of the investment held as of December 31, 2021 and 2020 was \$72,209,081 and \$67,876,572, respectively.

Note 4 - Common/collective trust funds

The Plan is invested in common/collective trust funds. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

Chevy Chase Trust Company ASB Labor Equity Index Fund ("ASB Labor Fund"), formerly AFL-CIO Equity Index Fund, is a commingled equity fund available to all qualified pension plans, both multi-employer and single employer plans. ASB Labor Fund's portfolio securities are traded on a recognized stock exchange and are valued daily. Purchases and redemptions of units are transacted at the net asset value per unit determined as of each daily valuation date. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$70,819,631 and \$68,674,591, respectively.

Invesco Stable Value Trust ("Invesco") is a collective trust fund in the Institutional Retirement Trust, a collective trust of Invesco Trust Company. Invesco holds synthetic guaranteed investment contracts, which are portfolios of securities (debt securities or units of collective trusts) owned by Invesco with wrap contracts associated with the portfolios. Investment contracts have elements of risk due to lack of a secondary market and resale restrictions resulting in the inability of Invesco to sell a contract. In addition, investment contracts may be subject to credit risk based on the ability of the wrapper providers to meet their obligations under the terms of the contract. Invesco may also invest in traditional guaranteed investment contracts which are backed by the general account of the issuer. The net unit values of the classes of Invesco are determined as of the close of each business day. Participant units are issued and redeemed only at the end of each day and at the net unit value at contract value. Written notice of 24 months is required to redeem all or a portion of the Plan's participation in Invesco. Units may be redeemed at any time upon 10 business days' notice at the lesser of the market value or contract value. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020, was \$137,198,772 and \$132,236,522, respectively.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 5 - 103-12 Investment entities

Western Asset US Core Plus, L.L.C. ("Western Asset") was formed December 2, 2004 and is a Delaware Limited Liability Company. The net asset value is determined each relevant business day. Western Asset has adopted procedures for determining the net asset value of its investments by delegating authority to a pricing committee governed by the Investment Manager. Issuances and redemptions of shares are made on such days, based upon the closing net asset value. The estimated fair value of the Plan's investment as of December 31, 2021 and 2020 was \$137,174,916 and \$134,915,727, respectively.

Note 6 - Risks and uncertainties

The Plan invests in various investment securities. 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 investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Note 7 - 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 schedules of investments.

Note 8 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contributions are generally based on hours worked or hours paid.

In March 2020, the COVID-19 outbreak in the United States caused business disruption through government mandated closings in the construction industry, negatively impacting the Plan's employers' contribution income. Due to the uncertainty regarding the duration of these business disruptions, the financial impact cannot be reasonably estimated at this time.

Note 9 - Hardship withdrawals

Effective April 1, 2020, the Trustees agreed to amend the Plan to allow for financial hardship distributions due to COVID-19 or if a participant is a qualified individual under the CARES Act, limited to \$10,000, in the aggregate, but not to exceed the Participant's entire account balance. Written certification is required and applications must be submitted from April 1, 2020 to June 10, 2020. COVID-19 related hardship withdrawals during the year ended December 31, 2020 were approximately \$34,300,000.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 10 - Occupancy

The Mason Tenders' District Council Welfare Fund (the "Welfare Fund"), a related organization, is party to a lease agreement, expiring February 29, 2028, with Newmark & Company Real Estate, Inc. Under the terms of the lease, the Welfare Fund pays base rent plus escalation charges for real estate taxes, maintenance, and utilities. The base rent and related escalation charges are allocated between the Welfare, Pension, Annuity and Training Funds based on the estimated benefit received by each entity. The Plan's share of net occupancy expense for the years ended December 31, 2021 and 2020 was \$322,648 and \$328,585, respectively.

Note 11 - Interest allocation to participants

The Plan allocates to the participants' accounts the approximate net earnings of the Plan. Effective April 1, 2021, the Board of Trustees approved changing the frequency of participant account valuations from annually to monthly to ensure the Plan's net investment return is applied to the participants' accounts throughout the year. Allocations of net earnings for the years ended December 31, 2021 and 2020 were \$67,254,374 and \$73,278,909, respectively. The approximate rates of return applied to participants' accounts for the years ended December 31, 2021 and 2020 were 7.79% and 9.99%, respectively.

Note 12 - Reconciliation of participants' accounts to net assets available for benefits

	2021	2020
Participants account balances, end of year	\$ 909,942,846	\$ 843,528,475
Employer contributions receivable	12,019,000	11,519,000
Reciprocal account balances, end of year	151,920	144,734
Reserve for claim against inactive accounts	<u>1,996,751</u>	<u>2,145,595</u>
Net assets available for benefits	<u>\$ 924,110,517</u>	<u>\$ 857,337,804</u>

Note 13 - Reconciliation of financial statements to Form 5500

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.

For financial statement purposes, investment income (loss) does not include current year fair value appreciation (depreciation) relating to the stable value collective trust fund. The reporting requirements of the Department of Labor require this adjustment be included in Investment income (loss).

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

Note 13 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 67,844,159	\$ 1,704,779	\$ 69,548,938
Contributions	84,520,855	-	84,520,855
Other income	<u>171,577</u>	<u>-</u>	<u>171,577</u>
Total additions	<u>152,536,591</u>	<u>1,704,779</u>	<u>154,241,370</u>
Benefits paid directly to participants or beneficiaries	82,841,033	-	82,841,033
Administrative expenses	<u>2,922,845</u>	<u>1,704,779</u>	<u>4,627,624</u>
Total deductions	<u>85,763,878</u>	<u>1,704,779</u>	<u>87,468,657</u>
Net increase (decrease)	<u>\$ 66,772,713</u>	<u>\$ -</u>	<u>\$ 66,772,713</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 27.

Note 14 - Contingency

On August 17, 2022 the Plan was served with a Summons and Complaint in a class action matter filed in the U.S. District Court for the Southern District of New York, seeking damages due to a data breach. The Plan has insurance coverage in connection with this matter, and intends to vigorously defend itself. As the outcome cannot be reasonably determined at this time, no provision has been made in the financial statements.

Note 15 - Tax status

The Plan has received a determination letter from the IRS dated July 9, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	CITIBANK N.A.	VARIABLE	ON DEMAND	\$ 21,230,500	\$ 21,230,500
*	STATE STREET BANK AND TRUST S/T INVESTMENT FUND	VARIABLE	ON DEMAND	1,860	1,860
	BPIF NON-TAXABLE L.P. - INTEREST BEARING CASH			<u>2,605,167</u>	<u>2,605,167</u>
				<u>\$ 23,837,527</u>	<u>\$ 23,837,527</u>

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK		(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE	
ABBOTT LABORATORIES	35,615	\$ 2,904,337	\$ 5,012,455	
ABCAM PLC SPON ADR ADR	20	31,925	37,021	
ABM INDUSTRIES INC	37	58,795	64,788	
ACCENTURE PLC	9,932	1,343,662	4,117,311	
ACCENTURE PLC CL A	2,950	466,588	1,222,923	
ACI WORLDWIDE INC	27	23,408	30,640	
ADIENT PLC	46	64,937	67,511	
ADOBE INC	1,343	625,052	761,562	
ADOBE INC	7,836	1,201,678	4,443,482	
ADVANCED ENERGY INDUSTRIES	86	47,377	50,447	
AGILITI INC	16	37,827	54,750	
AIRBNB INC	15,852	2,330,241	2,639,199	
ALBANY INTL CORP CL A	62	52,118	74,210	
ALIGHT INC CLASS A	10	56,117	57,866	
ALIGN TECHNOLOGY	2,516	528,339	1,653,465	
ALPHABET INC	2,540	2,449,843	7,349,719	
ALPHABET INC	907	876,949	2,627,615	
ALPHABET INC CL A	2,189	1,500,276	6,341,621	
ALTAIR ENGINEERING INC	39	26,302	51,959	
AMAZON.COM	2,377	8,033,266	7,925,726	
AMAZON.COM INC	1,120	3,996,247	3,734,461	
AMERICAN EXPRESS CO	14,726	1,471,753	2,409,174	
AMERIS BANCORP	23	28,734	62,746	
AMPHENOL CORP CL A	13,870	705,980	1,213,070	
ANALOG DEVICES INC	9,559	906,238	1,680,185	
ANI PHARMACEUTICALS INC	33	24,617	33,961	
APPLIED MATERIALS INC	3,228	190,898	507,958	
APTIV PLC	5,106	403,275	842,235	
ARGO GROUP INTERNATIONAL	34	46,692	80,308	
ASCENDIS PHARMA A/S	153	24,287	21,390	
ASPEN TECHNOLOGY INC	148	27,137	27,853	
AST SPACEMOBILE INC	15	11,717	6,106	
ASTEC INDUSTRIES INC	50	37,783	52,022	
ATLANTIC UNION BANKSHARES CO	26	46,224	67,122	
AUDIOCODES LTD	30	37,707	43,599	
AUTODESK INC	10,591	1,945,991	2,978,083	
AVALARA INC	131	56,517	55,646	
AVERY DENNISON CORP	2,894	325,880	626,754	
AXON ENTERPRISE INC	93	43,538	73,162	
AZENTA INC	55	37,036	69,496	
BANC OF CALIFORNIA INC	10	37,249	69,965	
BANK OF AMERICA CORP	77,557	2,251,495	3,450,511	
BELDEN INC	33	55,105	109,375	
BENCHMARK ELECTRONICS INC	22	52,192	64,634	
BERKSHIRE HILLS BANCORP INC	26	60,395	65,531	
BIO TECHNE CORP	253	46,209	94,673	
BIOHAVEN PHARMACEUTICAL	128	13,438	14,470	
BLACKBAUD INC	59	57,421	77,400	
BLOOMIN BRANDS INC	19	67,734	74,059	
BOSTON SCIENTIFIC CORP	21,012	797,528	892,590	
BRADY CORPORATION CL A	51	34,900	36,760	
BRADY CORPORATION CL A COMMON STOCK	45	51,722	61,985	
BRANDYWINE REALTY	10	34,265	46,527	
BROADRIDGE FINANCIAL SOLUTIO	123	64,418	95,981	
BRUKER CORP	40	35,739	75,351	
CABLE ONE INC	1,753	22,791	22,925	

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
CAL MAINE FOODS INC	41	67,354	61,403
CARLISLE COS INC	113	42,714	93,789
CASEY S GENERAL STORES INC	149	30,144	39,865
CATALENT INC COMMON STOCK	70	110,920	201,519
CATCHMARK TIMBER TRUST INC	9	34,042	34,709
CATERPILLAR INC	2,989	398,703	617,946
CBIZ INC	22	41,378	72,176
CBOE GLOBAL MARKETS	94	50,071	69,242
CDW CORP/DE	2,554	269,796	523,008
CENTRAL GARDEN AND PET CO A	32	38,572	58,521
CERIDIAN HCM HOLDING INC	89	18,502	21,832
CHEMED CORP	469	52,500	59,252
CHURCHILL DOWNS	160	24,231	36,376
CISCO SYSTEMS INC	43,393	1,686,212	2,749,814
CLARIVATE PLC COMMON STOCK	22	43,768	45,864
COCA COLA CO/THE	28,148	1,208,412	1,666,643
COGNEX CORP	59	19,188	25,350
COGNYTE SOFTWARE	20	63,507	49,940
COLGATE PALMOLIVE CO	7,036	578,434	600,452
COMMERCE BANCSHARES INC	10,975	576,393	754,394
COMPASS DIVERSIFIED	16	36,724	68,071
CONDUENT INC	3	28,325	54,126
CONNECTONE BANCORP	15	39,973	89,495
CONOCOPHILLIPS	28,491	1,407,212	2,056,480
CONSENSUS CLOUD SOLUTION	32	8,206	14,757
CRACKER BARREL OLD COUNTRY	142	60,861	55,187
CROWN HOLDINGS INC COMMON STOCK	63	102,661	181,527
CRYOPORT INC	29	26,527	53,845
CSG SYSTEMS INTL INC	43	55,118	74,387
DANAHER CORP	5,754	558,540	1,893,124
DELUXE CORP	26	52,814	64,477
DESIGNER BRANDS INC CLASS	6	34,647	78,397
DIME COMMUNITY BANCSHARES IN	32	65,887	72,254
DOCUSIGN INC	9,023	1,324,064	1,374,293
DOLLAR GENERAL CORP	6,901	1,044,425	1,627,463
DONALDSON CO INC	43	33,473	46,045
DRIL QUIP INC	30	46,958	31,134
DYNATRACE INC COMMON STOCK	42	46,083	66,325
EAGLE PHARMACEUTICALS INC	48	20,541	21,896
EARTHSTONE ENERGY INC A	3	6,450	26,628
EASTERN BANCSHARES INC	21	75,573	72,773
EDGEWELL PERSONAL CARE CO	30	44,939	68,291
EL POLLO LOCO HOLDINGS INC	15	35,558	34,766
EMERGENT BIOSOLUTIONS INC	85	58,439	29,777
EMPIRE STATE REALTY TRUST	8	38,023	44,963
ENERSYS COMMON	63	37,570	47,436
ENSIGN GROUP INC/THE	41	27,540	57,009
ENTEGRIS INC	59	38,514	90,631
ENTERPRISE FINANCIAL SERVICE	33	45,131	63,760
ENVESTNET INC	71	44,851	50,064
ETSY INC	98	47,809	106,624
EURONET WORLDWIDE INC	92	50,987	65,901
EXPRO GROUP HOLDINGS NV	12	21,332	24,524
FATE THERAPEUTICS INC	33	12,048	21,298
FEDEX CORP	3,007	769,287	777,730
FIDELITY NATIONAL INFO SERV	5,755	692,567	628,158

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
FIRST BANCORP	23	27,818	56,418
FIRST MERCHANTS	29	46,748	67,066
FOUR CORNERS PROPERTY	24	44,115	53,614
FOX FACTORY HOLDING CORP	137	35,193	43,716
FRONTDOOR INC	45	34,791	28,367
GARTNER INC	8,197	1,016,337	2,740,421
GATES INDUSTRIAL CORP PLC	16	2,320	2,307
GLAUKOS CORP	40	22,516	25,109
GLOBAL BLOOD THERAPEUTICS IN	60	36,688	17,972
GLOBUS MEDICAL INC A COMMON STOCK	45	44,910	72,200
GRAFTECH INTERNATIONAL LTD	8	48,889	70,199
GRANITE CONSTRUCTION INC	18	26,833	58,282
GREAT LAKES DREDGE + DOCK CO	15	63,268	66,794
GREIF INC CL	33	37,956	69,365
GROCERY OUTLET HOLDING CORP	34	24,444	20,220
HANGER INC	23	63,840	50,982
HARSCO CORP	14	47,641	57,198
HEALTHEQUITY INC	63	32,386	22,695
HELEN OF TROY LTD	187	37,656	49,138
HILLENBRAND	44	64,083	76,217
HOME DEPOT INC	3,565	746,592	1,479,511
HONEYWELL INTERNATIONAL INC	12,104	1,618,521	2,523,805
HORIZON THERAPEUTICS PLC	63	47,548	81,036
HOSTESS BRANDS INC	13	30,428	49,069
HUB GROUP INC CL A	47	42,633	76,911
HUMANA INC	2,586	681,210	1,199,542
ICF INTERNATIONAL INC	62	42,866	70,760
ICU MEDICAL INC	175	35,081	47,705
ILLUMINA INC	4,409	1,375,982	1,677,360
INTEGRA LIFESCIENCES HOLDING COMMON STOCK	47	69,875	98,676
INTERCONTINENTAL EXCHANGE IN	24,866	1,390,615	3,400,923
INTUITIVE SURGICAL	5,562	1,287,048	1,998,427
IQVIA HOLDINGS INC	3,922	573,870	1,106,553
IRHYTHM TECHNOLOGIES INC	98	23,122	27,657
ITRON INC	67	24,963	25,626
ITT INC	55	35,692	66,219
JOHNSON + JOHNSON	20,802	2,831,558	3,558,598
KAISER ALUMINUM CORP	96	62,253	61,061
KAMAN CORP	42	62,724	64,854
KAR AUCTION SERVICES INC	16	67,211	64,183
KITE REALTY GROUP	11	42,149	84,332
KNOWLES CORP	16	51,381	76,822
KULICKE + SOFFA	22	22,867	63,204
LA Z BOY INC	36	45,039	45,678
LABORATORY CRP OF AMER HLDGS	2,078	315,223	652,928
LAMAR ADVERTISING CO	68	27,757	49,369
LANDEC CORP	10	5,804	6,471
LANTHEUS HOLDINGS INC	13	48,563	104,582
LENDINGTREE INC	227	52,527	28,321
LESLIE S INC COMMON STOCK	22	41,072	45,167
LIGAND PHARMACEUTICALS	109	42,759	60,703
LIVEPERSON INC COMMON STOCK	46	47,206	36,899
LIVERAMP HOLDINGS INC	47	41,247	42,292
LOWE S COS INC	6,037	678,553	1,560,444
LPL FINANCIAL HOLDINGS	76	62,550	131,914
MARSH + MCLENNAN COS	9,731	1,031,358	1,691,442

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
MARTEN TRANSPORT LTD	17	49,234	50,347
MASTERCARD INC	12,627	2,774,229	4,537,134
MATADOR RESOURCES CO	12	26,932	82,405
MATERION	58	50,669	80,448
MAXIMUS INC	78	42,584	43,659
MCDONALD S CORP	8,089	1,348,465	2,168,418
MEDTRONIC PLC	24,115	2,145,169	2,494,697
META PLATFORMS	16,614	2,612,412	5,588,119
METHODE ELECTRONICS INC	31	51,235	81,819
MGIC INVESTMENT CORP	8	33,283	60,723
MICROSOFT CORP	18,660	1,405,076	6,275,731
MICROSOFT CORP	15,476	1,304,720	5,204,888
MILLERKNOLL INC	44	73,542	65,800
MINERALS TECHNOLOGIES INC	43	35,821	60,495
MIRATI THERAPEUTICS	136	21,491	23,177
MIRION TECHNOLOGIES INC	10	57,318	57,239
MODIVCARE INC	76	30,852	60,502
MSCI INC	2,448	564,905	1,499,865
MYERS INDUSTRIES	21	57,674	54,887
NATERA INC	49	12,894	24,468
NATIONAL INSTRUMENTS CORP	40	30,351	33,539
NATIONAL VISION HOLDINGS INC	32	29,198	44,343
NCR CORPORATION	17	15,364	36,984
NEOGENOMICS INC	55	30,927	19,312
NETFLIX INC	4,259	2,335,364	2,565,792
NETSCOUT SYSTEMS INC	26	57,464	73,305
NEUROCRINE BIOSCIENCES INC	114	70,492	52,550
NEXTGEN HEALTHCARE INC	15	26,288	32,022
NICE LTD	195	36,139	56,166
NIKE INC	12,157	631,176	2,026,207
NORDSON CORP	185	50,051	69,178
NORFOLK SOUTHERN CORP	5,582	844,356	1,661,817
NORTHWESTERN CORP	61	59,333	55,445
NRG ENERGY INC COMMON STOCK	32	35,440	47,259
NUVASIVE INC	53	12,098	11,965
ON SEMICONDUCTOR COMMON STOCK	19	40,509	142,632
ORION ENGINEERED CARBONS	11	41,823	69,548
ORTHO CLINICAL DIAGNOSTICS H	20	70,297	74,844
OSI SYSTEMS	72	38,124	49,023
OWENS + MINOR INC	36	62,102	74,777
OXFORD INDUSTRIES INC	41	37,121	91,470
PACIFIC PREMIER BANCORP INC	20	32,814	64,809
PAGERDUTY INC	31	38,290	43,229
PALO ALTO NETWORKS INC	1,143	235,768	636,377
PAYPAL HOLDINGS	10,830	988,291	2,042,321
PEBBLEBROOK HOTEL	15	35,543	51,719
PEPSICO INC	4,136	555,044	718,465
PERKINELMER INC	96	33,110	69,366
PGT INNOVATIONS INC	21	24,812	26,291
PHYSICIANS REALTY	17	45,763	50,521
PJT PARTNERS INC	70	67,881	71,571
PNC FINANCIAL SERVICES GROUP	9,070	1,600,261	1,818,716
PRA GROUP INC	37	69,065	93,240
PROCTER + GAMBLE CO	11,073	1,035,801	1,811,321
PROGRESS SOFTWARE CORP	38	60,251	76,508
PROLOGIS	12,945	790,994	2,179,420

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
PTC THERAPEUTICS INC	64	22,454	14,020
PURPLE INNOVATION	23	43,831	25,412
QUANTUMSCAPE CORP	16	3,359	4,704
REGAL REXNORD CORP	62	20,022	54,798
RETAIL OPPORTUNITY	14	20,001	28,518
ROGERS CORP	152	44,404	79,716
ROSS STORES INC	4,012	354,988	458,491
SAIA INC	106	40,344	128,408
SAILPOINT TECHNOLOGIES HOLDI	26	32,332	60,908
SALESFORCE.COM	16,746	3,053,207	4,255,661
SALESFORCE.COM INC	5,448	979,688	1,384,500
SAREPTA THERAPEUTICS INC	141	67,602	43,314
SEACOAST BANKING CORP/FL	20	36,519	66,109
SEALED AIR CORP	44	53,701	83,056
SENSIENT TECHNOLOGIES CORP	52	60,840	117,971
SERVICENOW INC	5,283	1,422,009	3,429,248
SIMMONS FIRST NATL CORP CL A	16	36,040	65,668
SIMPLY GOOD FOODS CO/THE	19	22,962	50,882
SOMALOGIC INC	13	17,851	15,842
SOMALOGIC INC CM LIFE	3	764	914
SOUTHWEST AIRLINES CO	7,343	363,619	314,574
SP PLUS CORP	21	31,025	42,048
SPECTRUM BRANDS HOLDINGS INC	82	61,352	75,985
SPIRE INC	64	50,726	51,980
SPX CORP	56	27,767	29,482
SS C TECHNOLOGIES HOLDINGS	58	105,143	149,040
STANDARD MOTOR PRODS	41	68,727	87,177
STARBUCKS CORP	10,573	811,907	1,236,724
STARBUCKS CORP	20,162	1,221,350	2,358,349
STEM INC	20	16,831	15,707
STERIS PLC	144	59,282	100,285
SUMMIT MATERIALS INC CL A	16	22,030	56,758
SUNSTONE HOTEL INVESTORS	9	38,487	49,254
SWITCH INC A	17	30,580	52,869
SYSCO CORP	14,749	1,101,182	1,158,534
TAYLOR MORRISON HOME CORP	29	54,912	66,354
TELEDYNE TECHNOLOGIES INC	323	55,637	75,145
TELEPHONE AND DATA SYSTEMS	25	67,164	53,418
TEXAS CAPITAL BANCSHARES INC	32	39,843	74,469
TEXAS INSTRUMENTS INC	8,181	993,886	1,541,873
THERMO FISHER SCIENTIFIC INC	3,253	1,028,730	2,170,532
THOR INDUSTRIES INC	108	38,469	36,942
TOWER SEMICONDUCTOR LTD	24	61,571	103,168
TREEHOUSE FOODS INC	43	63,969	59,660
TRI POINTE HOMES INC	14	32,901	67,271
TRINET GROUP INC	69	37,776	52,202
UMH PROPERTIES	12	35,156	78,902
UNITEDHEALTH GROUP	6,253	1,883,352	3,139,881
UNITEDHEALTH GROUP INC	2,033	670,349	1,020,851
UNIVERSAL ELECTRONICS INC	46	48,100	42,910
URBAN OUTFITTERS INC	16	26,538	48,268
VERINT SYSTEMS INC	22	27,606	65,638
VERITEX HOLDINGS INC	16	26,260	64,324
VERTEX PHARMACEUTICALS INC	2,034	414,448	446,666
VISA INC	16,426	1,732,421	3,559,678
VISA INC CLASS A SHARES	11,806	1,543,135	2,558,478

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
VISTEON CORP	72	23,163	35,787
VONAGE HOLDINGS CORP	10	47,585	103,077
WABTEC CORP	63	20,970	30,488
WALKER DUNLOP DUNLOP	65	29,288	67,745
WALT DISNEY CO/THE	6,590	918,104	1,020,725
WASTE MANAGEMENT INC	8,853	1,000,596	1,477,566
WAYFAIR INC CLASS A	201	32,515	30,775
WENDY S CO/THE	21	35,871	40,068
WERNER ENTERPRISES INC	41	54,807	64,198
WEX INC	172	42,365	34,676
WILEY (JOHN) + SONS CLASS A	38	52,123	79,433
WILLIAMS SONOMA INC	84	21,911	44,312
WINNEBAGO INDUSTRIES	61	58,807	71,698
WOLFSPEED INC	59	17,726	33,866
XOS INC	13	25,264	5,947
YEXT INC	17	29,506	17,707
ZENDESK INC	84	57,950	71,856
ZIFF DAVIS INC	76	58,106	85,030
ZOETIS INC	5,750	372,027	1,403,173
ZOETIS INC	16,470	1,211,534	4,019,174
ZURN WATER SOLUTIONS CORP	14	19,973	52,671
BPIF NONTAXABLE L.P. - CORPORATE STOCK COMMON	-	<u>37,007,062</u>	<u>50,902,400</u>
		\$ <u>147,697,278</u>	\$ <u>245,068,154</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
ISSUER		COST	CURRENT VALUE
BPIF NON-TAXABLE L.P. - PARTNERSHIPS		\$ 15,769,391	\$ 21,690,450
		\$ 15,769,391	\$ 21,690,450

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
INVESCO TRUST COMPANY	137,198,772	\$ 137,198,772	\$ 137,198,772
ASB LABOR EQUITY INDEX FUND	1,600,624	<u>33,360,696</u>	<u>70,819,631</u>
		<u>\$ 170,559,468</u>	<u>\$ 208,018,403</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN ASSET US CORE PLUS LLC	5,436,115	\$ <u>111,290,093</u>	\$ <u>137,174,916</u>
		\$ <u>111,290,093</u>	\$ <u>137,174,916</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND
SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BAIRD SHORT TERM BOND FUND	14,025,834	\$ 136,410,189	\$ 136,611,622
BLACKROCK STRATEGIC INCOME OPPORTUNITIES MUTUAL FUND	13,464,653	<u>135,533,967</u>	<u>136,666,224</u>
		<u>\$ 271,944,156</u>	<u>\$ 273,277,846</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

DECEMBER 31, 2021

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 21,232,360	\$ 2,605,167	\$ 23,837,527
Corporate stock	194,165,754	50,902,400	245,068,154
Partnership/joint venture interests	72,209,081	(50,518,631)	21,690,450
Common/collective trust funds	208,018,403	-	208,018,403
103-12 investment entities	137,174,916	-	137,174,916
Registered investment companies	273,277,846	-	273,277,846
Receivables	12,125,643	8,743,151	20,868,794
Cash	6,147,406	-	6,147,406
Other assets	<u>297,730</u>	<u>-</u>	<u>297,730</u>
Total assets	<u>924,649,139</u>	<u>11,732,087</u>	<u>936,381,226</u>
Liabilities			
Operating payables	529,250	-	529,250
Other liabilities	<u>9,372</u>	<u>11,732,087</u>	<u>11,741,459</u>
Total liabilities	<u>538,622</u>	<u>11,732,087</u>	<u>12,270,709</u>
Net assets available for benefits	<u>\$ 924,110,517</u>	<u>\$ -</u>	<u>\$ 924,110,517</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.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Payroll	\$ 695,716	\$ 738,201
Payroll taxes	49,831	49,626
Employee benefits	564,184	549,454
Occupancy	322,648	328,585
Office	68,714	80,101
Printing	80,303	31,947
Postage	39,460	23,886
Legal	100,226	280,706
Collection	115,712	197,982
Accounting	59,700	50,850
Payroll audits	494,088	456,781
Actuarial consulting	68,381	87,985
Computer	83,024	54,953
Insurance	164,405	170,413
Conferences and meetings	3,099	4,177
Auto	97	28,100
Depreciation	<u>13,257</u>	<u>13,257</u>
Total administrative expenses	<u>\$ 2,922,845</u>	<u>\$ 3,147,004</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	CITIBANK N.A.	VARIABLE	ON DEMAND	\$ 21,230,500	\$ 21,230,500
*	STATE STREET BANK AND TRUST S/T INVESTMENT FUND	VARIABLE	ON DEMAND	1,860	1,860
	BPIF NON-TAXABLE L.P. - INTEREST BEARING CASH			<u>2,605,167</u>	<u>2,605,167</u>
				<u>\$ 23,837,527</u>	<u>\$ 23,837,527</u>

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
ABBOTT LABORATORIES	35,615	\$ 2,904,337	\$ 5,012,455
ABCAM PLC SPON ADR ADR	20	31,925	37,021
ABM INDUSTRIES INC	37	58,795	64,788
ACCENTURE PLC	9,932	1,343,662	4,117,311
ACCENTURE PLC CL A	2,950	466,588	1,222,923
ACI WORLDWIDE INC	27	23,408	30,640
ADIENT PLC	46	64,937	67,511
ADOBE INC	1,343	625,052	761,562
ADOBE INC	7,836	1,201,678	4,443,482
ADVANCED ENERGY INDUSTRIES	86	47,377	50,447
AGILITI INC	16	37,827	54,750
AIRBNB INC	15,852	2,330,241	2,639,199
ALBANY INTL CORP CL A	62	52,118	74,210
ALIGHT INC CLASS A	10	56,117	57,866
ALIGN TECHNOLOGY	2,516	528,339	1,653,465
ALPHABET INC	2,540	2,449,843	7,349,719
ALPHABET INC	907	876,949	2,627,615
ALPHABET INC CL A	2,189	1,500,276	6,341,621
ALTAIR ENGINEERING INC	39	26,302	51,959
AMAZON.COM	2,377	8,033,266	7,925,726
AMAZON.COM INC	1,120	3,996,247	3,734,461
AMERICAN EXPRESS CO	14,726	1,471,753	2,409,174
AMERIS BANCORP	23	28,734	62,746
AMPHENOL CORP CL A	13,870	705,980	1,213,070
ANALOG DEVICES INC	9,559	906,238	1,680,185
ANI PHARMACEUTICALS INC	33	24,617	33,961
APPLIED MATERIALS INC	3,228	190,898	507,958
APTIV PLC	5,106	403,275	842,235
ARGO GROUP INTERNATIONAL	34	46,692	80,308
ASCENDIS PHARMA A/S	153	24,287	21,390
ASPEN TECHNOLOGY INC	148	27,137	27,853
AST SPACEMOBILE INC	15	11,717	6,106
ASTEC INDUSTRIES INC	50	37,783	52,022
ATLANTIC UNION BANKSHARES CO	26	46,224	67,122
AUDIOCODES LTD	30	37,707	43,599
AUTODESK INC	10,591	1,945,991	2,978,083
AVALARA INC	131	56,517	55,646
AVERY DENNISON CORP	2,894	325,880	626,754
AXON ENTERPRISE INC	93	43,538	73,162
AZENTA INC	55	37,036	69,496
BANC OF CALIFORNIA INC	10	37,249	69,965
BANK OF AMERICA CORP	77,557	2,251,495	3,450,511
BELDEN INC	33	55,105	109,375
BENCHMARK ELECTRONICS INC	22	52,192	64,634
BERKSHIRE HILLS BANCORP INC	26	60,395	65,531
BIO TECHNE CORP	253	46,209	94,673
BIOHAVEN PHARMACEUTICAL	128	13,438	14,470
BLACKBAUD INC	59	57,421	77,400
BLOOMIN BRANDS INC	19	67,734	74,059
BOSTON SCIENTIFIC CORP	21,012	797,528	892,590
BRADY CORPORATION CL A	51	34,900	36,760
BRADY CORPORATION CL A COMMON STOCK	45	51,722	61,985
BRANDYWINE REALTY	10	34,265	46,527
BROADRIDGE FINANCIAL SOLUTIO	123	64,418	95,981
BRUKER CORP	40	35,739	75,351
CABLE ONE INC	1,753	22,791	22,925

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
CAL MAINE FOODS INC	41	67,354	61,403
CARLISLE COS INC	113	42,714	93,789
CASEY S GENERAL STORES INC	149	30,144	39,865
CATALENT INC COMMON STOCK	70	110,920	201,519
CATCHMARK TIMBER TRUST INC	9	34,042	34,709
CATERPILLAR INC	2,989	398,703	617,946
CBIZ INC	22	41,378	72,176
CBOE GLOBAL MARKETS	94	50,071	69,242
CDW CORP/DE	2,554	269,796	523,008
CENTRAL GARDEN AND PET CO A	32	38,572	58,521
CERIDIAN HCM HOLDING INC	89	18,502	21,832
CHEMED CORP	469	52,500	59,252
CHURCHILL DOWNS	160	24,231	36,376
CISCO SYSTEMS INC	43,393	1,686,212	2,749,814
CLARIVATE PLC COMMON STOCK	22	43,768	45,864
COCA COLA CO/THE	28,148	1,208,412	1,666,643
COGNEX CORP	59	19,188	25,350
COGNYTE SOFTWARE	20	63,507	49,940
COLGATE PALMOLIVE CO	7,036	578,434	600,452
COMMERCE BANCSHARES INC	10,975	576,393	754,394
COMPASS DIVERSIFIED	16	36,724	68,071
CONDUENT INC	3	28,325	54,126
CONNECTONE BANCORP	15	39,973	89,495
CONOCOPHILLIPS	28,491	1,407,212	2,056,480
CONSENSUS CLOUD SOLUTION	32	8,206	14,757
CRACKER BARREL OLD COUNTRY	142	60,861	55,187
CROWN HOLDINGS INC COMMON STOCK	63	102,661	181,527
CRYOPORT INC	29	26,527	53,845
CSG SYSTEMS INTL INC	43	55,118	74,387
DANAHER CORP	5,754	558,540	1,893,124
DELUXE CORP	26	52,814	64,477
DESIGNER BRANDS INC CLASS	6	34,647	78,397
DIME COMMUNITY BANCSHARES IN	32	65,887	72,254
DOCUSIGN INC	9,023	1,324,064	1,374,293
DOLLAR GENERAL CORP	6,901	1,044,425	1,627,463
DONALDSON CO INC	43	33,473	46,045
DRIL QUIP INC	30	46,958	31,134
DYNATRACE INC COMMON STOCK	42	46,083	66,325
EAGLE PHARMACEUTICALS INC	48	20,541	21,896
EARTHSTONE ENERGY INC A	3	6,450	26,628
EASTERN BANCSHARES INC	21	75,573	72,773
EDGEWELL PERSONAL CARE CO	30	44,939	68,291
EL POLLO LOCO HOLDINGS INC	15	35,558	34,766
EMERGENT BIOSOLUTIONS INC	85	58,439	29,777
EMPIRE STATE REALTY TRUST	8	38,023	44,963
ENERSYS COMMON	63	37,570	47,436
ENSIGN GROUP INC/THE	41	27,540	57,009
ENTEGRIS INC	59	38,514	90,631
ENTERPRISE FINANCIAL SERVICE	33	45,131	63,760
ENVESTNET INC	71	44,851	50,064
ETSY INC	98	47,809	106,624
EURONET WORLDWIDE INC	92	50,987	65,901
EXPRO GROUP HOLDINGS NV	12	21,332	24,524
FATE THERAPEUTICS INC	33	12,048	21,298
FEDEX CORP	3,007	769,287	777,730
FIDELITY NATIONAL INFO SERV	5,755	692,567	628,158

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
FIRST BANCORP	23	27,818	56,418
FIRST MERCHANTS	29	46,748	67,066
FOUR CORNERS PROPERTY	24	44,115	53,614
FOX FACTORY HOLDING CORP	137	35,193	43,716
FRONTDOOR INC	45	34,791	28,367
GARTNER INC	8,197	1,016,337	2,740,421
GATES INDUSTRIAL CORP PLC	16	2,320	2,307
GLAUKOS CORP	40	22,516	25,109
GLOBAL BLOOD THERAPEUTICS IN	60	36,688	17,972
GLOBUS MEDICAL INC A COMMON STOCK	45	44,910	72,200
GRAFTECH INTERNATIONAL LTD	8	48,889	70,199
GRANITE CONSTRUCTION INC	18	26,833	58,282
GREAT LAKES DREDGE + DOCK CO	15	63,268	66,794
GREIF INC CL	33	37,956	69,365
GROCERY OUTLET HOLDING CORP	34	24,444	20,220
HANGER INC	23	63,840	50,982
HARSCO CORP	14	47,641	57,198
HEALTHEQUITY INC	63	32,386	22,695
HELEN OF TROY LTD	187	37,656	49,138
HILLENBRAND	44	64,083	76,217
HOME DEPOT INC	3,565	746,592	1,479,511
HONEYWELL INTERNATIONAL INC	12,104	1,618,521	2,523,805
HORIZON THERAPEUTICS PLC	63	47,548	81,036
HOSTESS BRANDS INC	13	30,428	49,069
HUB GROUP INC CL A	47	42,633	76,911
HUMANA INC	2,586	681,210	1,199,542
ICF INTERNATIONAL INC	62	42,866	70,760
ICU MEDICAL INC	175	35,081	47,705
ILLUMINA INC	4,409	1,375,982	1,677,360
INTEGRA LIFESCIENCES HOLDING COMMON STOCK	47	69,875	98,676
INTERCONTINENTAL EXCHANGE IN	24,866	1,390,615	3,400,923
INTUITIVE SURGICAL	5,562	1,287,048	1,998,427
IQVIA HOLDINGS INC	3,922	573,870	1,106,553
IRHYTHM TECHNOLOGIES INC	98	23,122	27,657
ITRON INC	67	24,963	25,626
ITT INC	55	35,692	66,219
JOHNSON + JOHNSON	20,802	2,831,558	3,558,598
KAISER ALUMINUM CORP	96	62,253	61,061
KAMAN CORP	42	62,724	64,854
KAR AUCTION SERVICES INC	16	67,211	64,183
KITE REALTY GROUP	11	42,149	84,332
KNOWLES CORP	16	51,381	76,822
KULICKE + SOFFA	22	22,867	63,204
LA Z BOY INC	36	45,039	45,678
LABORATORY CRP OF AMER HLDGS	2,078	315,223	652,928
LAMAR ADVERTISING CO	68	27,757	49,369
LANDEC CORP	10	5,804	6,471
LANTHEUS HOLDINGS INC	13	48,563	104,582
LENDINGTREE INC	227	52,527	28,321
LESLIE S INC COMMON STOCK	22	41,072	45,167
LIGAND PHARMACEUTICALS	109	42,759	60,703
LIVEPERSON INC COMMON STOCK	46	47,206	36,899
LIVERAMP HOLDINGS INC	47	41,247	42,292
LOWE S COS INC	6,037	678,553	1,560,444
LPL FINANCIAL HOLDINGS	76	62,550	131,914
MARSH + MCLENNAN COS	9,731	1,031,358	1,691,442

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
MARTEN TRANSPORT LTD	17	49,234	50,347
MASTERCARD INC	12,627	2,774,229	4,537,134
MATADOR RESOURCES CO	12	26,932	82,405
MATERION	58	50,669	80,448
MAXIMUS INC	78	42,584	43,659
MCDONALD S CORP	8,089	1,348,465	2,168,418
MEDTRONIC PLC	24,115	2,145,169	2,494,697
META PLATFORMS	16,614	2,612,412	5,588,119
METHODE ELECTRONICS INC	31	51,235	81,819
MGIC INVESTMENT CORP	8	33,283	60,723
MICROSOFT CORP	18,660	1,405,076	6,275,731
MICROSOFT CORP	15,476	1,304,720	5,204,888
MILLERKNOLL INC	44	73,542	65,800
MINERALS TECHNOLOGIES INC	43	35,821	60,495
MIRATI THERAPEUTICS	136	21,491	23,177
MIRION TECHNOLOGIES INC	10	57,318	57,239
MODIVCARE INC	76	30,852	60,502
MSCI INC	2,448	564,905	1,499,865
MYERS INDUSTRIES	21	57,674	54,887
NATERA INC	49	12,894	24,468
NATIONAL INSTRUMENTS CORP	40	30,351	33,539
NATIONAL VISION HOLDINGS INC	32	29,198	44,343
NCR CORPORATION	17	15,364	36,984
NEOGENOMICS INC	55	30,927	19,312
NETFLIX INC	4,259	2,335,364	2,565,792
NETSCOUT SYSTEMS INC	26	57,464	73,305
NEUROCRINE BIOSCIENCES INC	114	70,492	52,550
NEXTGEN HEALTHCARE INC	15	26,288	32,022
NICE LTD	195	36,139	56,166
NIKE INC	12,157	631,176	2,026,207
NORDSON CORP	185	50,051	69,178
NORFOLK SOUTHERN CORP	5,582	844,356	1,661,817
NORTHWESTERN CORP	61	59,333	55,445
NRG ENERGY INC COMMON STOCK	32	35,440	47,259
NUVASIVE INC	53	12,098	11,965
ON SEMICONDUCTOR COMMON STOCK	19	40,509	142,632
ORION ENGINEERED CARBONS	11	41,823	69,548
ORTHO CLINICAL DIAGNOSTICS H	20	70,297	74,844
OSI SYSTEMS	72	38,124	49,023
OWENS + MINOR INC	36	62,102	74,777
OXFORD INDUSTRIES INC	41	37,121	91,470
PACIFIC PREMIER BANCORP INC	20	32,814	64,809
PAGERDUTY INC	31	38,290	43,229
PALO ALTO NETWORKS INC	1,143	235,768	636,377
PAYPAL HOLDINGS	10,830	988,291	2,042,321
PEBBLEBROOK HOTEL	15	35,543	51,719
PEPSICO INC	4,136	555,044	718,465
PERKINELMER INC	96	33,110	69,366
PGT INNOVATIONS INC	21	24,812	26,291
PHYSICIANS REALTY	17	45,763	50,521
PJT PARTNERS INC	70	67,881	71,571
PNC FINANCIAL SERVICES GROUP	9,070	1,600,261	1,818,716
PRA GROUP INC	37	69,065	93,240
PROCTER + GAMBLE CO	11,073	1,035,801	1,811,321
PROGRESS SOFTWARE CORP	38	60,251	76,508
PROLOGIS	12,945	790,994	2,179,420

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
PTC THERAPEUTICS INC	64	22,454	14,020
PURPLE INNOVATION	23	43,831	25,412
QUANTUMSCAPE CORP	16	3,359	4,704
REGAL REXNORD CORP	62	20,022	54,798
RETAIL OPPORTUNITY	14	20,001	28,518
ROGERS CORP	152	44,404	79,716
ROSS STORES INC	4,012	354,988	458,491
SAIA INC	106	40,344	128,408
SAILPOINT TECHNOLOGIES HOLDI	26	32,332	60,908
SALESFORCE.COM	16,746	3,053,207	4,255,661
SALESFORCE.COM INC	5,448	979,688	1,384,500
SAREPTA THERAPEUTICS INC	141	67,602	43,314
SEACOAST BANKING CORP/FL	20	36,519	66,109
SEALED AIR CORP	44	53,701	83,056
SENSIENT TECHNOLOGIES CORP	52	60,840	117,971
SERVICENOW INC	5,283	1,422,009	3,429,248
SIMMONS FIRST NATL CORP CL A	16	36,040	65,668
SIMPLY GOOD FOODS CO/THE	19	22,962	50,882
SOMALOGIC INC	13	17,851	15,842
SOMALOGIC INC CM LIFE	3	764	914
SOUTHWEST AIRLINES CO	7,343	363,619	314,574
SP PLUS CORP	21	31,025	42,048
SPECTRUM BRANDS HOLDINGS INC	82	61,352	75,985
SPIRE INC	64	50,726	51,980
SPX CORP	56	27,767	29,482
SS C TECHNOLOGIES HOLDINGS	58	105,143	149,040
STANDARD MOTOR PRODS	41	68,727	87,177
STARBUCKS CORP	10,573	811,907	1,236,724
STARBUCKS CORP	20,162	1,221,350	2,358,349
STEM INC	20	16,831	15,707
STERIS PLC	144	59,282	100,285
SUMMIT MATERIALS INC CL A	16	22,030	56,758
SUNSTONE HOTEL INVESTORS	9	38,487	49,254
SWITCH INC A	17	30,580	52,869
SYSCO CORP	14,749	1,101,182	1,158,534
TAYLOR MORRISON HOME CORP	29	54,912	66,354
TELEDYNE TECHNOLOGIES INC	323	55,637	75,145
TELEPHONE AND DATA SYSTEMS	25	67,164	53,418
TEXAS CAPITAL BANCSHARES INC	32	39,843	74,469
TEXAS INSTRUMENTS INC	8,181	993,886	1,541,873
THERMO FISHER SCIENTIFIC INC	3,253	1,028,730	2,170,532
THOR INDUSTRIES INC	108	38,469	36,942
TOWER SEMICONDUCTOR LTD	24	61,571	103,168
TREEHOUSE FOODS INC	43	63,969	59,660
TRI POINTE HOMES INC	14	32,901	67,271
TRINET GROUP INC	69	37,776	52,202
UMH PROPERTIES	12	35,156	78,902
UNITEDHEALTH GROUP	6,253	1,883,352	3,139,881
UNITEDHEALTH GROUP INC	2,033	670,349	1,020,851
UNIVERSAL ELECTRONICS INC	46	48,100	42,910
URBAN OUTFITTERS INC	16	26,538	48,268
VERINT SYSTEMS INC	22	27,606	65,638
VERITEX HOLDINGS INC	16	26,260	64,324
VERTEX PHARMACEUTICALS INC	2,034	414,448	446,666
VISA INC	16,426	1,732,421	3,559,678
VISA INC CLASS A SHARES	11,806	1,543,135	2,558,478

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
VISTEON CORP	72	23,163	35,787
VONAGE HOLDINGS CORP	10	47,585	103,077
WABTEC CORP	63	20,970	30,488
WALKER DUNLOP DUNLOP	65	29,288	67,745
WALT DISNEY CO/THE	6,590	918,104	1,020,725
WASTE MANAGEMENT INC	8,853	1,000,596	1,477,566
WAYFAIR INC CLASS A	201	32,515	30,775
WENDY S CO/THE	21	35,871	40,068
WERNER ENTERPRISES INC	41	54,807	64,198
WEX INC	172	42,365	34,676
WILEY (JOHN) + SONS CLASS A	38	52,123	79,433
WILLIAMS SONOMA INC	84	21,911	44,312
WINNEBAGO INDUSTRIES	61	58,807	71,698
WOLFSPEED INC	59	17,726	33,866
XOS INC	13	25,264	5,947
YEXT INC	17	29,506	17,707
ZENDESK INC	84	57,950	71,856
ZIFF DAVIS INC	76	58,106	85,030
ZOETIS INC	5,750	372,027	1,403,173
ZOETIS INC	16,470	1,211,534	4,019,174
ZURN WATER SOLUTIONS CORP	14	19,973	52,671
BPIF NONTAXABLE L.P. - CORPORATE STOCK COMMON	-	<u>37,007,062</u>	<u>50,902,400</u>
		<u>\$ 147,697,278</u>	<u>\$ 245,068,154</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
		COST	CURRENT VALUE
ISSUER			
BPIF NON-TAXABLE L.P. - PARTNERSHIPS		\$ <u>15,769,391</u>	\$ <u>21,690,450</u>
		\$ <u>15,769,391</u>	\$ <u>21,690,450</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	NO. OF SHARES	COST	CURRENT VALUE
INVESCO TRUST COMPANY	137,198,772	\$ 137,198,772	\$ 137,198,772
ASB LABOR EQUITY INDEX FUND	1,600,624	<u>33,360,696</u>	<u>70,819,631</u>
		<u>\$ 170,559,468</u>	<u>\$ 208,018,403</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN ASSET US CORE PLUS LLC	5,436,115	\$ <u>111,290,093</u>	\$ <u>137,174,916</u>
		\$ <u>111,290,093</u>	\$ <u>137,174,916</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND
SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2021

EIN 13-6358540, PLAN NO. 076

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BAIRD SHORT TERM BOND FUND	14,025,834	\$ 136,410,189	\$ 136,611,622
BLACKROCK STRATEGIC INCOME OPPORTUNITIES MUTUAL FUND	13,464,653	<u>135,533,967</u>	<u>136,666,224</u>
		<u>\$ 271,944,156</u>	<u>\$ 273,277,846</u>