

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>	1b Three-digit plan number (PN) ▶	<u>076</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>		
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.	09/06/2023	MICHAEL HELLSTROM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/06/2023	JOHN O'HARE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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 19713
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) 11072
a(2) Total number of active participants at the end of the plan year		6a(2) 11237
b Retired or separated participants receiving benefits		6b
c Other retired or separated participants entitled to future benefits.....		6c 9838
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 21075
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 21075
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 18576
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)		7 679
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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan 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	592174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLEN CAPITAL MANAGEMENT, LLC

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	317416	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	307350	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 MGMT 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	287143	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	276121	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	179947	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)

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	111712	Yes ☒ No ☐	Yes ☒ No ☐	0	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	72509	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	49831	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)

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	44409	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	40225	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR INVESTMENT MGMT, LLC

47-2614791

(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	40053	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)

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	38718	Yes ☐ No ☒	Yes ☐ No ☐		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	26564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MD BUILDING SERVICES

13-3684387

(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	21568	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)

TRUE TYPE PRINTING COMPANY, 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	12179	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	11707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED PRINT GROUP INC.

13-3034937

(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	9995	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 BOULEVARD
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	6271	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	5877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL JAMES INDUSTRIES, INC.

11-3507369

(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	BUILDING MAINTENANCE	5604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE 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 ☒	30526	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS, INC.	22 53	17634

(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	7220

(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	2727

(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	2945

(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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MASON TENDERS DISTRICT COUNCIL ANNUITY FUND	B Three-digit plan number (PN) ► 076	
C Plan or DFE 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	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: INVESCO STABLE VALUE TRUST		
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY		
c EIN-PN 84-1142974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139377913
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US CORE PLUS, L.L.C.		
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY		
c EIN-PN 20-1575788-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113190420
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57996228
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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	6147406	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	12019000	14685000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	8849794	8543094
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	23837527	37780713
(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)	245068154	169846848
(5) Partnership/joint venture interests	1c(5)	21690450	34661833
(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)	208018403	197374141
(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)	137174916	113190420
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	273277846	260298676
(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	297730	555954
f Total assets (add all amounts in lines 1a through 1e)	1f	936381226	836936679

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	529250	645174
i Acquisition indebtedness	1i		
j Other liabilities	1j	11741459	8579941
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12270709	9225115

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	924110517	827711564
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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)	91758898	
(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)		91758898
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	193839	
(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)		193839
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1542480	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7279913	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		8822393
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	42110172	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	53459379	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-11349207
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-39410701	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39410701

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-10368136
(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)		-23684178
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-20259085
c Other income	2c		174257
d Total income. Add all income amounts in column (b) and enter total	2d		-4121920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	87784394	
(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)		87784394
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)	901423	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1418369	
(4) Other	2i(4)	2172847	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4492639
j Total expenses. Add all expense amounts in column (b) and enter total	2j		92277033
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-96398953
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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		7500000
4e	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		327089041
4g	X		327089041
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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Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA
Michael Garafalo, CPA, CFE
Kyle Kamm, CPA

DIRECTORS

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

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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, 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, 2022 and 2021, and the changes in net assets available for benefits for the years ended December 31, 2022 and 2021 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 the 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 page 27 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.

A handwritten signature in cursive script, appearing to read "Schullhas & Parcellini LLP".

Hauppauge, New York
September 7, 2023

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☒ 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**1b** Three-digit plan number (PN) ▶ 076**1c** Effective date of plan
01/01/1970**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**2b** Employer Identification Number (EIN)
13-6358540**2c** Plan Sponsor's telephone number
(212) 452-9700

520 EIGHTH AVENUE, SUITE 600

NEW YORK

NY 10018-4196

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	☒		9/6/23	☒	Michael Hellstrom
		Signature of plan administrator	Date		Enter name of individual signing as plan administrator
SIGN HERE	☒		9/6/23	☒	John O'Hare
		Signature of employer/plan sponsor	Date		Enter name of individual signing as employer or plan sponsor
SIGN HERE					
		Signature of DFE	Date		Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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 19,713
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) 11,072
a(2) Total number of active participants at the end of the plan year	6a(2) 11,237
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c 9,838
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 21,075
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 21,075
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 18,576
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)	7 679

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

YEARS ENDED DECEMBER 31, 2022 AND 2021

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



Schultheis & Panettieri LLP

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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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, 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, 2022 and 2021, and the changes in net assets available for benefits for the years ended December 31, 2022 and 2021 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 the 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 page 27 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.

A handwritten signature in cursive script, likely reading "Schullhas & Parcellini LLP".

Hauppauge, New York
September 7, 2023

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value		
Interest bearing cash	\$ 35,452,199	\$ 27,379,766
Corporate stock	131,988,595	194,165,754
Partnership/joint venture interests	74,521,068	72,209,081
Common/collective trust funds	197,374,141	208,018,403
103-12 investment entities	113,190,420	137,174,916
Registered investment companies	<u>260,298,676</u>	<u>273,277,846</u>
Total investments	812,825,099	912,225,766
Receivables		
Employers' contributions	14,685,000	12,019,000
Accrued interest/dividends	57,930	73,785
Related organizations	14,233	32,858
Other assets	<u>555,954</u>	<u>297,730</u>
Total assets	<u>828,138,216</u>	<u>924,649,139</u>
Liabilities		
Accounts payable	422,799	529,250
Net trades pending settlement	<u>3,853</u>	<u>9,372</u>
Total liabilities	<u>426,652</u>	<u>538,622</u>
Net assets available for benefits	<u>\$ 827,711,564</u>	<u>\$ 924,110,517</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
<i>Additions to net assets attributed to:</i>		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (107,526,569)	\$ 60,067,422
Interest/dividends	<u>11,471,494</u>	<u>9,481,516</u>
Total investment income (loss)	(96,055,075)	69,548,938
Less investment expenses	<u>(1,418,369)</u>	<u>(1,704,779)</u>
Net investment income (loss)	(97,473,444)	67,844,159
Contributions		
Employers'	91,758,898	84,520,855
Other income	<u>174,257</u>	<u>171,577</u>
Total additions	<u>(5,540,289)</u>	<u>152,536,591</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid directly to participants or beneficiaries	87,784,394	82,841,033
Administrative expenses	<u>3,074,270</u>	<u>2,922,845</u>
Total deductions	<u>90,858,664</u>	<u>85,763,878</u>
Net increase (decrease)	(96,398,953)	66,772,713
Net assets available for benefits		
Beginning of year	<u>924,110,517</u>	<u>857,337,804</u>
End of year	<u><u>\$ 827,711,564</u></u>	<u><u>\$ 924,110,517</u></u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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, 2022 AND 2021

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

Plan regulations mandate that the distribution of a participant's benefit commences when the participant attains age 72.

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, 2022 AND 2021

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, 2022 and 2021 were \$1,059,449 and \$1,761,034, respectively. Reinstated forfeitures for the years ended December 31, 2022 and 2021 were \$673,584 and \$111,831, 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, 2022 AND 2021

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, 2022 and 2021 were \$0 and \$21,174, respectively.

Reimbursements paid to related organizations for the years ended December 31, 2022 and 2021 were \$2,346,402 and \$2,201,667, 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, 2022 and 2021 are included in Other income and were \$174,257 and \$161,176, 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, 2022 AND 2021

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, 2022 AND 2021

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, 2022, with fair value measurements on a recurring basis:

	<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 35,452,199	\$ 35,450,340	\$ 1,859	\$ -
Corporate stock	131,988,595	131,988,595	-	-
Registered investment companies	<u>260,298,676</u>	<u>260,298,676</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	427,739,470	<u>\$ 427,737,611</u>	<u>\$ 1,859</u>	<u>\$ -</u>
Investments measured at net asset value	<u>385,085,629</u>			
Investments at fair value	<u>\$ 812,825,099</u>			

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	\$ 27,379,766	\$ 27,377,906	\$ 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	494,823,366	<u>\$ 494,821,506</u>	<u>\$ 1,860</u>	<u>\$ -</u>
Investments measured at net asset value	<u>417,402,400</u>			
Investments at fair value	<u>\$ 912,225,766</u>			

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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, 2022 and 2021 was \$74,521,068 and \$72,209,081, 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. 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, 2022 and 2021 was \$57,996,228 and \$70,819,631, 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 12 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, 2022 and 2021, was \$139,377,913 and \$137,198,772, respectively.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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. Under normal market conditions, Western Assets expects to invest at least 70% of its total net assets, either directly or indirectly through investments in other commingled investment vehicles. 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 Western Asset Management Company, LLC, 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, 2022 and 2021 was \$113,190,420 and \$137,174,916, 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.

Note 9 - 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, 2022 and 2021 was \$329,838 and \$322,647, respectively.

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

Note 10 - 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, 2022 and 2021 were (\$102,161,699) and \$67,254,374, respectively. The approximate rates of return applied to participants' accounts for the years ended December 31, 2022 and 2021 were (11.60%) and 7.79%, respectively.

Note 11 - Reconciliation of participants' accounts to net assets available for benefits

	<u>2022</u>	<u>2021</u>
Participants account balances, end of year	\$ 809,027,189	\$ 909,942,846
Employer contributions receivable	14,685,000	12,019,000
Reciprocal account balances, end of year	146,125	151,920
Reserve for claim against inactive accounts	<u>3,853,250</u>	<u>1,996,751</u>
Net assets available for benefits	<u>\$ 827,711,564</u>	<u>\$ 924,110,517</u>

Note 12 - 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, 2022 AND 2021

Note 12 - 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 (loss)	\$ (97,473,444)	\$ 1,418,369	\$ (96,055,075)
Contributions	91,758,898	-	91,758,898
Other income	<u>174,257</u>	<u>-</u>	<u>174,257</u>
Total additions	<u>(5,540,289)</u>	<u>1,418,369</u>	<u>(4,121,920)</u>
Benefits paid directly to participants or beneficiaries	87,784,394	-	87,784,394
Administrative expenses	<u>3,074,270</u>	<u>1,418,369</u>	<u>4,492,639</u>
Total deductions	<u>90,858,664</u>	<u>1,418,369</u>	<u>92,277,033</u>
Net (decrease)	<u>\$ (96,398,953)</u>	<u>\$ -</u>	<u>\$ (96,398,953)</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 13 - 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 matter has been resolved with the settlement to be paid by the Funds' insurers, however the settlement is subject to approval by the Court, therefore no amount can be reasonably determined at this time and no provision has been made in the financial statements.

Note 14 - 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, 2022

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	\$ 29,358,394	\$ 29,358,394
*	STATE STREET BANK AND TRUST S/T INVESTMENT FUND	VARIABLE	ON DEMAND	1,859	1,859
*	STATE STREET CASH	VARIABLE	ON DEMAND	6,091,946	6,091,946
	BPIF NON-TAXABLE L.P. - INTEREST BEARING CASH			<u>2,328,514</u>	<u>2,328,514</u>
				<u>\$ 37,780,713</u>	<u>\$ 37,780,713</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, 2022

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
ABCAM PLC	2,156	\$ 41,129	\$ 33,547
ABM INDUSTRIES INC	1,586	58,795	70,450
ABOTT LABS	23,128	1,886,045	2,539,223
ACCENTURE PLC	2,917	507,161	778,372
ACCENTURE PLC IRELAND SHS CLASS A	8,762	1,185,377	2,338,052
ADIENT PLC	1,463	65,450	50,751
ADOBE INC	2,370	1,008,586	797,576
ADOBE SYS INC	10,863	2,545,860	3,655,725
ADVANCED ENERGY INDUSTRIES	554	47,377	47,522
AEROJET ROCKETDYNE	593	27,731	33,166
AEROJET ROCKETDYNE HOLDINGS	171	7,600	9,564
AGILITI INC	2,364	37,827	38,557
AIRBNB INC	21,747	3,262,505	1,859,363
AKERO THERAPEUTICS INC	218	5,668	11,946
ALBANY INTL CORP CL A	839	52,118	82,717
ALIGHT INC CLASS A	9,038	88,281	75,558
ALIGN TECHNOLOGY INC	2,516	528,339	530,624
ALPHABET INC CAP STK CL C	50,800	2,449,843	4,507,484
ALPHABET INC CL A	37,764	1,339,915	3,331,918
ALTAIR ENGINEERING INC	672	26,302	30,556
ALTIMMUNE INC	330	6,949	5,429
AMAZON COM INC	65,940	10,011,185	5,538,960
AMAZON.COM INC	28,742	4,637,507	2,414,328
AMERICAN EXPRESS CO	12,845	1,296,080	1,897,849
AMERIS BANCORP	1,530	39,809	72,124
AMPHENOL CORP CL A	14,192	771,482	1,080,579
AMPRIUS TECHNOLOGIES INC	678	7,223	5,377
ANALOG DEVICES INC	9,457	945,161	1,551,232
ANI PHARMACEUTICALS INC	948	33,278	38,138
APELLIS PHARMACEUTICALS INC	302	15,024	15,616
APPLIED MATERIALS INC	9,568	851,411	931,732
APTIV PLC	5,925	473,793	551,795
ARGO GROUP INTERNATIONAL	1,552	53,811	40,119
ARMSTRONG WORLD INDUSTRIES	750	60,606	51,443
ASCENDIS PHARMA A/S	286	35,842	34,929
ASPEN TECHNOLOGY INC	186	34,176	38,204
AST SPACEMOBILE INC	769	11,717	3,707
ASTEC INDUSTRIES INC	583	29,331	23,705
ATLANTIC UNION BANKSHARES CO	1,800	46,224	63,252
AUDICODES LTD	2,703	70,220	48,357
AUTODESK INC	13,157	2,599,222	2,458,649
AVERY DENNISON CORP	4,222	579,214	764,182
AXON ENTERPRISE INC	396	36,998	65,708
AZENTA INC	611	34,111	35,572
BANC OF CALIFORNIA INC	3,566	37,249	56,806
BANK OF AMERICA CORP	72,972	2,143,186	2,416,833
BELDEN INC	1,341	44,409	96,418
BELLRING BRANDS INC	1,395	35,017	35,768
BERKSHIRE HILLS BANCORP INC	1,964	51,460	58,724
BIO TECHNE CORP	620	39,139	51,386
BLACKBAUD INC	1,232	71,026	72,516
BLOOMIN BRANDS INC	3,058	58,677	61,527
BOSTON SCIENTIFIC CORP	26,003	1,015,048	1,203,159
BRADY CORPORATION CL A	1,188	53,469	55,955
BRADY CORPORATION CL A	1,322	68,120	62,266
BRANDYWINE REALTY TRUST REIT	3,467	34,265	21,322

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
BRIGHTSPHERE INVESTMENT GROU	2,324	49,589	47,828
BROADRIDGE FINANCIAL Solutio	499	61,227	66,931
BRUKER CORP	898	35,739	61,378
CABLE ONE INC	47	56,198	33,457
CARETRUST REIT INC REIT	2,470	46,333	45,893
CARLISLE COS INC	199	22,487	46,894
CARTER S INC	877	67,893	65,433
CASEY S GENERAL STORES INC	185	27,608	41,505
CATALENT INC	1,486	103,016	66,885
CATERPILLAR INC	2,689	358,686	644,177
CBIZ INC	1,583	35,502	74,164
CBOE GLOBAL MARKETS INC	580	56,124	72,773
CENTRAL GARDEN AND PET CO A	1,500	49,000	53,700
CERIDIAN HCM HOLDING INC	251	20,636	16,102
CHEMED CORP	48	22,500	24,501
CHEVRON CORP	6,062	1,044,190	1,088,068
CHURCHILL DOWNS INC	151	24,231	31,926
CISCO SYSTEMS INC	20,438	794,202	973,666
CLARIVATE PLC	3,032	60,381	25,287
CLEARWATER ANALYTICS HDS A	896	15,630	16,800
COCA-COLA CO	25,023	1,074,254	1,591,713
COGNEX CORP	7,155	310,097	337,072
COGNYTE SOFTWARE LTD	5,338	89,140	16,601
COMMERCE BANCSHARES INC	9,093	454,829	618,961
COMPASS DIVERSIFIED HOLDINGS	2,803	50,264	51,099
CONDUENT INC	12,352	37,134	50,026
CONNECTONE BANCORP INC	2,020	29,512	48,904
CONOCOPHILLIPS	13,561	669,798	1,600,198
CONSENSUS CLOUD	449	16,160	24,138
CRACKER BARREL OLD COUNTRY	429	60,861	40,643
CROWN HOLDINGS INC	1,511	95,484	124,219
CRYOPORT INC	1,241	33,912	21,531
CSG SYSTEMS INTL INC	960	40,987	54,912
CULLEN/FROST BANKERS INC	262	40,879	35,029
DANAHER CORP	5,811	671,777	1,542,356
DELUXE CORP	2,492	62,912	42,314
DESIGNER BRANDS INC CLASS A	3,614	22,696	35,345
DESKTOP METAL INC A	4,111	13,876	5,591
DIME COMMUNITY BANCSHARES	2,055	65,887	65,411
DOCUSIGN INC COM	15,819	2,024,829	876,689
DOLLAR GENERAL CORP	3,708	590,363	913,095
DONALDSON CO INC	769	34,732	45,271
DRIL QUIP INC	2,202	62,082	59,828
DRIVEN BRANDS HOLDINGS INC	1,015	29,373	27,720
DYNATRACE INC	1,216	50,332	46,573
EAGLE PHARMACEUTICALS INC	399	19,060	11,663
EARTHSTONE ENERGY INC A	3,145	17,622	44,753
EASTERN BANKSHARES INC	3,608	75,573	62,238
EDGEWELL PERSONAL CARE CO	1,177	36,458	45,362
EL POLLO LOCO HOLDINGS	2,741	38,956	27,300
ELME COMMUNITIES REIT	3,205	63,364	57,049
EMPIRE STATE REALTY TRUST A REIT	7,232	54,907	48,744
ENERSYS	568	35,567	41,941
ENTEGRIS INC	654	38,514	42,896
ENTERPRISE FINANCIAL SERVICE	1,354	45,131	66,292
ENVESTNET INC	592	42,079	36,526

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
ESTEE LAUDER COS INC CL A	3,652	861,948	906,098
ETSY INC	344	32,499	41,204
EURONET WORLDWIDE INC	672	60,620	63,423
EXPRO GROUP HOLDINGS NV	3,502	47,433	63,491
FEDERAL SIGNAL CORP	1,293	43,180	60,086
FIRST BANCORP/NC	1,405	33,773	60,190
FIRST MERCHANTS CORP	1,601	46,748	65,817
FLEX LTD	3,486	60,825	74,810
FOUR CORNERS PROPERTY TRUST REIT	2,134	52,521	55,335
FOX FACTORY HOLDING CORP	327	42,167	29,832
GARTNER INC	5,333	661,233	1,792,635
GATES INDUSTRIAL CORP PLC	3,206	50,092	36,580
GLAUKOS CORP	699	29,937	30,532
GLOBUS MEDICAL INC	1,094	51,201	81,251
GRAFTECH INTERNATIONAL LTD	5,934	48,889	28,246
GRANITE CONSTRUCTION INC	2,010	41,924	70,491
GREAT LAKES DREDGE + DOCK CO	4,723	69,707	28,102
GREIF INC CL A	882	29,136	59,147
GROCERY OUTLET HOLDING CORP	715	24,444	20,871
HANCOCK WHITNEY CORP	289	14,266	13,985
HEALTH EQUITY INC	429	27,083	26,444
HEICO CORP	3,418	490,123	525,142
HELEN OF TROY LTD	105	19,671	11,646
HELMERICH + PAYNE	732	31,220	36,285
HILLENBRAND INC	1,466	64,083	62,554
HOME DEPOT INC	3,167	663,242	1,000,329
HONEYWELL INTERNATIONAL INC	10,037	1,342,126	2,150,929
HORIZON THERAPEUTICS PLC	413	26,702	46,999
HOSTESS BRANDS INC	2,993	45,999	67,163
HUB GROUP INC CL A	809	39,119	64,307
HUMAN INC	1,886	544,344	965,990
ICU MEDICAL INC	323	58,657	50,866
ILLUMINA INC	8,845	2,235,155	1,788,459
INTEGER HOLDINGS CORP	1,069	65,092	73,184
INTEGRA LIFESCIENCES HOLDING	1,264	59,961	70,872
INTERCONTINENTAL EXCHANGE INC	19,806	1,107,638	2,031,898
IQVIA HOLDINGS INC	3,714	550,004	760,961
IRHYTHM TECHNOLOGIES INC	235	23,122	22,012
ITRON INC	329	21,959	16,664
ITT INC	648	35,692	52,553
IVERIC BIO INC	521	11,672	11,155
JOHNSON + JOHNSON	16,955	2,307,906	2,995,101
KAISER ALUMINUM CORP	821	74,756	62,363
KAR AUCTION SERVICES INC	2,762	45,178	36,044
KITE REALTY GROUP TRUST REIT	3,872	42,149	81,506
KNOWLES CORP	4,329	67,096	71,082
KULICKE + SOFFA INDUSTRIES	1,374	36,565	60,813
LA Z BOY INC	2,349	80,867	53,604
LAMAR ADVERTISING CO A REIT	407	27,757	38,421
LANTHEUS HOLDINGS INC	1,016	13,630	51,775
LEGEND BIOTECH CORP	213	9,568	10,633
LESLIE S INC	3,052	60,011	37,265
LIGAND PHARMACEUTICALS	462	34,708	30,862
LIVEPERSON INC	1,033	47,206	10,475
LIVERAMP HOLDINGS INC	1,248	55,705	29,253
LPL FINANCIAL HOLDINGS INC	385	29,225	83,225

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
MAGNOLIA OIL + GAS CORP	2,204	58,038	51,684
MARSH & MCLENNAN COS INC	8,637	915,408	1,429,251
MARTEN TRANSPORT LTD	2,934	49,234	58,035
MASTERCARD INCORPORATED CL A	8,870	1,948,793	3,084,365
MATERION CORP	701	40,593	61,345
MAXIMUS INC	992	73,471	72,743
MAXIMUS INC	845	64,580	61,964
MCDONALDS CORP	6,245	1,041,063	1,645,745
MEDTRONIC PLC	12,130	1,079,034	942,744
META PLATFORMS INC CL A	5,255	527,674	632,387
METHODE ELECTRONICS INC	1,664	51,235	73,832
MGIC INVESTMENT CORP	4,548	38,473	59,124
MICROSOFT CORP	15,476	1,304,720	3,711,454
MICROSOFT CORP	16,294	1,226,919	3,907,627
MILLERKNOLL INC	2,168	91,624	45,550
MINERALS TECHNOLOGIES INC	944	42,177	57,320
MIRATI THERAPEUTICS INC	158	21,491	7,159
MIRION TECHNOLOGIES INC	5,467	57,318	36,137
MISTER CAR WASH INC	1,621	23,355	14,962
MODIVCARE INC	498	39,514	44,686
MONDELEZ INTERNATIONAL INC	14,107	857,344	940,232
MUELLER WATER PRODUCTS INC A	2,687	30,281	28,912
MYERS INDUSTRIES INC	2,536	53,321	56,375
NATIONAL INSTRUMENTS CORP	541	21,380	19,963
NATIONAL VISION HOLDINGS INC	995	31,137	38,566
NCR CORPORATION	1,529	30,852	35,794
NEOGEN CORP	885	14,939	13,479
NETFLIX COM INC	12,892	5,033,807	3,801,593
NETSCOUT SYSTEMS INC	2,216	57,464	72,042
NEUROCRINE BIOSCIENCES INC	617	70,492	73,694
NEXTGEN HEALTHCARE INC	2,764	42,501	51,908
NICE LTD	167	32,623	32,114
NIKE INC	12,157	631,176	1,422,491
NIKE INC CL B	7,316	920,435	856,045
NORDSON CORP	159	29,605	37,797
NORFOLK SOUTHERN CORP	5,151	802,440	1,269,309
NORTHWESTERN CORP	1,068	65,314	63,375
NRG ENERGY INC	1,097	35,440	34,907
NUVASIVE INC	851	35,578	35,095
OLD NATIONAL BANCORP	4,028	60,564	72,423
OMNIAB INC	3,135	15,658	10,026
ON SEMICONDUCTOR	1,723	33,237	107,464
ORION ENGINEERED CARBONS SA	3,788	41,823	67,464
OSI SYSTEMS INC	846	63,517	67,274
OWENS + MINOR INC	1,719	62,102	33,572
OXFORD INDUSTRIES INC	461	18,993	42,956
PACIFIC PREMIER BANCORP INC	1,619	32,814	51,096
PAGERDUTY INC	1,741	49,515	46,241
PAYPAL HLDGS INC	22,028	2,145,678	1,568,834
PAYPAL HOLDINGS INC	4,217	487,748	300,335
PDC ENERGY INC	415	26,017	26,344
PEBBLEBROOK HOTEL TRUST REIT	2,803	46,546	37,532
PERKINELMER INC	288	27,639	40,383
PGT INNOVATIONS INC	2,757	57,598	49,516
PLEXUS CORP	430	34,681	44,260
PNC FINL SVCS GROUP INC	8,068	1,423,473	1,274,260

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
PRA GROUP INC	2,052	75,535	69,317
PROCTER & GAMBLE CO	10,712	1,101,247	1,623,511
PROGRESS SOFTWARE CORP	1,585	60,251	79,963
PROLOGSIS INC	13,765	1,026,949	1,551,728
PROTHENA CORP PLC	127	7,176	7,652
QUANTUMSCAPE CORP	877	8,699	4,973
QUIDELORTHO CORP	297	35,014	25,444
REGAL REXNORD CORP	299	18,592	35,874
RENTOKIL INITIAL PLC	3,005	86,460	92,584
SAIA INC	260	27,531	54,517
SALESFORCE INC	7,567	1,293,987	1,003,309
SALESFORCE INC COM	19,736	3,495,914	2,616,796
SAREPTA THERAPEUTICS INC	573	72,419	74,249
SEACOAST BANKING CORP/FL	1,868	36,519	58,263
SEALED AIR CORP	1,433	64,156	71,478
SENSIENT TECHNOLOGIES CORP	1,178	61,484	85,900
SERVICENOW INC	7,709	2,350,959	2,993,173
SIMMONS FIRST NATL CORP CL A	2,515	43,148	54,274
SIMPLY GOOD FOODS CO/	1,224	22,962	46,549
SM ENERGY CO	1,822	63,951	63,460
SMART GLOBAL HOLDINGS INC	472	13,883	7,023
SOMALOGIC INC	272	764	109
SOMALOGIC INC	1,361	17,851	3,416
SP PLUS CORP	1,490	31,025	51,733
SPECTRUM BRANDS HOLDINGS INC	525	43,119	31,983
SPIRE INC	889	57,814	61,217
SPROUTS FARMERS MARKET INC	981	26,245	31,755
SPX TECHNOLOGIES INC	582	33,091	38,208
SS+C TECHNOLOGIES HOLDINGS	1,818	105,143	94,645
STANDARD MOTOR PRODS	1,819	75,483	63,301
STEM INC	1,119	19,734	10,004
STERIS PLC	412	59,282	76,092
STEVEN MADDEN LTD	2,034	59,070	65,007
STRIDE INC	927	35,532	28,997
SUMMIT MATERIALS INC CL A	1,821	31,740	51,711
SUNSTONE HOTEL INVESTORS INC REIT	4,652	43,944	44,938
SYSCO CORP	11,259	840,613	860,751
TAYLOR MORRISON HOME CORP	2,046	58,779	62,096
TELEDYNE TECHNOLOGIES INC	172	55,637	68,785
TENNANT CO	281	17,019	17,301
TEREX CORP	1,841	62,710	78,648
TEXAS CAPITAL BANCSHARES	1,236	39,843	74,543
THERMO FISHER SCIENTIFIC INC	3,054	1,008,351	1,681,807
THERMO FISHER SCIENTIFIC INC COM	3,825	2,128,715	2,106,389
THOR INDUSTRIES INC	356	38,469	26,874
TREEHOUSE FOODS INC	1,188	51,627	58,663
TRI POINTE HOMES INC	2,946	42,371	54,766
TRINET GROUP INC	548	37,776	37,154
UMH PROPERTIES INC REIT	3,381	44,280	54,434
UNITEDHEALTH GROUP INC	4,875	1,468,310	2,584,628
UNITEDHEALTH GROUP INC	2,111	753,494	1,119,210
UNIVERSAL ELECTRONICS INC	1,053	48,100	21,913
URBAN OUTFITTERS INC	2,950	53,827	70,358
VAXCYTE INC	1,045	29,572	50,108
VERINT SYSTEMS INC	1,313	46,708	47,636
VERITEX HOLDINGS INC	1,738	29,528	48,803

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
VISA INC	13,799	1,712,683	2,866,880
VISA INC CL A	10,484	1,370,339	2,178,156
VISTEON CORP	262	18,847	34,277
WABTEC CORP	331	20,970	33,037
WALKER + DUNLOP INC	449	29,288	35,238
WALLBOX NV	2,505	15,584	8,968
WALT DISNEY CO	10,174	1,230,231	883,917
WASHINGTON FEDERAL INC	1,810	63,929	60,726
WASTE MANAGEMENT INC	6,610	747,084	1,036,977
WELLS FARGO & CO	26,227	1,225,738	1,082,913
WENDY S CO	1,680	35,871	38,018
WERNER ENTERPRISES INC	1,436	58,505	57,813
WEX INC	247	42,365	40,422
WILEY (JOHN) + SONS CLASS A	1,387	52,123	55,563
WILLIAMS SONOMA INC	217	18,148	24,938
WINNEBAGO INDUSTRIES	957	58,807	50,434
WOLFSPEED INC	303	17,726	20,919
XOS INC	1,888	25,264	836
ZIFF DAVIS INC	808	62,506	63,913
ZOETIS INC	10,155	747,002	1,488,215
ZOETIS INC	4,764	308,233	698,164
ZURN ELKAY WATER SOLUTIONS C	1,598	24,617	33,798
BPIF NON-TAXABLE L.P. - CORPORATE STOCK COMMON	-	25,981,636	37,858,253
		<u>\$ 137,699,799</u>	<u>\$ 169,846,848</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, 2022

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		\$ <u>24,418,030</u>	\$ <u>34,661,833</u>
		\$ <u>24,418,030</u>	\$ <u>34,661,833</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, 2022

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/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
INVESCO STABLE VALUE TRUST	139,377,913	\$ 139,377,913	\$ 139,377,913
CHEVY CHASE TR CO ABS LABOR EQUITY INDEX FUND	1,600,625	<u>33,360,696</u>	<u>57,996,228</u>
		<u>\$ 172,738,609</u>	<u>\$ 197,374,141</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2022

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 L.L.C.	5,422,555	\$ <u>111,012,503</u>	\$ <u>113,190,420</u>
		\$ <u>111,012,503</u>	\$ <u>113,190,420</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2022

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	14,277,299	\$ 138,749,517	\$ 131,636,700
	BLACKROCK STRATEGIC INCOME OPPORTUNITIES MUTUAL FUND	13,984,997	<u>140,474,554</u>	<u>128,661,976</u>
			<u>\$ 279,224,071</u>	<u>\$ 260,298,676</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

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

DECEMBER 31, 2022

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ 35,452,199	\$ 2,328,514	\$ 37,780,713
Corporate stock	131,988,595	37,858,253	169,846,848
Partnership/joint venture interests	74,521,068	(39,859,235)	34,661,833
Common/collective trust funds	197,374,141	-	197,374,141
103-12 investment entities	113,190,420	-	113,190,420
Registered investment companies	260,298,676	-	260,298,676
Receivables	14,757,163	8,470,931	23,228,094
Other assets	<u>555,954</u>	<u>-</u>	<u>555,954</u>
Total assets	<u>828,138,216</u>	<u>8,798,463</u>	<u>836,936,679</u>
Liabilities			
Operating payables	422,799	222,375	645,174
Other liabilities	<u>3,853</u>	<u>8,576,088</u>	<u>8,579,941</u>
Total liabilities	<u>426,652</u>	<u>8,798,463</u>	<u>9,225,115</u>
Net assets available for benefits	<u>\$ 827,711,564</u>	<u>\$ -</u>	<u>\$ 827,711,564</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

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2022

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)
		<u>INTEREST BEARING CASH</u>			
	<u>ISSUER</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
	CITIBANK N.A.	VARIABLE	ON DEMAND	\$ 29,358,394	\$ 29,358,394
*	STATE STREET BANK AND TRUST S/T INVESTMENT FUND	VARIABLE	ON DEMAND	1,859	1,859
*	STATE STREET CASH	VARIABLE	ON DEMAND	6,091,946	6,091,946
	BPIF NON-TAXABLE L.P. - INTEREST BEARING CASH			<u>2,328,514</u>	<u>2,328,514</u>
				<u>\$ 37,780,713</u>	<u>\$ 37,780,713</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, 2022

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
ABCAM PLC	2,156	\$ 41,129	\$ 33,547
ABM INDUSTRIES INC	1,586	58,795	70,450
ABOTT LABS	23,128	1,886,045	2,539,223
ACCENTURE PLC	2,917	507,161	778,372
ACCENTURE PLC IRELAND SHS CLASS A	8,762	1,185,377	2,338,052
ADIENT PLC	1,463	65,450	50,751
ADOBE INC	2,370	1,008,586	797,576
ADOBE SYS INC	10,863	2,545,860	3,655,725
ADVANCED ENERGY INDUSTRIES	554	47,377	47,522
AEROJET ROCKETDYNE	593	27,731	33,166
AEROJET ROCKETDYNE HOLDINGS	171	7,600	9,564
AGILITI INC	2,364	37,827	38,557
AIRBNB INC	21,747	3,262,505	1,859,363
AKERO THERAPEUTICS INC	218	5,668	11,946
ALBANY INTL CORP CL A	839	52,118	82,717
ALIGHT INC CLASS A	9,038	88,281	75,558
ALIGN TECHNOLOGY INC	2,516	528,339	530,624
ALPHABET INC CAP STK CL C	50,800	2,449,843	4,507,484
ALPHABET INC CL A	37,764	1,339,915	3,331,918
ALTAIR ENGINEERING INC	672	26,302	30,556
ALTIMMUNE INC	330	6,949	5,429
AMAZON COM INC	65,940	10,011,185	5,538,960
AMAZON.COM INC	28,742	4,637,507	2,414,328
AMERICAN EXPRESS CO	12,845	1,296,080	1,897,849
AMERIS BANCORP	1,530	39,809	72,124
AMPHENOL CORP CL A	14,192	771,482	1,080,579
AMPRIUS TECHNOLOGIES INC	678	7,223	5,377
ANALOG DEVICES INC	9,457	945,161	1,551,232
ANI PHARMACEUTICALS INC	948	33,278	38,138
APELLIS PHARMACEUTICALS INC	302	15,024	15,616
APPLIED MATERIALS INC	9,568	851,411	931,732
APTIV PLC	5,925	473,793	551,795
ARGO GROUP INTERNATIONAL	1,552	53,811	40,119
ARMSTRONG WORLD INDUSTRIES	750	60,606	51,443
ASCENDIS PHARMA A/S	286	35,842	34,929
ASPEN TECHNOLOGY INC	186	34,176	38,204
AST SPACEMOBILE INC	769	11,717	3,707
ASTEC INDUSTRIES INC	583	29,331	23,705
ATLANTIC UNION BANKSHARES CO	1,800	46,224	63,252
AUDICODES LTD	2,703	70,220	48,357
AUTODESK INC	13,157	2,599,222	2,458,649
AVERY DENNISON CORP	4,222	579,214	764,182
AXON ENTERPRISE INC	396	36,998	65,708
AZENTA INC	611	34,111	35,572
BANC OF CALIFORNIA INC	3,566	37,249	56,806
BANK OF AMERICA CORP	72,972	2,143,186	2,416,833
BELDEN INC	1,341	44,409	96,418
BELLRING BRANDS INC	1,395	35,017	35,768
BERKSHIRE HILLS BANCORP INC	1,964	51,460	58,724
BIO TECHNE CORP	620	39,139	51,386
BLACKBAUD INC	1,232	71,026	72,516
BLOOMIN BRANDS INC	3,058	58,677	61,527
BOSTON SCIENTIFIC CORP	26,003	1,015,048	1,203,159
BRADY CORPORATION CL A	1,188	53,469	55,955
BRADY CORPORATION CL A	1,322	68,120	62,266
BRANDYWINE REALTY TRUST REIT	3,467	34,265	21,322

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
BRIGHTSPHERE INVESTMENT GROU	2,324	49,589	47,828
BROADRIDGE FINANCIAL Solutio	499	61,227	66,931
BRUKER CORP	898	35,739	61,378
CABLE ONE INC	47	56,198	33,457
CARETRUST REIT INC REIT	2,470	46,333	45,893
CARLISLE COS INC	199	22,487	46,894
CARTER S INC	877	67,893	65,433
CASEY S GENERAL STORES INC	185	27,608	41,505
CATALENT INC	1,486	103,016	66,885
CATERPILLAR INC	2,689	358,686	644,177
CBIZ INC	1,583	35,502	74,164
CBOE GLOBAL MARKETS INC	580	56,124	72,773
CENTRAL GARDEN AND PET CO A	1,500	49,000	53,700
CERIDIAN HCM HOLDING INC	251	20,636	16,102
CHEMED CORP	48	22,500	24,501
CHEVRON CORP	6,062	1,044,190	1,088,068
CHURCHILL DOWNS INC	151	24,231	31,926
CISCO SYSTEMS INC	20,438	794,202	973,666
CLARIVATE PLC	3,032	60,381	25,287
CLEARWATER ANALYTICS HDS A	896	15,630	16,800
COCA-COLA CO	25,023	1,074,254	1,591,713
COGNEX CORP	7,155	310,097	337,072
COGNYTE SOFTWARE LTD	5,338	89,140	16,601
COMMERCE BANCSHARES INC	9,093	454,829	618,961
COMPASS DIVERSIFIED HOLDINGS	2,803	50,264	51,099
CONDUENT INC	12,352	37,134	50,026
CONNECTONE BANCORP INC	2,020	29,512	48,904
CONOCOPHILLIPS	13,561	669,798	1,600,198
CONSENSUS CLOUD	449	16,160	24,138
CRACKER BARREL OLD COUNTRY	429	60,861	40,643
CROWN HOLDINGS INC	1,511	95,484	124,219
CRYOPORT INC	1,241	33,912	21,531
CSG SYSTEMS INTL INC	960	40,987	54,912
CULLEN/FROST BANKERS INC	262	40,879	35,029
DANAHER CORP	5,811	671,777	1,542,356
DELUXE CORP	2,492	62,912	42,314
DESIGNER BRANDS INC CLASS A	3,614	22,696	35,345
DESKTOP METAL INC A	4,111	13,876	5,591
DIME COMMUNITY BANCSHARES	2,055	65,887	65,411
DOCUSIGN INC COM	15,819	2,024,829	876,689
DOLLAR GENERAL CORP	3,708	590,363	913,095
DONALDSON CO INC	769	34,732	45,271
DRIL QUIP INC	2,202	62,082	59,828
DRIVEN BRANDS HOLDINGS INC	1,015	29,373	27,720
DYNATRACE INC	1,216	50,332	46,573
EAGLE PHARMACEUTICALS INC	399	19,060	11,663
EARTHSTONE ENERGY INC A	3,145	17,622	44,753
EASTERN BANKSHARES INC	3,608	75,573	62,238
EDGEWELL PERSONAL CARE CO	1,177	36,458	45,362
EL POLLO LOCO HOLDINGS	2,741	38,956	27,300
ELME COMMUNITIES REIT	3,205	63,364	57,049
EMPIRE STATE REALTY TRUST A REIT	7,232	54,907	48,744
ENERSYS	568	35,567	41,941
ENTEGRIS INC	654	38,514	42,896
ENTERPRISE FINANCIAL SERVICE	1,354	45,131	66,292
ENVESTNET INC	592	42,079	36,526

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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	
ESTEE LAUDER COS INC CL A	3,652	861,948	906,098	
ETSY INC	344	32,499	41,204	
EURONET WORLDWIDE INC	672	60,620	63,423	
EXPRO GROUP HOLDINGS NV	3,502	47,433	63,491	
FEDERAL SIGNAL CORP	1,293	43,180	60,086	
FIRST BANCORP/NC	1,405	33,773	60,190	
FIRST MERCHANTS CORP	1,601	46,748	65,817	
FLEX LTD	3,486	60,825	74,810	
FOUR CORNERS PROPERTY TRUST REIT	2,134	52,521	55,335	
FOX FACTORY HOLDING CORP	327	42,167	29,832	
GARTNER INC	5,333	661,233	1,792,635	
GATES INDUSTRIAL CORP PLC	3,206	50,092	36,580	
GLAUKOS CORP	699	29,937	30,532	
GLOBUS MEDICAL INC	1,094	51,201	81,251	
GRAFTECH INTERNATIONAL LTD	5,934	48,889	28,246	
GRANITE CONSTRUCTION INC	2,010	41,924	70,491	
GREAT LAKES DREDGE + DOCK CO	4,723	69,707	28,102	
GREIF INC CL A	882	29,136	59,147	
GROCERY OUTLET HOLDING CORP	715	24,444	20,871	
HANCOCK WHITNEY CORP	289	14,266	13,985	
HEALTH EQUITY INC	429	27,083	26,444	
HEICO CORP	3,418	490,123	525,142	
HELEN OF TROY LTD	105	19,671	11,646	
HELMERICH + PAYNE	732	31,220	36,285	
HILLENBRAND INC	1,466	64,083	62,554	
HOME DEPOT INC	3,167	663,242	1,000,329	
HONEYWELL INTERNATIONAL INC	10,037	1,342,126	2,150,929	
HORIZON THERAPEUTICS PLC	413	26,702	46,999	
HOSTESS BRANDS INC	2,993	45,999	67,163	
HUB GROUP INC CL A	809	39,119	64,307	
HUMAN INC	1,886	544,344	965,990	
ICU MEDICAL INC	323	58,657	50,866	
ILLUMINA INC	8,845	2,235,155	1,788,459	
INTEGER HOLDINGS CORP	1,069	65,092	73,184	
INTEGRA LIFESCIENCES HOLDING	1,264	59,961	70,872	
INTERCONTINENTAL EXCHANGE INC	19,806	1,107,638	2,031,898	
IQVIA HOLDINGS INC	3,714	550,004	760,961	
IRHYTHM TECHNOLOGIES INC	235	23,122	22,012	
ITRON INC	329	21,959	16,664	
ITT INC	648	35,692	52,553	
IVERIC BIO INC	521	11,672	11,155	
JOHNSON + JOHNSON	16,955	2,307,906	2,995,101	
KAISER ALUMINUM CORP	821	74,756	62,363	
KAR AUCTION SERVICES INC	2,762	45,178	36,044	
KITE REALTY GROUP TRUST REIT	3,872	42,149	81,506	
KNOWLES CORP	4,329	67,096	71,082	
KULICKE + SOFFA INDUSTRIES	1,374	36,565	60,813	
LA Z BOY INC	2,349	80,867	53,604	
LAMAR ADVERTISING CO A REIT	407	27,757	38,421	
LANTHEUS HOLDINGS INC	1,016	13,630	51,775	
LEGEND BIOTECH CORP	213	9,568	10,633	
LESLIE S INC	3,052	60,011	37,265	
LIGAND PHARMACEUTICALS	462	34,708	30,862	
LIVEPERSON INC	1,033	47,206	10,475	
LIVERAMP HOLDINGS INC	1,248	55,705	29,253	
LPL FINANCIAL HOLDINGS INC	385	29,225	83,225	

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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	
MAGNOLIA OIL + GAS CORP	2,204	58,038	51,684	
MARSH & MCLENNAN COS INC	8,637	915,408	1,429,251	
MARTEN TRANSPORT LTD	2,934	49,234	58,035	
MASTERCARD INCORPORATED CL A	8,870	1,948,793	3,084,365	
MATERION CORP	701	40,593	61,345	
MAXIMUS INC	992	73,471	72,743	
MAXIMUS INC	845	64,580	61,964	
MCDONALDS CORP	6,245	1,041,063	1,645,745	
MEDTRONIC PLC	12,130	1,079,034	942,744	
META PLATFORMS INC CL A	5,255	527,674	632,387	
METHODE ELECTRONICS INC	1,664	51,235	73,832	
MGIC INVESTMENT CORP	4,548	38,473	59,124	
MICROSOFT CORP	15,476	1,304,720	3,711,454	
MICROSOFT CORP	16,294	1,226,919	3,907,627	
MILLERKNOLL INC	2,168	91,624	45,550	
MINERALS TECHNOLOGIES INC	944	42,177	57,320	
MIRATI THERAPEUTICS INC	158	21,491	7,159	
MIRION TECHNOLOGIES INC	5,467	57,318	36,137	
MISTER CAR WASH INC	1,621	23,355	14,962	
MODIVCARE INC	498	39,514	44,686	
MONDELEZ INTERNATIONAL INC	14,107	857,344	940,232	
MUELLER WATER PRODUCTS INC A	2,687	30,281	28,912	
MYERS INDUSTRIES INC	2,536	53,321	56,375	
NATIONAL INSTRUMENTS CORP	541	21,380	19,963	
NATIONAL VISION HOLDINGS INC	995	31,137	38,566	
NCR CORPORATION	1,529	30,852	35,794	
NEOGEN CORP	885	14,939	13,479	
NETFLIX COM INC	12,892	5,033,807	3,801,593	
NETSCOUT SYSTEMS INC	2,216	57,464	72,042	
NEUROCRINE BIOSCIENCES INC	617	70,492	73,694	
NEXTGEN HEALTHCARE INC	2,764	42,501	51,908	
NICE LTD	167	32,623	32,114	
NIKE INC	12,157	631,176	1,422,491	
NIKE INC CL B	7,316	920,435	856,045	
NORDSON CORP	159	29,605	37,797	
NORFOLK SOUTHERN CORP	5,151	802,440	1,269,309	
NORTHWESTERN CORP	1,068	65,314	63,375	
NRG ENERGY INC	1,097	35,440	34,907	
NUVASIVE INC	851	35,578	35,095	
OLD NATIONAL BANCORP	4,028	60,564	72,423	
OMNIAB INC	3,135	15,658	10,026	
ON SEMICONDUCTOR	1,723	33,237	107,464	
ORION ENGINEERED CARBONS SA	3,788	41,823	67,464	
OSI SYSTEMS INC	846	63,517	67,274	
OWENS + MINOR INC	1,719	62,102	33,572	
OXFORD INDUSTRIES INC	461	18,993	42,956	
PACIFIC PREMIER BANCORP INC	1,619	32,814	51,096	
PAGERDUTY INC	1,741	49,515	46,241	
PAYPAL HLDGS INC	22,028	2,145,678	1,568,834	
PAYPAL HOLDINGS INC	4,217	487,748	300,335	
PDC ENERGY INC	415	26,017	26,344	
PEBBLEBROOK HOTEL TRUST REIT	2,803	46,546	37,532	
PERKINELMER INC	288	27,639	40,383	
PGT INNOVATIONS INC	2,757	57,598	49,516	
PLEXUS CORP	430	34,681	44,260	
PNC FINL SVCS GROUP INC	8,068	1,423,473	1,274,260	

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
PRA GROUP INC	2,052	75,535	69,317
PROCTER & GAMBLE CO	10,712	1,101,247	1,623,511
PROGRESS SOFTWARE CORP	1,585	60,251	79,963
PROLOGSIS INC	13,765	1,026,949	1,551,728
PROTHENA CORP PLC	127	7,176	7,652
QUANTUMSCAPE CORP	877	8,699	4,973
QUIDELORTHO CORP	297	35,014	25,444
REGAL REXNORD CORP	299	18,592	35,874
RENTOKIL INITIAL PLC	3,005	86,460	92,584
SAIA INC	260	27,531	54,517
SALESFORCE INC	7,567	1,293,987	1,003,309
SALESFORCE INC COM	19,736	3,495,914	2,616,796
SAREPTA THERAPEUTICS INC	573	72,419	74,249
SEACOAST BANKING CORP/FL	1,868	36,519	58,263
SEALED AIR CORP	1,433	64,156	71,478
SENSIENT TECHNOLOGIES CORP	1,178	61,484	85,900
SERVICENOW INC	7,709	2,350,959	2,993,173
SIMMONS FIRST NATL CORP CL A	2,515	43,148	54,274
SIMPLY GOOD FOODS CO/	1,224	22,962	46,549
SM ENERGY CO	1,822	63,951	63,460
SMART GLOBAL HOLDINGS INC	472	13,883	7,023
SOMALOGIC INC	272	764	109
SOMALOGIC INC	1,361	17,851	3,416
SP PLUS CORP	1,490	31,025	51,733
SPECTRUM BRANDS HOLDINGS INC	525	43,119	31,983
SPIRE INC	889	57,814	61,217
SPROUTS FARMERS MARKET INC	981	26,245	31,755
SPX TECHNOLOGIES INC	582	33,091	38,208
SS+C TECHNOLOGIES HOLDINGS	1,818	105,143	94,645
STANDARD MOTOR PRODS	1,819	75,483	63,301
STEM INC	1,119	19,734	10,004
STERIS PLC	412	59,282	76,092
STEVEN MADDEN LTD	2,034	59,070	65,007
STRIDE INC	927	35,532	28,997
SUMMIT MATERIALS INC CL A	1,821	31,740	51,711
SUNSTONE HOTEL INVESTORS INC REIT	4,652	43,944	44,938
SYSCO CORP	11,259	840,613	860,751
TAYLOR MORRISON HOME CORP	2,046	58,779	62,096
TELEDYNE TECHNOLOGIES INC	172	55,637	68,785
TENNANT CO	281	17,019	17,301
TEREX CORP	1,841	62,710	78,648
TEXAS CAPITAL BANCSHARES	1,236	39,843	74,543
THERMO FISHER SCIENTIFIC INC	3,054	1,008,351	1,681,807
THERMO FISHER SCIENTIFIC INC COM	3,825	2,128,715	2,106,389
THOR INDUSTRIES INC	356	38,469	26,874
TREEHOUSE FOODS INC	1,188	51,627	58,663
TRI POINTE HOMES INC	2,946	42,371	54,766
TRINET GROUP INC	548	37,776	37,154
UMH PROPERTIES INC REIT	3,381	44,280	54,434
UNITEDHEALTH GROUP INC	4,875	1,468,310	2,584,628
UNITEDHEALTH GROUP INC	2,111	753,494	1,119,210
UNIVERSAL ELECTRONICS INC	1,053	48,100	21,913
URBAN OUTFITTERS INC	2,950	53,827	70,358
VAXCYTE INC	1,045	29,572	50,108
VERINT SYSTEMS INC	1,313	46,708	47,636
VERITEX HOLDINGS INC	1,738	29,528	48,803

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2022

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
VISA INC	13,799	1,712,683	2,866,880
VISA INC CL A	10,484	1,370,339	2,178,156
VISTEON CORP	262	18,847	34,277
WABTEC CORP	331	20,970	33,037
WALKER + DUNLOP INC	449	29,288	35,238
WALLBOX NV	2,505	15,584	8,968
WALT DISNEY CO	10,174	1,230,231	883,917
WASHINGTON FEDERAL INC	1,810	63,929	60,726
WASTE MANAGEMENT INC	6,610	747,084	1,036,977
WELLS FARGO & CO	26,227	1,225,738	1,082,913
WENDY S CO	1,680	35,871	38,018
WERNER ENTERPRISES INC	1,436	58,505	57,813
WEX INC	247	42,365	40,422
WILEY (JOHN) + SONS CLASS A	1,387	52,123	55,563
WILLIAMS SONOMA INC	217	18,148	24,938
WINNEBAGO INDUSTRIES	957	58,807	50,434
WOLFSPEED INC	303	17,726	20,919
XOS INC	1,888	25,264	836
ZIFF DAVIS INC	808	62,506	63,913
ZOETIS INC	10,155	747,002	1,488,215
ZOETIS INC	4,764	308,233	698,164
ZURN ELKAY WATER SOLUTIONS C	1,598	24,617	33,798
BPIF NON-TAXABLE L.P. - CORPORATE STOCK COMMON	-	25,981,636	37,858,253
		\$ 137,699,799	\$ 169,846,848

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, 2022

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		\$ 24,418,030	\$ 34,661,833
		\$ 24,418,030	\$ 34,661,833

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, 2022

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/ COLLECTIVE TRUST FUNDS		(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	INVESCO STABLE VALUE TRUST	139,377,913	\$ 139,377,913	\$ 139,377,913
	CHEVY CHASE TR CO ABS LABOR EQUITY INDEX FUND	1,600,625	<u>33,360,696</u>	<u>57,996,228</u>
			<u>\$ 172,738,609</u>	<u>\$ 197,374,141</u>

MASON TENDERS' DISTRICT COUNCIL ANNUITY FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2022

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 L.L.C.	5,422,555	\$ <u>111,012,503</u>	\$ <u>113,190,420</u>
		\$ <u>111,012,503</u>	\$ <u>113,190,420</u>

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

DECEMBER 31, 2022

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	14,277,299	\$ 138,749,517	\$ 131,636,700
BLACKROCK STRATEGIC INCOME OPPORTUNITIES MUTUAL FUND	13,984,997	<u>140,474,554</u>	<u>128,661,976</u>
		<u>\$ 279,224,071</u>	<u>\$ 260,298,676</u>

**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	<table><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr><tr><td>0 7 6</td><td>12</td><td>31</td><td>2022</td></tr></table>	Plan number	Plan year ending—			MM	DD	YYYY	0 7 6	12	31	2022
Plan number	Plan year ending—											
	MM	DD	YYYY									
0 7 6	12	31	2022									

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 / 16 / 2023 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 8955-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:**

Certified Article Number	
9414 7266 9904 2204 4814 51	
SENDER'S RECORD	

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 ►