Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TUCKPOINTER LOCAL 52 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/15/1964

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)
TUCKPOINTER LOCAL 52 PENSION PLAN

660 INDUSTRIAL DRIVE, SUITE 201
ELMHURST, IL 60126

2b Employer Identification Number (EIN) 36-6122163

2c Plan Sponsor's telephone number 630-516-8008

2d Business code (see instructions) 238100

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.	01/23/2023	JOHN KALLIANIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2101
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)**	1098
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1033
b	Retired or separated participants receiving benefits	**6b**	396
c	Other retired or separated participants entitled to future benefits	**6c**	552
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1981
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	110
f	Total. Add lines **6d** and **6e**	**6f**	2091
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	114

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

1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TUCKPOINTER LOCAL 52 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TUCKPOINTER LOCAL 52 PENSION PLAN

D Employer Identification Number (EIN)
36-6122163

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 05 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	379289405
(2)	Actuarial value of assets for funding standard account	**1b(2)**	327479778
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	294552983
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	263485538
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	584709154
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	17613475
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	11932361
(3)	Expected plan disbursements for the plan year	**1d(3)**	12432361

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	01/10/2023
Signature of actuary	Date
JEREMY C. ROBERTS, FSA, MAAA	20-06462
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		379289405
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		487	165184630
(2) For terminated vested participants		516	92951318
(3) For active participants:			
(a) Non-vested benefits			26295488
(b) Vested benefits			300277718
(c) Total active		1098	326573206
(4) Total		2101	584709154
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		64.87 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
11/01/2021	10884398				
			Totals ► **3(b)**	10884398	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	124.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	2.35 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	AF		AF	
d Valuation liability interest rate	**6d**	7.00 %		7.00 %	
e Expense loading	**6e**	12.9 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	12.0 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	37.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	-11100213	-1139013
1	-19795193	-2031220

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	4230745
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	77601959	12656974
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1182140
e Total charges. Add lines 9a through 9d		**9e**	18069859

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	57190898
g	Employer contributions. Total from column (b) of line 3		**9g**	10884398
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 53337856		7400040
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	4902319
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 30489487		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 206450945		
	(3) FFL credit		**9j(3)**	
k	**(1)** Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	80377655
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	62307796
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan	**B** Three-digit plan number (PN) ▶	
TUCKPOINTER LOCAL 52 PENSION PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
TUCKPOINTER LOCAL 52 PENSION PLAN	36-6122163	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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	
AFL-CIO HOUSING INVESTMENT TRUST	1227 25TH ST NW STE 500 WASHINGTON, DC 20037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ARTISAN SMALL CAP FUND	875 EAST WISCONSIN AVENUE STE 800 MILWAUKEE, WI 53202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CASPIAN CREDIT INTERNATIONAL, LTD	227 ELGIN AVE, PO BOX 852 GRAND CAYMAN, NA KY11103 KY

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CRESTLINE PORTFOLIO FINANCING FUND	201 MAIN STREET, SUITE 1900 FORT WORTH, TX 76102

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

DK DISTRESSED OPPORTUNITIES

2 BLOOR ST EAST. SUITE 2700
TORONTO, ONTARIO M4W1A8 CA

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

DFA EMERGING MARKETS VALUE PORTFOLI

1299 OCEAN AVE STE 650 11TH FL
SANTA MONICA, CA 90401

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

DODGE&COX INTERNATIONAL STOCK FUND

555 CALIFORNIA STREET 40TH FLOOR
SAN FRANCISCO, CA 94104

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

FIDELITY TOTAL INTNL STOCK FUND

82 DEVONSHIRE STREET
BOSTON, MA 02109

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

LUXOR CAPITAL PTNRS OFFSHORE LQ SPV

1114 AVENUE OF THE AMERICAS 29TH FL
NEW YORK, NY 10036

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

METROPOLITAN WEST TL RTRN BND FND

865 SOUTH FIGUEROA STREET STE 2100
LOS ANGELES, CA 90017

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

PARAMETRIC DEFENSIVE EQUITY FUND

3600 MINNESOTA DRIVE STE 325
MINNEAPOLIS, MN 55435

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

PGIM ABSOLUTE RETURN BOND FUND

100 MULBERRY STREET
GATEWAY CENTER THREE, 4TH FL
NEWARK, NJ 07102

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

PINE RIVER FUND LTD

45 MARK STREET, STE 3205, 2ND FLOOR GARDENIA COURT, CAMANA BAY
GRAND CAYMAN, NA KY19003 KY

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

RENAISSANCE INST DVSFD GLBL EQ ONS

800 THIRD AVENUE
NEW YORK, NY 10022

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

VANGUARD INSTITUTIONAL INDEX FUND

PO BOX 2600
VALLEY FORGE, PA 19482

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

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

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

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

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

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

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

SANDS CAPITAL MANAGEMENT

20-2830751

(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?
52 51 28	NONE	387312	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HARRIS ASSOCIATES L.P.

04-3276558

(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?
52 51 28	NONE	309455	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MARQUETTE ASSOCIATES, INC.

180 N LASALLE ST 3500
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 27	NONE	175000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE SEGAL COMPANY INC.

13-1975125

(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?
50 11	NONE	130904	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CYGAN HAYES, LTD.

36-3332152

(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?
50 10	NONE	119115	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILVERCREST ASSET MANAGEMENT GROUP

1130 AVE OF AMERICAS 38FL
NEW YORK, NY 10019

(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	NONE	118300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BMO HARRIS

P.O. BOX 755
CHICAGO, IL 60690

(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?
52 51 28 19	NONE	99104	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LOOMIS, SAYLES & COMPANY, LP

1 FINANCIAL CENTER
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 50	NONE	93609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERRY A. ROCCO

36-6122163

(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?
50 14	PLAN ADMINISTRATOR	88530	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BAUM SIGMAN AUERBACH & NEUMAN, LTD.

36-2744057

(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?
50 29	NONE	48738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRASAD I. ELAMANA

36-6122163

(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?
50 30	EMPLOYEE	48405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(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?
50 15	NONE	15084	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)

CHUBB & SONS, INC.

13-5679031

(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?
50 22	NONE	9223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
TUCKPOINTER LOCAL 52 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TUCKPOINTER LOCAL 52 PENSION PLAN

D Employer Identification Number (EIN)
36-6122163

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	1007158	6504799
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1228630	1174048
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	121302	145782
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	119932853	86474730
(5) Partnership/joint venture interests	1c(5)	67818686	77526967
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	188291465	163656286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	942986	1085015

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**	4793	2179
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	379347873	336569806
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	56025	57575
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	2443	
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	58468	57575
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	379289405	336512231

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)**	10884398	
	(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)**		10884398
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	1520	
	(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)**		1520
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	625350	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	3415949	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		4041299
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	38114546	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	40477458	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-2362912
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-24470054	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-24470054

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-17527460
c Other income	2c		14622
d Total income. Add all **income** amounts in column (b) and enter total	2d		-29418587
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11559389	
(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)		11559389
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)	299190	
(2) Contract administrator fees	2i(2)	997879	
(3) Investment advisory and management fees	2i(3)	175000	
(4) Other	2i(4)	327129	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1799198
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13358587
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-42777174
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CYGAN HAYES LTD. **(2)** EIN: 36-3332152

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		77526967
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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 453502.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
TUCKPOINTER LOCAL 52 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TUCKPOINTER LOCAL 52 PENSION PLAN

D Employer Identification Number (EIN)
36-6122163

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer BULLEY & ANDREWS MASONRY

b EIN 20-1537915 **c** Dollar amount contributed by employer 1012783

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BERGLUND CONSTRUCTION COMPANY

b EIN 36-3876584 **c** Dollar amount contributed by employer 753025

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer THE W.J. MCGUIRE COMPANY

b EIN 36-2689296 **c** Dollar amount contributed by employer 673442

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer CENTRAL BUILDING & PRESERVATION

b EIN 36-3876584 **c** Dollar amount contributed by employer 634008

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment [ ]

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 26.0 % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 74.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [ ] 3-6 years [ ] 6-9 years [ ] 9-12 years [ ] 12-15 years [ ] 15-18 years [ ] 18-21 years [ ] 21 years or more

c What duration measure was used to calculate line 19(b)?
[ ] Effective duration [ ] Macaulay duration [ ] Modified duration [ ] Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? [ ] Yes [X] No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

[ ] Yes.

[ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

[ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

[ ] No. Other. Provide explanation _____

TUCKPOINTERS LOCAL 52 PENSION PLAN

Audit Report and Financial Statements

With Supplemental Financial Information

For the Years Ended April 30, 2022 and 2021

TUCKPOINTERS LOCAL 52 PENSION PLAN

TABLE OF CONTENTS

Independent Auditor's Report 1-3

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6-17

Supplemental Financial Information

- Schedule of Assets Held for Investment Purposes at End of Year 18-21
- Schedule of Reportable Transactions 22
- Schedules of Administrative Expenses 23

CYGANHAYES Ltd.
Certified Public Accountants and Consultants

Glenn A. Cygan, CPA
Jeffrey S. Hayes, CPA
Dawn C. Riggio, CPA, MBA
www.cyganhayes.com

20635 Abbey Woods Ct. North, Suite 104
Frankfort, IL 60423
Tel.815.534.5713
Fax.815.534.5523

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Tuckpointers Local 52 Pension Plan

Opinion

We have audited the accompanying financial statements of the Tuckpointers Local 52 Pension 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 April 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Tuckpointers Local 52 Pension Plan as of April 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tuckpointers Local 52 Pension 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 Tuckpointers Local 52 Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which many 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, misrepresentation, 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 Tuckpointers Local 52 Pension 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 aggregated, that raise substantial doubt about the Tuckpointers Local 52 Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at the end of the year, the schedule of reportable transactions and the schedules of administrative expenses, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the 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.

Respectfully submitted,



CYGAN HAYES, LTD.
Certified Public Accountants

Frankfort, Illinois
November 15, 2022

TUCKPOINTERS LOCAL 52 PENSION PLAN
Statements of Net Assets Available for Benefits
April 30, 2022 and 2021

ASSETS

	2022	2021
INVESTMENTS, AT FAIR VALUE (Note 6)		
Common stocks	$ 86,474,730	$ 119,932,853
Registered investment companies	163,656,286	188,291,465
Partnership, joint ventures & hedge funds	73,170,916	62,724,943
Private equity funds	4,356,051	5,093,743
Total Investments	327,657,983	376,043,004
RECEIVABLES		
Employer contributions	734,051	843,168
Due from related party (Note 9)	439,997	385,461
Other receivable	7,200	24
Accrued investment income	138,582	121,278
Total Receivables	1,319,830	1,349,931
NON-INTEREST BEARING CASH AND CASH EQUIVALENTS	6,504,799	1,007,160
OTHER CURRENT ASSETS		
Prepaid expenses	135,467	166,954
Prepaid pensions	949,548	776,031
Total Other Current Assets	1,085,015	942,985
FIXED ASSETS		
At cost less accumulated depreciation of $142,392 and $139,778 (Note 7)	2,179	4,793
Total Assets	336,569,806	379,347,873

LIABILITIES

CURRENT LIABILITIES		
Accounts payable	57,575	58,468
Total Current Liabilities	57,575	58,468
Net Assets Available for Benefits	$ 336,512,231	$ 379,289,405

See accompanying notes to financial statements.

TUCKPOINTERS LOCAL 52 PENSION PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended April 30, 2022 and 2021

	2022	2021
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT ACTIVITY		
Net appreciation (decline) in fair value of investments	$ (44,345,804)	$ 100,899,107
Interest	1,193	8,642
Dividends and mutual fund reinvestments	4,041,626	3,728,140
Total	(40,302,985)	104,635,889
Less investment expenses	(1,172,879)	(950,616)
Net Investment Income (Loss)	(41,475,864)	103,685,273
CONTRIBUTIONS		
Employer contributions	10,883,014	11,200,515
Liquidated damages and interest	1,384	1,800
Total Contributions	10,884,398	11,202,315
Total Additions (Reductions)	(30,591,466)	114,887,588
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
PAYMENTS FOR		
Benefits paid directly to participants	11,559,389	10,924,441
Administrative expenses	626,319	533,861
Total Deductions	12,185,708	11,458,302
Increase (decrease) in net assets during year	(42,777,174)	103,429,286
Net assets available for benefits – beginning of year	379,289,405	275,860,119
Net assets available for benefits – end of year	$ 336,512,231	$ 379,289,405

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tuckpointers Local 52 Pension Plan ("Plan") provides only general information. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan was adopted in accordance with an Agreement and Declaration of Trust ("Agreement") effective July 1, 1964, between the Pointers, Cleaners and Caulkers Union, Local 52 of Illinois, of the International Union of Bricklayers and Allied Craftsmen, AFL CIO ("Union") and the Tuckpointing Contractors Association ("Association"). This Agreement was for the benefit of employees of the members of the Association. It established the Tuckpointers Local 52 Pension Trust Fund ("Fund"), which provided for the appointment of individual Trustees to administer the Plan and the Fund, and authorized the individual Trustees to enter into those agreements necessary for the management of the Fund. The Agreement, including any Amendments thereto, constitutes the "Trust Agreement" under which the Fund is maintained. The Plan has been amended from time to time. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the Local 52.

There are seven classes of benefits payable under the Plan:

Normal Retirement Benefits

These benefits are available to members who leave covered employment after having attained the age of sixty-two and having met the eligibility requirements of vesting service. Effective January 1, 2017, the Journeyman's accrual rate for past and future service is $4.50. This rate applies to members who retire on or after January 1, 2017 and have worked at least 250 hours in a calendar year beginning in 2015, or later, subject to the break in service rules. For Journeyman Assistants, effective June 1, 2019 the accrual rate is $4.50. Prior to that date the accrual rate was $2.96. For both Journeyman and Journeyman Assistants, the monthly amount of normal retirement pension is equal to the applicable accrual rate for each 50 hours a participant works in covered employment during a calendar year. The payment of the monthly benefit is guaranteed for sixty months.

Early Retirement Benefits

These benefits are available to members who wish to retire prior to their attaining age sixty-two provided such an employee has attained the age of fifty-five, and has, during the period immediately preceding his retirement, met the eligibility requirements of vesting service. The benefits to be paid will be computed as for normal retirement, except they shall be reduced by one-quarter of one percent for each month that retirement occurs prior to normal retirement date.

Disability Retirement Benefits

These benefits are available to members who become totally and permanently disabled provided that: (a) they have met the eligibility requirements of vesting service, and (b) they have not attained age sixty-two. The disability benefits will commence six months after the date of disability and shall be payable until recovery, attainment of normal retirement age, or death, whichever shall occur first. Upon a totally and permanently disabled employee attaining normal retirement age, benefits to which such employee shall be entitled shall be determined in accordance with the normal retirement benefits.

Pre-retirement Benefits

Should an employee die before he receives any pension benefit, but after he meets the eligibility requirements of vesting service, his beneficiary shall be eligible to receive a benefit for a period of sixty months equal to the amount of the monthly accrued benefit to which the deceased member was entitled. Additional benefits are also available beyond the sixty-month period where there is a surviving spouse.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Deferred Vested Benefits

Any member who leaves covered employment, provided he has met the eligibility requirements of vesting service, will remain entitled to a pension payable at normal retirement date determined in accordance with normal retirement benefits based on his age and accrued benefit as of his termination date.

Temporary Monthly Supplemental Benefits

These benefits are available to members who retire from active participation at or after age sixty, but prior to age sixty-five. The amount of the benefit is based on the number of years of vesting service accrued by the participant at retirement.

Post-retirement Lump Sum Death Benefit

These benefits are available to a retired participant's designated beneficiary in the event of the retiree's death.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Contributions Receivable

Employer contributions due but not received at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded when collected. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition

Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked and contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly.

To prevent deprivation of benefits to participants solely because of temporary employment within the jurisdiction of a local union other than their home local union, reciprocity agreements provide for the following: when a member of the home local union who works in the territory of a reciprocating local union, the latter is to make contributions to the former's benefit plans on the participant's behalf, at rates applicable to the reciprocating plans, and that monies received by the Plan on behalf of members of participating local unions are forwarded to their home local union's benefit plans. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Comparability

Certain items were reclassified from the prior year for ease of comparison. The reclassification did not affect the Net Assets Available for Benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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 (decline) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fixed Assets

Fixed assets are carried at cost less accumulated depreciation. Depreciation is computed on a straight-line basis over the estimated useful lives of the related assets.

Administration of Pension Plan

The Plan is self-administered. Pension benefit payments are calculated by the actuarial consultant and paid by the administrative office where appropriate records are maintained.

Payment of Benefits

Benefit payments to the participants are recorded upon distribution. Pension benefit checks issued in advance of the corresponding benefit month are recorded as prepaid pension benefits.

NOTE 3 -ACTUARIAL INFORMATION

Pension Protection Act Funding Status

Beginning May 1, 2021, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status ("green zone"), as defined by the Pension Protection Act of 2006.

Actuarial Accrued Liability

At May 1, 2021 (most recent report available), the overfunded actuarial accrued liability reported by The Segal Company (actuaries and consultants) for 1,614 participants and 487 retired participants and beneficiaries was $32,926,795, and the annual normal cost was stated to be $4,230,745.

NOTE 3 -ACTUARIAL INFORMATION (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) terminated vested participants and inactive non-vested participants, (b) active participants (c) benefits currently payable to retired participants and to surviving spouses and other beneficiaries of retired participants. Benefits under the plan are accumulated based on participants' reported hours worked during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, and disability – are included, to the extent they are deemed attributable to participant service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, The Segal Company, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of May 1, 2021, (the beginning of the Plan year) were (a) life expectancy of participants (Pri-2012 Blue-Collar Employee mortality tables (sex specific) multiplied by 115% and projected generationally using scale MP-2020) (b) retirement age assumptions (the assumed average retirement age was 60) and (c) investment return. The valuation included assumed average rates of return of 7% annually net of investment expenses. Other assumptions include withdrawal rate, disability rate, percent married, age of spouse, assumed hours worked and administrative expenses.

The foregoing actuarial assumptions are based on the presumption that the that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

There was a change in the assumptions including the updated mortality tables, assumed retirement rates were decreased for participants prior to age 66, and the assumed benefit elections were updated to 50% of participants electing the 50% joint and Survivor Pension (with a 5-year guarantee) and 50% electing the 5-Year Certain and Life Pension.

The following shows the actuarial present value of accumulated plan benefits at May 1, 2021 and 2020:

	2021	2020
Vested benefits		
For retired participants and beneficiaries	$ 98,598,649	$ 93,305,121
For other participants	155,574,382	160,578,503
Total vested benefits	254,173,031	253,883,624
Non-vested benefits	9,312,507	9,520,654
Total actuarial present value of accumulated plan benefits	$ 263,485,538	$ 263,404,278

NOTE 3 -ACTUARIAL INFORMATION (CONTINUED)

Changes in the Actuarial Present Value of Accumulated Plan Benefits

The factors that affected the change in the actuarial present value of accumulated plan benefits from May 1, 2020 to May 1, 2021 are as follows:

Actuarial present value of accumulated plan benefits – Beginning of year	$	263,404,278
Plan amendments		-
Benefits accumulated, net experience gain or loss, changes in data		3,729,589
Benefits paid		(10,924,441)
Changes in actuarial assumptions		(10,747,969)
Interest		18,024,081
Net increase		81,260
Actuarial present value of accumulated plan benefits – End of year	$	263,485,538

NOTE 4 - FUNDING POLICY

Employers contribute a set amount per hour to the Plan pursuant to the current collective bargaining agreement between employers and the union. The contribution rates per hour by period are listed below.

Period	Journeyman	Journeyman Assistant
June 1, 2019 to May 31, 2020	$8.25	$8.25
June 1, 2020 to May 31, 2021	$8.50	$8.50
June 1, 2021 to May 31, 2022	$8.75	$8.75
June 1, 2022 to May 31, 2023	$9.00	$9.00

Contributions by participants are not permitted under the Plan The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of May 1, 2021, the most recent actuarial report available.

NOTE 5 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Pension benefits that retired members or their beneficiaries have been receiving for at least three years, or that members eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of pension under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations (discussed below).

c) All other vested benefits (that is, vested benefits not insured by the PBGC).

d) All nonvested benefits.

NOTE 5 - PLAN TERMINATION (CONTINUED)

Benefits to be provided via contracts under which Prudential Insurance Company (Note 8) is obligated would be excluded for allocation purposes.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 6 - FAIR VALUE MEASUREMENTS

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

Level 1 : Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

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

Level 3 : Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2022 and 2021.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common/collective trust: Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is based on the market value of its underlying investments. The NAV is not a publicly-quoted price in an active market.

Registered investment company: Valued at the closing price reported on the active market on which the individual funds are traded.

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

Partnerships, joint ventures & hedge funds: Valued at the Plan's ownership percentage of the partnership or joint venture's investment holdings at year end. The ownership percentage is based on the market value of its underlying investments. The ownership percentage is not a publicly-quoted price in an active market.

Money market fund: Valued using amortized cost which approximates fair value.

The preceding methods described 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.

The following table summarizes the fair value of the Plan's investments according to the GAAP valuation hierarchy as of April 30, 2022 and 2021.

	Assets at Fair Value as of April 30, 2022			
	Fair Value	(Level 1)	(Level 2)	(Level 3)
Common stocks	$ 86,474,730	$ 86,474,730	$ -	$ -
Registered investment company	163,656,286	163,656,286	-	-
Private equity fund	4,356,051	-	-	4,356,051
	$ 254,487,067	$ 250,131,016	$ -	$ 4,356,051
Investments measured at net asset value	73,170,916			
Total fair value measurements	$ 327,657,983			

	Assets at Fair Value as of April 30, 2021			
	Fair Value	(Level 1)	(Level 2)	(Level 3)
Common stocks	$ 119,932,853	$ 119,932,853	$ -	$ -
Registered investment company	188,291,465	188,291,465	-	-
Private equity fund	5,093,743	-	-	5,093,743
	$ 313,318,061	$ 308,224,318	$ -	$ 5,093,743
Investments measured at net asset value	62,724,943			
Total fair value measurements	$ 376,043,004			

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Measurements

The Plan's investment in a private equity fund represents an interest in a limited partnership. The value of interest held in the limited partnership is determined by the general partner, unadjusted by the Plan, and is generally equal to or based upon the reported capital account or net asset value of the underlying partnership investments. Because the partnership's investments represent direct private equity investments that are not publicly traded, market quotations are generally not available to the general partner to be used for valuation purposes. The underlying investments are valued on a quarterly basis taking into consideration any changes in key inputs such as loan structure, company performance, comparable market transactions, discount rates, cash flow projections, and/or liquidity, credit and market risk factors. The relevant valuation models are updated to reflect these changes. The valuation methodology underlying the investment is reviewed and approved quarterly by a valuation committee. As such, this investment is only valued quarterly so the fair value reported is as of March 31, 2022, with distributions and contributions reported through April 30, 2022. In certain circumstances, the general partner may use a third-party valuation firm to corroborate certain values determined by management.

The table below sets forth a summary of changes in the fair values of the Plan's Level 3 private equity fund for the year ended April 30, 2022. As of March 31, 2022, the Plan had an undrawn capital commitment of $3,287,013.

Balance at May 1, 2021	$	5,093,743
Contributions		268,336
Distributions		(1,188,103)
Realized Gain/(Loss)		78,265
Net appreciation (decline) in fair value of investments		103,810
Balance at April 30, 2022	$	4,356,051

The plan uses the Net Asset Value (NAV) to determine the fair value of all the underlying investments which a) do not have a readily determinable fair value and b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company. The following table lists investments in other investment companies by major category:

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

As of April 30, 2022

Strategy	Fair Value	Number of Funds	Redemption Frequency	Redemption Notice Period	Lock-up Period	Redemption Restriction at Year End
Credit hedge fund	$ 17,398,489	1	Annual	90 days	1 year, 5% redemption fee if prior	No
Fixed income investments	1,229,593	1	Monthly	15 days	None	No
Market neutral equity	4,742,139	1	Monthly	2 months	None	No
Long/short hedge fund	26,700	1	Monthly	90 days	2 years	No
Relative value multi-strategy hedge fund	4,965	1	Quarterly	45 days, 25% of capital per quarter	None	No
Alternative manager - volatility risk premium	18,525,489	1	Monthly	No less than 95% within 5 days, remaining after annual audit	None	No
US Fixed Income markets seeking to outperform benchmark	31,243,541	1	Daily	Daily	None	No
Total	$ 73,170,916					

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

As of April 30, 2021

Strategy	Fair Value	Number of Funds	Redemption Frequency	Redemption Notice Period	Lock-up Period	Redemption Restriction at Year End
Credit hedge fund	$ 44,978	1	Quarterly	90 days	1 year hard lock up	No
Credit hedge fund	16,090,730	1	Annual	90 days	1 year, 5% redemption fee if prior	No
Fixed income investments	1,343,817	1	Monthly	15 days	None	No
Market neutral equity	4,113,468	1	Monthly	2 months	None	No
Long/short hedge fund	26,087	1	Monthly	90 days	2 years	No
Relative value multi-strategy hedge fund	6,839	1	Quarterly	45 days, 25% of capital per quarter	None	No
Alternative manager - volatility risk premium	18,046,572	1	Monthly	No less than 95% within 5 days, remaining after annual audit	None	No
US Fixed Income markets seeking to outperform benchmark	23,052,452	1	Daily	Daily	None	No
Total	$ 62,724,943					

NOTE 7 – FIXED ASSETS

Fixed Assets used in operations consists of the following:

	2022	2021
Furniture and equipment	$ 22,831	$ 22,831
Computer equipment & software	121,740	121,740
	144,571	144,571
Accumulated depreciation	(142,392)	(139,778)
Fixed Assets	$ 2,179	$ 4,793

Total depreciation expense for the years ended April 30, 2022 and 2021, was $2,614 and $2,614 respectively.

NOTE 8 - GROUP ANNUITY CONTRACT GA 1221

The Plan purchased retirement annuities under Group Annuity Contract GA 1221 from Prudential Insurance Company through April 30, 1989. Prudential is under contract to pay all future benefits to named participants or their beneficiaries. The annuity contracts provide for dividends at Prudential's discretion based on its experience under the contract.

NOTE 9- RELATED PARTY TRANSACTION

The Plan is related to the Chicago Area Joint Welfare Committee for the Pointing Cleaning, and Caulking Industry Local No. 52 (Welfare Plan), and the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund (Annuity Plan) through a common Administrator and Trustees. The Plan is also related to the Tuckpointers Local 52 Promotional Trust (Promotional Trust) through shared office space and employee.

In accordance with an agreement between the four Plans, they share certain administrative expenses. These expenses are allocated based on each plan's proportionate use of space, goods, and services. All shared administrative expenditures are initially paid by the Welfare Plan and are allocated to the respective related parties, payable upon notice. For the years ended April 30, 2022 and 2021, shared expenses allocated to the Plan were $306,371 and $283,270, respectively.

Employer contributions for all Local 52 Funds are deposited into the Welfare Plan lockbox. The deposits are reconciled to the employer contribution reports and the amounts due to other funds are disbursed monthly.

At April 30, 2022 and 2021, the net amount due (to) from the Welfare Plan consisted of the following:

	2022	2021
Due from Welfare Plan related to monthly employer contributions	$ 448,768	$ 421,515
Due (to) from Welfare Plan related to administrative expenses	(8,771)	(36,054)
Net due (to) from Welfare Fund	$ 439,997	$ 385,461

The following is a reconciliation of the amounts due (to) from the Welfare Plan for administrative expenses:

	2022	2021
Beginning balance due (to) from the Welfare Plan	$ (36,054)	$ 19,616
Administrative expenses	(306,371)	(283,270)
Payments to Welfare Plan during the year	333,654	227,600
Net due (to) from Welfare Fund	$ (8,771)	$ (36,054)

NOTE 10 - TAX STATUS

The Plan obtained its latest determination letter on March 17, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's attorney believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained by examination by the Internal Revenue Service or the U.S. Department of Labor. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The outcome was favorable with only minor corrective action requested. The Plan Administrator believes it is no longer subject to income tax examinations for the fiscal years prior to April 30, 2019.

NOTE 11 - CONCENTRATION OF CREDIT RISK

The Plan maintains its cash in bank deposit and money fund accounts at various financial institutions. The balances, at times, may exceed federally insured limits or are not eligible to be federally insured.

NOTE 12 - 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties, inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 13 – SIGNIFICANT PARTICIPATING EMPLOYERS

In 2022 and 2021, contributions from four employers each represented over 5% of total employer contributions per year. In total, these four employers accounted for 28% and 29% of total employer contributions, respectively.

NOTE 14 – IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

NOTE 15 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 15, 2022, the date which the financial statements were available to be issued.

SUPPLEMENTAL FINANCIAL INFORMATION

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
April 30, 2022

FORM 5500 SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of Investment (shares)**	**Cost**	**Current Value**
	COMMON STOCKS			
	10X GENOMICS INC CL A COM	7,999	893,296	382,032
	1-800-FLOWERS COM INC CL A	4,230	129,700	43,146
	ABM INDUSTRIES INC COM	3,620	119,850	174,737
	ADAPTHEALTH CORP COM CL A	5,860	130,330	74,188
	ADDUS HOMECARE CORP COM	1,780	147,180	150,018
	AIRBNB INC COM CL A	5,661	622,411	867,322
	ALIGN TECHNOLOGY INC COM	2,124	530,960	615,769
	ALPHABET INC CAP STK CL C	2,187	1,729,986	5,028,635
	ALTRA INDUSTRIAL MOTION CORP	2,600	92,098	101,400
	AMAZON.COM INC COM	1,623	3,523,650	4,034,177
	AMERICAN INTL GROUP INC COM NEW	36,065	1,484,373	2,110,163
	AMN HEALTHCARE SERVICES INC COM	1,455	68,607	142,226
	ARCOSA INC COM	2,110	87,467	112,948
	ASBURY AUTOMOTIVE GROUP INC COM	611	117,532	112,247
	ATLASSIAN CORP PLC CL A	5,839	930,074	1,312,782
	AVIENT CORPORATION COM	3,050	126,718	150,182
	BANK OF AMERICA CORP COM	37,980	1,045,248	1,355,126
	BELDEN INC NEW COM	2,615	168,998	135,012
	BLACKROCK INC COM	1,450	960,696	905,786
	BLOCK, INC.	20,414	2,096,457	2,032,010
	BOOKING HLDGS INC COM	928	1,694,096	2,051,168
	BRINKER INTL INC COM	2,090	128,759	75,930
	BRINKS CO COM	2,840	136,196	167,418
	CADENCE BK	9,390	256,071	235,126
	CASELLA WASTE SYS INC CL A	2,125	78,096	174,760
	CBIZ INC COM	4,440	115,080	185,992
	CBRE GROUP INC CL A	22,915	772,812	1,902,862
	CDK GLOBAL INC COM	14,065	630,478	765,277
	CENTRAL GARDEN & PET CO CL A NON VTG	3,280	109,424	135,726
	CHARTER COMMUNICATIONS INC NEW CL A	6,477	2,832,298	2,775,330
	CITIGROUP INC COM NEW	20,955	1,186,722	1,010,241
	CLOUDFLARE INC CL A COM	13,375	1,532,394	1,152,123
	COSTAR GROUP INC COM	18,863	755,973	1,200,064
	CVB FINL CORP COM	11,330	223,108	260,817
	DEXCOM INC COM	4,808	1,989,842	1,964,453
	DOORDASH INC CL A	7,365	1,167,569	599,732
	EDWARDS LIFESCIENCES CORP COM	9,267	288,969	980,263
	ELEMENT SOLUTIONS INC COM	6,850	165,548	141,247
	ESCO TECHNOLOGIES INC COM	1,570	73,663	98,047
	FEDERAL SIGNAL CORP COM	3,700	129,071	125,911
	FISERV INC COM	32,210	3,388,912	3,154,003

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
April 30, 2022

FORM 5500 SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of Investment (shares)**	**Cost**	**Current Value**
	COMMON STOCKS			
	FIVERR INTL LTD ORD SHS	3,666	640,929	195,214
	FLOOR & DECOR HLDGS INC CL A	9,296	387,508	741,077
	FORMFACTOR INC COM	3,490	125,745	133,004
	FORWARD AIR CORPORATION COM	2,355	162,005	228,364
	FRANCHISE GROUP INC CL A	2,870	134,777	107,022
	FULLER H B CO COM	2,580	130,007	172,086
	GIBRALTAR INDS INC COM	2,635	113,280	99,708
	GLACIER BANCORP INC NEW COM	5,390	217,637	246,646
	GOHEALTH INC COM CL A	16,335	193,613	12,206
	HARSCO CORP COM	6,020	84,238	61,524
	HCA HEALTHCARE, INC.	10,233	957,995	2,195,490
	HILTON WORLDWIDE HLDGS INC WHEN	8,815	661,312	1,368,881
	HORACE MANN EDUCATORS CORP NEW COM	3,170	105,698	126,324
	ICF INTL INC COM	1,820	150,355	179,834
	ICU MEDICAL INC COM	610	98,176	130,534
	INDEPENDENT BANK CORP MASS COM	3,435	189,498	265,045
	INSTALLED BLDG PRODS INC COM	1,208	151,833	97,208
	INTEGER HLDGS CORP COM	2,295	176,557	172,515
	INTUIT COM	3,709	937,758	1,553,144
	KAISER ALUM CORP COM PAR $0.01	1,044	85,188	100,746
	KEURIG DR PEPPER INC COM	68,750	2,003,439	2,571,250
	KKR & CO INC CL A	16,000	820,626	815,520
	LA Z BOY CHAIR CO COM	4,260	113,785	111,953
	LAKELAND FINL CORP COM	1,740	67,041	126,707
	LANCASTER COLONY CORP COM	832	115,899	129,110
	LANTHEUS HLDGS INC COM	5,090	130,665	338,027
	LEAR CORP COM NEW	10,960	1,466,680	1,402,222
	LIVANOVA PLC SHS	17,845	1,467,644	1,367,998
	MAGNOLIA OIL & GAS CORP CL A	11,175	117,911	259,707
	MANPOWER GROUP INC	17,518	1,164,583	1,580,124
	MASTERCARD INC CL A	2,930	941,227	1,064,703
	MATADOR RES CO COM	7,710	181,528	376,402
	MATCH GROUP INC NEW COM	15,518	950,014	1,228,250
	META PLATFORM, INC.	11,653	2,069,744	2,336,077
	METHODE ELECTRS INC CL A	2,540	87,336	113,309
	MGE ENERGY INC COM	1,280	60,240	99,674
	MILLERKNOLL INC COM	3,612	158,771	114,609
	MODIVCARE INC COM	1,300	155,891	135,161
	MOODYS CORP COM	2,140	243,670	677,267
	NETFLIX INC COM	7,391	2,430,667	1,406,951
	NOV INC COM	22,400	803,525	406,112

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
April 30, 2022

FORM 5500 SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of Investment (shares)**	**Cost**	**Current Value**
	COMMON STOCKS			
	ONE GAS INC COM	1,700	106,186	143,429
	OXFORD INDS INC COM	2,010	146,141	180,096
	PEBBLEBROOK HOTEL TR COM	6,845	202,459	167,155
	PERFICIENT INC COM	1,301	72,091	129,332
	PLEXUS CORP COM	1,325	78,016	107,510
	PLYMOUTH INDL REIT INC COM	4,780	125,936	115,294
	POTLATCHDELTIC CORPORATION	2,990	161,920	165,616
	RAMBUS INC DEL COM	5,350	79,587	133,269
	SAREPTA THERAPEUTICS INC COM	10,419	905,002	753,502
	SCHWAB CHARLES CORP NEW COM	27,550	1,255,964	1,827,391
	SEA LTD ADR	18,575	1,141,493	1,537,267
	SELECTIVE INS GROUP INC COM	2,115	109,860	174,191
	SEMTECH CORP COM	1,625	78,441	96,850
	SERVICENOW INC COM	5,336	554,235	2,551,142
	SHOPIFY INC CL A	1,820	2,016,438	776,812
	SIMPLY GOOD FOODS CO COM	4,455	102,657	185,551
	SKYLINE CHAMPION CORPORATION	2,455	114,291	125,303
	SNOWFLAKE INC CL A	5,858	1,208,342	1,004,296
	SOUTHSTATE CORP	2,880	200,462	223,027
	STANDEX INTL CORP COM	1,440	109,578	135,418
	STIFEL FINL CORP COM	2,825	155,738	174,726
	SYNEOS HEALTH INC CL A	1,925	176,436	140,698
	TWILIO INC CL A	6,510	1,214,764	727,948
	UBER TECHNOLOGIES INC COM	41,659	1,784,302	1,311,425
	UNITED BANKSHARES INC W VA COM	5,310	212,286	176,611
	VISA INC COM CL A	18,326	1,792,361	3,905,820
	WARNER MUSIC GROUP CORP COM CL A	26,056	696,957	775,687
	WENDYS CO COM	91,560	2,017,126	1,809,226
	WILLIS TOWERS WATSON PUB LTD CO SHS	8,960	2,015,572	1,925,146
	WILLSCOT MOBIL MINI HLDNG CORP COM	4,210	69,577	147,771
	WOLVERINE WORLD WIDE INC COM	5,360	146,915	106,235
	ZOETIS INC CL A	5,060	584,923	896,885
	TOTAL COMMON STOCK		73,551,763	86,474,730
	REGISTERED INVESTMENT COMPANIES			
	ARTISAN SMALL CAP FUND- INS #2452	326,150	10,368,817	9,849,721
	BMO GOVT MONEY MARKET FD	0	7,534,655	7,534,655
	DFA EMERGING MARKETS VALUE PORTFOLIO	373,637	10,792,517	11,089,546
	DODGE & COX INTERNATIONAL STOCK FUND	408,067	16,348,600	18,195,720

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
April 30, 2022

FORM 5500 SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of Investment (shares)**	**Cost**	**Current Value**
	REGISTERED INVESTMENT COMPANIES			
	FIDELITY TOTAL INTERNATIONAL INDEX	2,136,981	26,213,147	26,883,216
	METROPOLITAN WEST TOTAL RETURN BOND	4,338,229	44,440,257	39,694,793
	PGIM ABSOLUTE RETURN BOND FUND	2,653,318	25,852,564	23,853,329
	VANGUARD INSTITUTIONAL INDEX FD #94	75,809	15,677,202	26,555,306
	TOTAL REGISTERED INVESTMENT COMPANIES		157,227,759	163,656,286
	PARTNERSHIPS/JOINT VENTURES/HEDGE FUNDS			
	AFL-CIO HOUSING INVESTMENT TRUST	1,195	1,352,452	1,229,593
	DK DISTRESSED OPPORTUNITIES CL A	11,252	13,600,000	17,398,489
	LOOMIS SAYLES CORE PLUS FIXED INCOME	1,923,863	33,904,788	31,243,541
	LUXOR CAPITAL PARTNERS OFFSHORE	43	42,834	26,700
	PARAMETRIC DEFENSIVE EQUITY FUND	1,000	15,500,000	18,525,489
	PINE RIVER FUND LTD.	1	3,950	4,965
	RENAISSANCE INSTITUTIONAL	1	5,100,000	4,742,139
	TOTAL PARTNERSHIPS/JOINT VENTURES/HEDGE FUNDS		69,504,024	73,170,916
	PRIVATE EQUITY FUNDS			
	CRESTLINE PORTFOLIO FINANCING FUND	1	3,436,605	4,356,051
	TOTAL PRIVATE EQUITY FUNDS		3,436,605	4,356,051
	TOTAL INVESTMENTS		303,720,151	327,657,983

See auditor's report on supplemental information.

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
April 30, 2022

FORM 5500 SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
BMO Harris	BMO Govt Money Market (219 buys)	26,194,023	-	-	-	26,194,023	26,194,023	-
BMO Harris	BMO Govt Money Market (118 sales)	-	27,255,035	-	-	27,255,035	27,255,035	-

See auditor's report on supplemental information.

TUCKPOINTERS LOCAL 52 PENSION PLAN
Supplemental Financial Information
For the Years Ended April 30, 2022 and 2021

	2022	2021
SCHEDULES OF ADMINISTRATIVE EXPENSES:		
Accounting and audit	$ 85,367	$ 86,404
Employer audit	33,749	30,086
Depreciation	2,614	2,614
Bank fees	7,941	5,916
Actuary	130,903	99,003
Computer	15,235	18,754
Conference	-	854
Insurance	14,104	13,611
Legal	49,171	20,570
Office salaries	175,275	151,567
Office supplies and expense	7,185	5,004
Payroll taxes	15,414	12,039
Plan termination insurance	65,131	62,760
Postage	2,724	3,510
Printing and stationery	751	1,243
Rent	18,148	18,211
Telephone	1,016	844
Utilities	1,497	871
Meeting	94	-
Total Administrative Expenses	$ 626,319	$ 533,861

See auditor's report on supplemental information.

Schedule R, Line 13e - Information on Contribution Rates and Base Units
Tuckpointers Local 52 Pension Plan
Tuckpointers Local 52 Pension Fund Trustees
36-6122163

Employee Classification	Contribution Rate	Base Unit Measure
Journeyman	$ 8.75	Hourly
Journeyman Assistant	$ 8.75	Hourly

Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	May 1 through April 30
Plan Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Normal Pension	• *Age Requirement:* 62 • *Service Requirement*: None • *Amount:* $4.50 for each 50 hours a participant works in covered employment during a plan credit year • *Delayed Retirement Amount:* Normal pension accrued at Normal Retirement Age (NRA), actuarially increased for each month, for which benefits are not suspended, between NRA and benefit commencement date.
Early Retirement Pension	• *Age Requirement:* 55 • *Service Requirement:* 10 years of vesting service • *Amount:* Regular pension accrued, reduced by 3% for each year of age less than 62
Unreduced Early Retirement Pension	• *Age Requirement:* 60 • *Service Requirement:* 30 years of vesting service and does not incur a one-year break in service during the current or prior plan credit year • *Amount:* Normal pension accrued
Disability Retirement Pension	• *Age Requirement:* None • *Service Requirement:* 5 years of vesting service • *Amount:* Normal pension accrued, benefit converts to normal pension at NRA
Deferred Vested Pension	• *Age Requirement:* None • *Service Requirement:* 5 years of vesting service • *Amount:* Normal or early pension accrued based on plan in effect when last active • *Normal Retirement Age:* 62

Segal

Temporary Supplemental Pension

- *Age Requirement:* Retirement from active participation on or after age 60, but before age 65
- *Service Requirement:* 10 years of vesting service
- *Amount:* Based on the table shown below:

Years of Vesting Service	Temporary Monthly Benefit
30 or more	$900
25-29	750
20-24	600
15-19	450
10-14	300

- *When Paid:* Payment commences immediately at retirement and ceases upon attainment of age 65 or, if earlier, the death of the participant.

Pre-Retirement Death Benefit

- *Age Requirement:* None
- *Service Requirement:* 5 years of vesting service
- *Amount:* 100% of the participant's accrued benefit payable immediately after the death of the participant, for a guarantee of 60 months to the surviving spouse (or designated beneficiary if no surviving spouse). After that, 50% of the amount payable had the participant retired the day before he or she died and elected the 50% joint and survivor option will be paid for the life of the surviving spouse. If the participant died prior to eligibility for an immediate benefit, payment of the "50% benefit" to the surviving spouse begins at the participant's earliest retirement date, but in no event earlier than the completion of the payment of the guaranteed benefit. This benefit is not reduced for early commencement if the participant dies while in active status.

Post-Retirement Lump-Sum Death Benefit

- $8,000 payable upon death for any participant receiving a normal, early, unreduced early, or disability pension

Normal Forms of Payment

- *50% Joint and Survivor Pension (with a 5-year guarantee):* If married, pension benefits are paid in the form of a 50% joint and survivor annuity (with 60 payments of full benefits guaranteed) with the benefit amount reduced to reflect the joint and survivor coverage.
- *5-Year Certain and Life Pension:* If not married, benefits are payable for the life of the participant with 60 payments guaranteed without reduction.

Optional Forms of Payment

- 5-Year Certain and Life Pension, if married
- 50% Joint and Survivor Pension with Pop Up (with 5-year guarantee), if married
- 75% Joint and Survivor Pension, with or without Pop Up (with 5-year guarantee), if married
- Ten Year Certain and Life Pension
- Fifteen Year Certain and Life Pension

Conversion factors for the optional forms of payment are detailed in the Appendices of the Plan Document.

Optional Form Conversion Factors

Sample Factors (%) from Appendices of Plan Document:

Spouse Age vs. Participant Age	50% Joint and Survivor Pension		75% Joint and Survivor Pension	
	Without Pop Up	With Pop Up	Without Pop Up	With Pop Up
Appendix:	**A**	**B**	**D**	**E**
9 years older	93.5	89.5	90.35	86.20
6 years older	92.5	88.5	88.90	84.90
3 years older	91.0	87.5	86.95	83.45
Same	90.0	87.0	85.50	82.50
3 years younger	88.5	86.5	83.55	81.55
6 years younger	87.5	86.0	82.10	80.60
9 years younger	86.0	85.5	80.15	79.65
12 years younger	85.0	84.5	78.70	78.20
15 years younger	84.0	83.5	77.25	76.75

Ten and Fifteen Year Certain and Life Pension – Amount is actuarially equivalent to the 5-Year Certain and Life Pension based on an interest rate of 7.00% and the 1984 Unisex Pension mortality table.

Annual Supplemental Pension (13th check)

- *Eligibility:* Pensioners and beneficiaries on the pension rolls as of December 1, 2009
- *Amount:* A certain percentage of the total pension benefit received during the year. The percentage is determined based on the retirement date of the pensioner according to the following table:

Date of Retirement	Percentage
On or before December 1995	40%
Between January 1996 and May 1997	35%
Between June 1997 and May 1999	30%
Between June 1999 and April 2006	20%
Between May 2006 and April 2008	10%

- *When Paid:* December each year

Participation	An employee who is engaged in covered employment during the contribution period becomes a participant as of the earlier of January 1 or July 1 following accrual of 500 hours of covered employment within the 12-month period following his employer's contribution date.
Vesting Services	One year of vesting service for each plan credit year during the contribution period in which the employee works at least 500 hours
Contribution Rate	$8.50 per hour effective June 1, 2020 and $8.75 per hour effective June 1, 2021
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended April 30, 2021.

	Years of Vesting Service as of December 31, 2020									
Age	**Total**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	50	48	2	–	–	–	–	–	–	–
25 - 29	76	54	22	–	–	–	–	–	–	–
30 - 34	102	54	29	13	6	–	–	–	–	–
35 - 39	146	41	27	32	40	6	–	–	–	–
40 - 44	208	26	35	34	63	50	–	–	–	–
45 - 49	174	17	12	19	54	68	4	–	–	–
50 - 54	158	14	10	16	25	54	24	14	1	–
55 - 59	136	2	5	8	25	34	27	25	10	–
60 - 64	46	2	1	4	6	20	5	4	4	–
65 & over	2	–	–	–	1	–	–	–	1	–
Total	**1,098**	**258**	**143**	**126**	**220**	**232**	**60**	**43**	**16**	**–**

Note: Excludes 21 participants with less than one year of service.

Segal

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a November 1 contribution date.

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy Employees: Pri-2012 Blue-Collar Employee mortality tables (sex-specific), multiplied by 115% and projected generationally using scale MP-2020

Healthy Retirees: Pri-2012 Blue-Collar Retiree mortality tables (sex-specific), multiplied by 115% and projected generationally using scale MP-2020

Disabled Retirees: Pri-2012 Disabled Retiree mortality tables (sex-specific), projected generationally using scale MP-2020

Beneficiaries: Pri-2012 Contingent Survivor mortality tables (sex-specific), projected generationally using scale MP-2020

The selected base mortality tables, multiplied by the applicable factor and projected to the valuation year reasonably reflect the mortality experience of the Plan for the respective groups of participants as of the measurement date. The mortality tables were then adjusted to future years using generational projection with the MP-2020 mortality improvement scale to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, comparisons were made between the actual number of deaths and the expected number of deaths and between the actual liability change and the expected liability change based on the prior years' assumption over the most recent five years.

Annuitant Mortality Rates

	Rate (%)[1]					
	Healthy		Disabled		Beneficiary	
Age	Male	Female	Male	Female	Male	Female
55	0.64	0.49	2.17	1.47	1.69	0.77
60	0.93	0.71	2.35	1.71	2.05	1.03
65	1.27	1.08	2.87	2.13	2.59	1.38
70	2.05	1.64	3.94	2.84	3.42	1.93
75	3.33	2.62	5.81	4.04	4.71	2.85
80	5.72	4.35	8.92	6.15	6.78	4.41
85	9.78	7.49	13.71	9.87	10.20	7.20
90	16.54	13.05	20.52	16.11	16.32	12.45

[1] Mortality rates shown for base table, without applying 115% factor (if applicable)

Segal

Termination Rates

Age	Rate (%)				
	Employee Mortality[1]			Withdrawal	
	Male	Female	Disability	First 3 Years of Employment	After 3 Years of Employment
20	0.07	0.02	0.08	15.66	7.83
25	0.07	0.03	0.11	14.10	7.05
30	0.07	0.03	0.14	10.66	5.33
35	0.07	0.04	0.18	6.76	3.38
40	0.09	0.06	0.28	3.24	1.62
45	0.12	0.09	0.45	0.76	0.38
50	0.18	0.13	0.76	0.00	0.00
55	0.28	0.20	1.26	0.00	0.00
60	0.44	0.30	2.03	0.00	0.00

[1] Mortality rates shown for base table, without applying 115% factor

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of withdrawals and disability retirements and the projected number based on the prior years' assumption over the most recent five years.

Retirement Rates for Active and Inactive Vested Participants

Age	Rate (%)[1]
55 – 59	3.5
60 – 61	20
62	30
63 – 64	20
65	50
66	100

[1] An additional 40% is added in the first year the participant is eligible for the unreduced early pension before normal retirement age.

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Description of Weighted Average Retirement Age	Age 61, determined as follows: The weighted-average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the May 1, 2021 actuarial valuation.
Future Benefit Accruals	1,200 hours per year per active employee included in the valuation The future benefit accruals were based on historical and current demographic data, adjusted to reflect economic conditions of the industry, advice from the Trustees, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Non-retired participants who completed at least 250 hours of covered employment in the most recent plan credit year and have at least one year of vesting service at the end of that plan credit year. Service and accrued benefits for active participants are provided as of the end of the most recent plan credit year and are adjusted to the valuation date.
Exclusion of Inactive Vested Participants	Inactive participants over age 70 are assumed to never return and apply for a benefit. The exclusion of inactive vested participants over age 70 was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the retirement experience of inactive vested participants over age 70 over the most recent five years was reviewed.
Percent Married	80%
Age and Sex of Spouse	Age and sex of current spouse, if known; otherwise, spouses are assumed to be three years younger than male participants and three years older than female participants and have the opposite sex of the participant.
Benefit Election	50% of participants are assumed to elect the 50% Joint and Survivor Pension (with a 5-year guarantee) form of payment and 50% are assumed to elect the 5-Year Certain and Life Pension. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.
Delayed Retirement Factors	Active participants are assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants past normal retirement age are assumed to qualify for delayed retirement increases.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. An analysis was performed that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual Administrative Expenses	$500,000 for the year beginning May 1, 2021 (equivalent to $482,099 payable at the beginning of the year) or 12.9% of Normal Cost. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of vesting service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current plan provisions had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	*Interest:* 2.35%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2019 (previously, MP-2018)
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	05/01/1993	$265,473	2	$137,225
Plan Amendment	05/01/1994	291,999	3	103,988
Change in Assumptions	05/01/1995	232,135	4	64,049
Plan Amendment	05/01/1995	506,634	4	139,787
Plan Amendment	05/01/1996	55,934	5	12,749
Change in Assumptions	05/01/1996	379,110	5	86,413
Plan Amendment	05/01/1997	819,237	6	160,628
Plan Amendment	05/01/1998	1,705,544	7	295,766
Plan Amendment	05/01/1999	3,740,478	8	585,429
Change in Assumptions	05/01/2006	1,253,214	15	128,595
Plan Amendment	05/01/2006	3,876,197	15	397,744
Plan Amendment	09/01/2006	4,802,543	15.33	486,689
Change in Assumptions	05/01/2007	71,522	16	7,076
Plan Amendment	05/01/2009	2,054,944	3	731,813
Experience Loss	05/01/2009	3,387,103	3	1,206,225
Plan Amendment	05/01/2011	5,809,385	5	1,324,163
Experience Loss	05/01/2012	1,299,885	6	254,870
Change in Assumptions	05/01/2013	17,677	7	3,065
Plan Amendment	05/01/2013	8,735,465	7	1,514,854
Change in Assumptions	05/01/2014	2,028,021	8	317,409
Plan Amendment	01/01/2015	12,524,138	8.67	1,846,245
Experience Loss	05/01/2016	3,082,770	10	410,203
Change in Assumptions	05/01/2017	3,218,989	11	401,191

Segal

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c) *continued*

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	05/01/2017	9,561,488	11	1,191,673
Experience Loss	05/01/2019	64,906	13	7,258
Change in Assumptions	05/01/2019	1,308,819	13	146,356
Plan Amendment	05/01/2020	701,247	14	74,938
Experience Loss	05/01/2020	5,807,102	14	620,573
Total		**$77,601,959**		**$12,656,974**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	05/01/2004	$2,029,065	13	$226,897
Change in Assumptions	05/01/2005	1,296,488	14	138,548
Experience Gain	05/01/2007	387,140	1	387,140
Experience Gain	05/01/2008	219,076	2	113,242
Change in Assumptions	05/01/2009	223,949	3	79,753
Change in Assumptions	05/01/2010	536,684	4	148,079
Experience Gain	05/01/2010	2,553,246	4	704,477
Experience Gain	05/01/2011	1,380,377	5	314,637
Change in Assumptions	05/01/2012	375,377	6	73,600
Experience Gain	05/01/2013	1,766,335	7	306,308
Experience Gain	05/01/2014	7,000,089	8	1,095,597
Experience Gain	05/01/2015	3,311,914	9	475,078
Experience Gain	05/01/2017	876,684	11	109,263
Experience Gain	05/01/2018	486,026	12	57,188
Change in Assumptions	05/01/2021	11,100,213	15	1,139,013
Experience Gain	05/01/2021	19,795,193	15	2,031,220
Total		**$53,337,856**		**$7,400,040**

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2021	$12,005,338
2022	13,223,862
2023	14,285,609
2024	15,229,585
2025	16,279,072
2026	17,236,823
2027	18,037,200
2028	18,796,910
2029	19,537,382
2030	20,239,180

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.

Segal

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.78% to 2.35% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality improvement scale was changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of May 1, 2021. • Mortality for Healthy Employees: previously, RP-2014 Blue Collar Employee mortality tables, multiplied by 120% and projected generationally using scale MP-2017 • Mortality for Healthy Retirees and Beneficiaries: previously, RP-2014 Blue Collar Healthy Annuitant mortality tables, multiplied by 120% and projected generationally using scale MP-2017 • Mortality for Disabled Retirees: previously, RP-2014 Disabled Retiree mortality tables, multiplied by 120% and projected generationally using scale MP-2017 • Retirement rates for active participants: previously, higher rates prior to age 65 • Retirement rates for inactive vested participants: previously, age 59 with 10 or more years of vesting service; otherwise, age 62 • Benefit election: previously, married participants were assumed to elect the 50% Joint and Survivor Pension (with a 5-year guarantee) form of payment or the 5-Year Certain and Life Pension, whichever is more valuable, and non-married participants were assumed to elect the 5-Year Certain and Life Pension form of payment

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TUCKPOINTERS LOCAL 52 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TUCKPOINTERS LOCAL 52 PENSION PLAN

D Employer Identification Number (EIN)
36-6122163

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 05 Day 01 Year 2021		
b	Assets		
	(1) Current value of assets	1b(1)	379,289,405
	(2) Actuarial value of assets for funding standard account	1b(2)	327,479,778
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	294,552,983
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	263,485,538
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	584,709,154
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	17,613,475
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,932,361
	(3) Expected plan disbursements for the plan year	1d(3)	12,432,361

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Jeremy C. Roberts — 01/10/2023

Signature of actuary — Date

JEREMY C. ROBERTS, FSA, MAAA — 2006462

Type or print name of actuary — Most recent enrollment number

SEGAL — 312-984-8500

Firm name — Telephone number (including area code)

101 NORTH WACKER DRIVE - SUITE 500
CHICAGO IL 60606

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

		(1) Number of participants	(2) Current liability
a Current value of assets (see instructions)	2a		379,289,405
b "RPA '94" current liability/participant count breakdown:			
(1) For retired participants and beneficiaries receiving payment		487	165,184,630
(2) For terminated vested participants		516	92,951,318
(3) For active participants:			
(a) Non-vested benefits			26,295,488
(b) Vested benefits			300,277,718
(c) Total active		1,098	326,573,206
(4) Total		2,101	584,709,154
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		64.86%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
11/01/2021	10,884,398				
			Totals ► 3(b)	10,884,398	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	124.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 2.35 %

		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.00 %		7.00 %	
e Expense loading	**6e**	12.9 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		

g Estimated investment return on actuarial value of assets for year ending on the valuation date ..... **6g** 12.0 %

h Estimated investment return on current value of assets for year ending on the valuation date ..... **6h** 37.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	-11,100,213	-1,139,013
1	-19,795,193	-2,031,220

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule. ..... ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) **8e**

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	0
b Employer's normal cost for plan year as of valuation date			9b	4,230,745
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	77,601,959		12,656,974
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	1,182,140
e Total charges. Add lines 9a through 9d			9e	18,069,859
Credits to funding standard account:				
f Prior year credit balance, if any			9f	57,190,898
g Employer contributions. Total from column (b) of line 3			9g	10,884,398
		Outstanding balance		
h Amortization credits as of valuation date	9h	53,337,856		7,400,040
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	4,902,319
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	30,489,487		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	206,450,945		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	80,377,655
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	62,307,796
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Federal Statements

TUCKPOINTER LOCAL 52 PENSION PLAN

Plan: 001

Plan transactions in excess of 5% of plan assets

Name	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
BMO HARRIS	BMO GOVT MONEY MARKET (219)	$26194023	$	$	$	$26194023	$26194023	$
BMO HARRIS	BMO GOVT MONEY MARKET (118)		27255035			27255035	27255035	

Federal Statements

FYE: 4/30/2022

TUCKPOINTER LOCAL 52 PENSION PLAN
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	10X GENOMICS INC CL	7999 SHARES	$ 893,296	$ 382,032
	1-800-FLOWERS COM IN	4230 SHARES	129,700	43,146
	ABM INDUSTRIES INC C	3620 SHARES	119,850	174,737
	ADAPTHEALTH CORP COM	5860 SHARES	130,330	74,188
	ADDUS HOMECARE CORP	1780 SHARES	147,180	150,018
	AIRBNB INC COM CL A	5661 SHARES	622,411	867,322
	ALIGN TECHNOLOGY INC	2124 SHARES	530,960	615,769
	ALPHABET INC CAP STK	2187 SHARES	1,729,986	5,028,635
	ALTRA INDUSTRIAL MOT	2600 SHARES	92,098	101,400
	AMAZON.COM INC COM	1623 SHARES	3,523,650	4,034,177
	AMERICAN INTL GROUP	36065 SHARES	1,484,373	2,110,163
	AMN HEALTHCARE SERVI	1455 SHARES	68,607	142,226
	ARCOSA INC COM	2110 SHARES	87,467	112,948
	ASBURY AUTOMOTIVE GR	611 SHARES	117,532	112,247
	ATLASSIAN CORP PLC C	5839 SHARES	930,074	1,312,782
	AVIENT CORPORATION C	3050 SHARES	126,718	150,182
	BANK OF AMERICA CORP	37980 SHARES	1,045,248	1,355,126
	BELDEN INC NEW COM	2615 SHARES	168,998	135,012
	BLACKROCK INC COM	1450 SHARES	960,696	905,786
	BLOCK,INC.	20414 SHARES	2,096,457	2,032,010
	BOOKING HLDGS INC CO	928 SHARES	1,694,096	2,051,168
	BRINKER INTL INC COM	2090 SHARES	128,759	75,930
	BRINKS CO COM	2840 SHARES	136,196	167,418
	CADENCE BK	9390 SHARES	256,071	235,126
	CASELLA WASTE SYS IN	2125 SHARES	78,096	174,760
	CBIZ INC COM	4440 SHARES	115,080	185,992
	CBRE GROUP INC CL A	22915 SHARES	772,812	1,902,862
	CDK GLOBAL INC COM	14065 SHARES	630,478	765,277
	CENTRAL GARDEN & PET	3280 SHARES	109,424	135,726
	CHARTER COMMUNICATIO	6477 SHARES	2,832,298	2,775,330
	CITIGROUP INC COM NE	20955 SHARES	1,186,722	1,010,241
	CLOUDFLARE INC CL A	13375 SHARES	1,532,394	1,152,123
	COSTAR GROUP INC COM	18863 SHARES	755,973	1,200,064
	CVB FINL CORP COM	11330 SHARES	223,108	260,817
	DEXCOM INC COM	4808 SHARES	1,989,842	1,964,453
	DOORDASH INC CL A	7365 SHARES	1,167,569	599,732
	EDWARDS LIFESCIENCES	9267 SHARES	288,969	980,263
	ELEMENT SOLUTIONS IN	6850 SHARES	165,548	141,247
	ESCO TECHNOLOGIES IN	1570 SHARES	73,663	98,047
	FEDERAL SIGNAL CORP	3700 SHARES	129,071	125,911
	FISERV INC COM	32210 SHARES	3,388,912	3,154,003
	FIVERR INTL LTD ORD	3666 SHARES	640,929	195,214
	FLOOR & DECOR HLDGS	9296 SHARES	387,508	741,077
	FORMFACTOR INC COM	3490 SHARES	125,745	133,004
	FORWARD AIR CORPORAT	2355 SHARES	162,005	228,364
	FRANCHISE GROUP INC	2870 SHARES	134,777	107,022
	FULLER H B CO COM	2580 SHARES	130,007	172,086
	GIBRALTAR INDS INC C	2635 SHARES	113,280	99,708
	GLACIER BANCORP INC	5390 SHARES	217,637	246,646
	GOHEALTH INC COM CL	16335 SHARES	193,613	12,206
	HARSCO CORP COM	6020 SHARES	84,238	61,524
	HCA HEALTHCARE, INC.	10233 SHARES	957,995	2,195,490

Federal Statements

TUCKPOINTER LOCAL 52 PENSION PLAN

Plan: 001

Assets Held for Investment (continued)

Party in Interest	Identity	Description	Cost	Current Value
	HILTON WORLDWIDE HLD	8815 SHARES	$ 661,312	$ 1,368,881
	HORACE MANN EDUCATOR	3170 SHARES	105,698	126,324
	ICF INTL INC COM	1820 SHARES	150,355	179,834
	ICU MEDICAL INC COM	610 SHARES	98,176	130,534
	INDEPENDENT BANK COR	3435 SHARES	189,498	265,045
	INSTALLED BLDG PRODS	1208 SHARES	151,833	97,208
	INTEGER HLDGS CORP C	2295 SHARES	176,557	172,515
	INTUIT COM	3709 SHARES	937,758	1,553,144
	KAISER ALUM CORP COM	1044 SHARES	85,188	100,746
	KEURIG DR PEPPER INC	68750 SHARES	2,003,439	2,571,250
	KKR & CO INC CL A	16000 SHARES	820,626	815,520
	LA Z BOY CHAIR CO CO	4260 SHARES	113,785	111,953
	LAKELAND FINL CORP C	1740 SHARES	67,041	126,707
	LANCASTER COLONY COR	832 SHARES	115,899	129,110
	LANTHEUS HLDGS INC C	5090 SHARES	130,665	338,027
	LEAR CORP COM NEW	10960 SHARES	1,466,680	1,402,222
	LIVANOVA PLC SHS	17845 SHARES	1,467,644	1,367,998
	MAGNOLIA OIL & GAS C	11175 SHARES	117,911	259,707
	MANPOWER GROUP INC	17518 SHARES	1,164,583	1,580,124
	MASTERCARD INC CL A	2930 SHARES	941,227	1,064,703
	MATADOR RES CO COM	7710 SHARES	181,528	376,402
	MATCH GROUP INC NEW	15518 SHARES	950,014	1,228,250
	META PLATFORM, INC.	11653 SHARES	2,069,744	2,336,077
	METHODE ELECTRS INC	2540 SHARES	87,336	113,309
	MGE ENERGY INC COM	1280 SHARES	60,240	99,674
	MILLERKNOLL INC COM	3612 SHARES	158,771	114,609
	MODIVCARE INC COM	1300 SHARES	155,891	135,161
	MOODYS CORP COM	2140 SHARES	243,670	677,267
	NETFLIX INC COM	7391 SHARES	2,430,667	1,406,951
	NOV INC COM	22400 SHARES	803,525	406,112
	ONE GAS INC COM	1700 SHARES	106,186	143,429
	OXFORD INDS INC COM	2010 SHARES	146,141	180,096
	PEBBLEBROOK HOTEL TR	6845 SHARES	202,459	167,155
	PERFICIENT INC COM	1301 SHARES	72,091	129,332
	PLEXUS CORP COM	1325 SHARES	78,016	107,510
	PLYMOUTH INDL REIT I	4780 SHARES	125,936	115,294
	POTLATCHDELTIC CORPO	2990 SHARES	161,920	165,616
	RAMBUS INC DEL COM	5350 SHARES	79,587	133,269
	SAREPTA THERAPEUTICS	10419 SHARES	905,002	753,502
	SCHWAB CHARLES CORP	27550 SHARES	1,255,964	1,827,391
	SEA LTD ADR	18575 SHARES	1,141,493	1,537,267
	SELECTIVE INS GROUP	2115 SHARES	109,860	174,191
	SEMTECH CORP COM	1625 SHARES	78,441	96,850
	SERVICENOW INC COM	5336 SHARES	554,235	2,551,142
	SHOPIFY INC CL A	1820 SHARES	2,016,438	776,812
	SIMPLY GOOD FOODS CO	4455 SHARES	102,657	185,551
	SKYLINE CHAMPION COR	2455 SHARES	114,291	125,303
	SNOWFLAKE INC CL A	5858 SHARES	1,208,342	1,004,296
	SOUTHSTATE CORP	2880 SHARES	200,462	223,027
	STANDEX INTL CORP CO	1440 SHARES	109,578	135,418
	STIFEL FINL CORP COM	2825 SHARES	155,738	174,726

Federal Statements

TUCKPOINTER LOCAL 52 PENSION PLAN
Plan: 001

Assets Held for Investment (continued)

Party in Interest	Identity	Description	Cost	Current Value
	SYNEOS HEALTH INC CL	1925 SHARES	$ 176,436	$ 140,698
	TWILIO INC CL A	6510 SHARES	1,214,764	727,948
	UBER TECHNOLOGIES IN	41659 SHARES	1,784,302	1,311,425
	UNITED BANKSHARES IN	5310 SHARES	212,286	176,611
	VISA INC COM CL A	18326 SHARES	1,792,361	3,905,820
	WARNER MUSIC GROUP C	26056 SHARES	696,957	775,687
	WENDYS CO COM	91560 SHARES	2,017,126	1,809,226
	WILLIS TOWERS WATSON	8960 SHARES	2,015,572	1,925,146
	WILLSCOT MOBIL MINI	4210 SHARES	69,577	147,771
	WOLVERINE WORLD WIDE	5360 SHARES	146,915	106,235
	ZOETIS INC CL A	5060 SHARES	584,923	896,885
	ARTISAN SMALL CAP FU	326150 SHARES	10,368,817	9,849,721
	BMO GOVT MONEY MARKE	0 SHARES	7,534,655	7,534,655
	DFA EMERGING MARKETS	373637 SHARES	10,792,517	11,089,546
	DODGE & COX INTERNAT	408067 SHARES	16,348,600	18,195,720
	FIDELITY TOTAL INTER	2136981 SHARES	26,213,147	26,883,216
	METROPOLITAN WEST TO	4338229 SHARES	44,440,257	39,694,793
	PGIM ABSOLUTE RETURN	2653318 SHARES	25,852,564	23,853,329
	VANGUARD INSTITUTION	75809 SHARES	15,677,202	26,555,306
	AFL-CIO HOUSING INVE	1195 SHARES	1,352,452	1,229,593
	DK DISTRESSED OPPORT	11252 SHARES	13,600,000	17,398,489
	LOOMIS SAYLES CORE P	1923863 SHARES	33,904,788	31,243,541
	LUXOR CAPITAL PARTNE	43 SHARES	42,834	26,700
	PARAMETRIC DEFENSIVE	1000 SHARES	15,500,000	18,525,489
	PINE RIVER FUND LTD.	1 SHARES	3,950	4,965
	RENAISSANCE INSTITUT	1 SHARES	5,100,000	4,742,139
	CRESTLINE PORTFOLIO	1 SHARES	3,436,605	4,356,051