

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>05/01/2022</u> and ending <u>04/30/2023</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND</u> <u>660 N INDUSTRIAL DRIVE, SUITE 201</u> <u>ELMHURST, IL 60126</u>		
1c Effective date of plan <u>06/01/1990</u>		
2b Employer Identification Number (EIN) <u>36-6940923</u>		
2c Plan Sponsor's telephone number <u>630-516-8008</u>		
2d Business code (see instructions) <u>238100</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/07/2023	JOHN V. KALLIANIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/07/2023	HECTOR ARELLANO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3199
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 3127 6a(2) 3075 6b 1 6c 81 6d 3157 6e 2 6f 3159 6g 1793 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 120
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023

A Name of plan TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	D Employer Identification Number (EIN) 36-6940923

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes

☐ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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	72784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 28 27	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUM, SIGMAN, AUERBACH, & NEUMAN

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	18566	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)

ASSOCIATED AGENCIES

1701 GOLF RD SUITE 3-700
ROLLING MEADOWS, IL 60008

(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	11936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

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?
11 50	NONE	11759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	8025	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)

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	5812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
65 64	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
DODGE & COX INTL STK 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	ANNUALIZED FORMULA 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
METWEST TOT RTN BD 1 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	ANNUALIZED FORMULA 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	
(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.	
NVN W LGCP GR ESG 1 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	ANNUALIZED FORMULA 0.25%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	D Employer Identification Number (EIN) 36-6940923	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MANAGED INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a): FIDELITY MANAGED TRUST COMPANY		
c EIN-PN 04-3022712-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5802669
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 05/01/2022 and ending 04/30/2023		
A Name of plan TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND	D Employer Identification Number (EIN) 36-6940923	

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	346506	330080
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	756611	1112531
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	515699	919721
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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	5082845	5802669
(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)	150804841	157037424
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	14469	15378

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	1188	4973
f Total assets (add all amounts in lines 1a through 1e)	1f	157522159	165222776

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	17300	1328
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17300	1328

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	157504859	165221448
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13663452	
(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)		13663452
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6608873	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6608873
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-100408
(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)		-4635867
c Other income	2c		308573
d Total income. Add all income amounts in column (b) and enter total	2d		15844623
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7849808	
(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)		7849808
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)	101535	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	49556	
(4) Other	2i(4)	127135	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		278226
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8128034
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7716589
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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 _____.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Audit Report and Financial Statements

With Supplemental Financial Information

For the Years Ended April 30, 2023 and 2022

**TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION
ANNUITY TRUST FUND**

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CYGAN HAYES Ltd.

Certified Public Accountants and Consultants

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Jeffrey S. Hayes, CPA
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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of the
Tuckpointers Local 52 Defined Contribution Annuity Trust Fund (the Plan)

Opinion

We have audited the accompanying financial statements of the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of April 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, net assets available for benefits of the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund (the Plan) as of April 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes at the end of the year 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 supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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,

A handwritten signature in black ink, appearing to read "Cygan Hayes Ltd.", written in a cursive, flowing style.

CYGAN HAYES, LTD.
Certified Public Accountants

Frankfort, Illinois
November 15, 2023

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Statements of Net Assets Available for Benefits
April 30, 2023 and 2022

ASSETS		
	2023	2022
INVESTMENTS, AT FAIR VALUE (Note 3)	\$ 157,037,424	\$ 150,804,841
INVESTMENTS, AT CONTRACT VALUE (Note 4)	6,136,899	5,316,667
RECEIVABLES		
Due from related party (Note 6)	919,721	515,699
Employer contributions	<u>1,112,531</u>	<u>756,611</u>
Total Receivables	2,032,252	1,272,310
CASH AND CASH EQUIVALENTS	330,080	346,506
OTHER CURRENT ASSETS		
Prepaid expenses	15,378	14,469
FIXED ASSETS		
At cost less accumulated depreciation of \$43,390 and \$47,763 respectively (Note 5)	<u>4,973</u>	<u>1,188</u>
Total Assets	165,557,006	157,755,981
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable	<u>1,328</u>	<u>17,300</u>
Total Current Liabilities	<u>1,328</u>	<u>17,300</u>
Net Assets Available for Benefits	<u>\$ 165,555,678</u>	<u>\$ 157,738,681</u>

See accompanying notes to financial statements.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**
Statements of Changes in Net Assets Available for Benefits
For the Years Ended April 30, 2023 and 2022

	2023	2022
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT ACTIVITY		
Net appreciation (decline) in fair value of investments	\$ (4,635,867)	\$ (13,275,611)
Dividends and mutual fund reinvestments	6,608,873	4,650,085
Revenue sharing income	306,250	180,000
Miscellaneous investment income	<u>2,323</u>	<u>-</u>
Total	2,281,579	(8,445,526)
Less investment fees	<u>(49,556)</u>	<u>(40,000)</u>
Net Investment Income	2,232,023	(8,485,526)
CONTRIBUTIONS		
Employer contributions	13,656,702	11,601,500
Liquidated damages and interest	<u>6,750</u>	<u>1,345</u>
Total Contributions	<u>13,663,452</u>	<u>11,602,845</u>
Total Additions	15,895,475	3,117,319
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
PAYMENTS FOR		
Benefits paid to participants	7,849,808	7,963,472
Administrative expenses	<u>228,670</u>	<u>228,365</u>
Total Deductions	<u>8,078,478</u>	<u>8,191,837</u>
Increase (decrease) in net assets during year	7,816,997	(5,074,518)
Net assets available for benefits-beginning of year	<u>157,738,681</u>	<u>162,813,199</u>
Net assets available for benefits-end of year	<u>\$ 165,555,678</u>	<u>\$ 157,738,681</u>

See accompanying notes to financial statements.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements
April 30, 2023 and 2022

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tuckpointers Local 52 Defined Contribution Annuity 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 June 1, 1990, 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 those Employees of members of the Association covered by Collective Bargaining Agreements with the Union requiring contributions by Employers to finance the cost of benefits provided under the Plan. This Agreement establishing the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund ("Plan"), provided for the appointment of individual Trustees to administer the Plan, and authorized the individual Trustees to enter into those agreements necessary for the management of the Plan. The Agreement, including any Amendments thereto, constitutes the "Trust Agreement" under which the Plan 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.

Contributions

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

<u>Period</u>	<u>Journeyman Rate per Hour</u>
June 1, 2020 to May 31, 2021	\$9.27
June 1, 2021 to May 31, 2022	\$9.91
June 1, 2022 to May 31, 2023	\$10.25
June 1, 2023 to May 31, 2024	\$10.61

Participants are not allowed to make contributions to the Plan.

Participant Accounts

Each participant has the option to direct the investment of his or her individual account; the participant can choose among alternative investment options as part of the overall fund.

Each participant account is credited with (a) employer contributions based on the hours worked by the participant, and (b) investment income minus administrative expenses and fees. Such an account shall be maintained until the balance is reduced to zero as a result of benefit payments. The benefit to which a participant is entitled is the participant's accumulated balance.

Vesting

A participant shall have a non-forfeitable interest in his entire account balance at all times.

Payment of Benefits

A participant shall be entitled to a benefit equal in value to his participant account. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements

April 30, 2023 and 2022

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan 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.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements
April 30, 2023 and 2022

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

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.

NOTE 3 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). 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, 2023 and 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements

April 30, 2023 and 2022

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2023 and 2022:

Assets at Fair Value as of April 30, 2023				
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 157,037,424	\$ 157,037,424	\$ -	\$ -
Total Assets at Fair Value	<u>\$ 157,037,424</u>	<u>\$ 157,037,424</u>	<u>\$ -</u>	<u>\$ -</u>
Assets at Fair Value as of April 30, 2022				
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 150,804,841	\$ 150,804,841	\$ -	\$ -
Total Assets at Fair Value	<u>\$ 150,804,841</u>	<u>\$ 150,804,841</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 4 - COMMON COLLECTIVE TRUST INVESTED IN FULLY BENEFIT-RESPONSIVE CONTRACTS

The Plan has an investment in a common collective trust that invests in fully benefit-responsive guaranteed investment contracts with insurance companies and other financial institutions. Fidelity Investments ("Fidelity") maintains the fund. The fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuers are contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

Because the fund holds guaranteed investment contracts that are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the fund. The common collective trust is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Fidelity, represents contributions made to the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events may limit the Plan's ability to transact at contract value with Fidelity. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the common collective trust at April 30, 2023 and 2022 was \$6,136,899 and \$5,316,667, respectively.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements
April 30, 2023 and 2022

NOTE 5 - FIXED ASSETS

Fixed Assets used in operations consist of the following:

	2023	2022
Furniture and fixtures	\$ 3,468	\$ 3,468
Computer equipment and software	<u>44,895</u>	<u>45,483</u>
	48,363	48,951
Accumulated depreciation	<u>(43,390)</u>	<u>(47,763)</u>
	<u>\$ 4,973</u>	<u>\$ 1,188</u>

Total depreciation expense for the years ended April 30, 2023 and 2022, was \$1,188 and \$1,426, respectively.

NOTE 6 - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Related-party transactions

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 Pension Plan (Pension Plan) through a common administrator and trustees. The Plan is also related to the Tuckpointers Local 52 Promotional Trust (Promotional Plan).

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 expenses are initially paid by the Welfare Plan and are allocated to the respective related parties, payable upon notice. For the years ended April 30, 2023 and 2022, shared expenses allocated to the Plan were \$184,388 and \$174,693, 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, 2023 and 2022 the net amount due from the Welfare Plan consisted of the following:

	2023	2022
Due from Welfare Plan related to monthly employer contributions	\$ 922,159	\$ 550,408
Due from (to) Welfare Plan for administrative expenses	<u>(2,438)</u>	<u>(34,709)</u>
Net due from Welfare Plan	<u>\$ 919,721</u>	<u>\$ 515,699</u>

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements
April 30, 2023 and 2022

**NOTE 6 - RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS
(CONTINUED)**

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

	2023	2022
Balance due from (to) Welfare Plan at beginning of year	\$ (34,709)	\$ 3,807
Administrative expenses	(184,388)	(174,693)
Liquidated damages	6,750	1,665
Payments to Welfare Plan during the year	<u>209,909</u>	<u>134,512</u>
Net due from (to) Welfare Plan	<u><u>\$ (2,438)</u></u>	<u><u>\$ (34,709)</u></u>

Party in interest transactions

Plan investments are managed by Fidelity Investments. Fidelity is the recordkeeper for the Plan and, therefore, these transactions qualify as party in interest transactions.

Fidelity provides certain administration services to the Plan. Fidelity collects quarterly amounts during the year from participant accounts. These amounts are transferred to the Plan and used to pay for the administrative expenses of the Plan.

For the years ended April 30, 2023 and 2022, \$272,159 and \$271,859, respectively, was collected by Fidelity from participant accounts and transferred to the Plan.

NOTE 7 - REVENUE SHARING

Revenue sharing income represents the portion of investment management fees that the investment manager has agreed to reimburse to help offset the cost of administrative services provided. The income is held by the Plan's custodian in an account maintained in the name of the Plan. Amounts not used to pay administrative costs incurred by the Plan may be allocated to participants on a pro-rata basis. At April 30, 2023 and 2022, a total of \$615,986 and \$317,499, respectively, was held by the custodian on behalf of the Plan.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements

April 30, 2023 and 2022

NOTE 7 - REVENUE SHARING (CONTINUED)

Changes in the revenue sharing account at April 30, 2023 and 2022, consisted of the following:

	2023	2022
Beginning balance	\$ 317,499	\$ 200,699
Investment income (loss)	5,068	(26,229)
Revenue Credit Program income	306,250	180,000
Expenses paid	<u>(12,831)</u>	<u>(36,971)</u>
Ending balance	<u>\$ 615,986</u>	<u>\$ 317,499</u>

NOTE 8 - PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon any termination, or complete discontinuance of contributions, all amounts credited to the participants' accounts shall remain fully vested.

NOTE 9 - TAX STATUS

The Trust established under the Plan to hold the Plan's net assets is qualified pursuant to Section 501(c) 9 of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter dated March 18, 2016 from the Internal Revenue Service and believes that the Trust, as amended, continues to qualify and to operate as designed. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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, 2023, 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; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the fiscal years prior to April 30, 2020.

NOTE 10 - CONCENTRATION OF CREDIT RISK

Concentration of Plan Investments - On April 30, 2023, and 2022, the plan held a significant portion of its assets in one investment fund with a fair value of \$101,948,125 and \$104,161,032 respectively, which represents approximately 62% and 67% of net assets available for benefits as of April 30, 2023, and 2022. The investment is the Fidelity Asset Manager 20%, a mutual fund, maintaining 28% of assets in equities, 55% of assets in bonds and 17% of its assets in short-term and money market instruments.

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Notes to Financial Statements

April 30, 2023 and 2022

NOTE 10 - CONCENTRATION OF CREDIT RISK (CONTINUED)

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across the participant directed fund elections. Investment decisions are made, and the resulting risks are borne, exclusively by the Plan participant who made such decisions.

Bank Accounts - The Plan maintains a checking account with its bank, that at times may exceed federally insured limits.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 15, 2023, the date which the financial statements were available to be issued.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2023	2022
Net assets available for benefits per the financial statements	\$ 165,555,678	\$ 157,738,681
Adjustment to fair value from contract value for fully benefit-responsive investment contracts	<u>(334,230)</u>	<u>(233,822)</u>
Net assets available for benefits per the Form 5500	<u>\$ 165,221,448</u>	<u>\$ 157,504,859</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

	2023	2022
Net increase (decrease) in net assets available for benefits per the financial statements	\$ 7,816,997	\$ (5,074,518)
Add current year adjustment from contract value to fair value for fully benefit-responsive investment contracts	(334,230)	(233,822)
Less prior year adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>233,822</u>	<u>(125,268)</u>
Net increase (decrease) in assets available for benefits per the Form 5500	<u>\$ 7,716,589</u>	<u>\$ (5,433,608)</u>

The accompanying financial statements present fully benefit-responsive contracts at contract value. The Form 5500 requires fully benefit-responsive investment contracts to be reported at fair value. Therefore, the adjustment from fair value to contract value for fully benefit-responsive investment contracts represents a reconciling item.

SUPPLEMENTAL FINANCIAL INFORMATION

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Supplemental Financial Information
April 30, 2023

**Form 5500 Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year
EIN: 36-6940923 Plan Number 003**

(a)	Identity of issuer, borrower, (b) lessor, or similar party	Description of investment (c) (Shares)	(d) Cost	(e) Current Value
	Nuveen Win LGCP GR I	125,490	**	5,593,099
	Oakmark Inst	33,420	**	3,759,702
	JPM Sr Blend 2060 R6	182,994	**	3,835,561
	JPM Sr Blend 2025 R6	78,359	**	1,647,890
	JPM Sr Blend 2035 R6	141,047	**	3,526,167
	JPM Sr Blend 2045 R6	147,246	**	3,990,369
	NB Genesis R6	104,086	**	5,912,069
	JPM Sr Blend Inc R6	15,194	**	256,018
	JPM Sr Blend 2020 R6	51,963	**	976,898
	JPM Sr Blend 2030 R6	92,244	**	2,119,772
	JPM Sr Blend 2040 R6	151,876	**	3,974,605
	JPM Sr Blend 2050 R6	163,098	**	4,410,170
	DFA Emerg Mkts Val I	8,671	**	241,481
	Metwest Tot Rtn BD I	33,194	**	308,704
	Dodge & Cox Intl Stk	7,095	**	332,694
	JPM Sr Blend 2055 R6	187,825	**	5,046,858
	PGIM Glb Tot Rtn R6	14,682	**	75,466
	Fidelity Asset Mgr 20%	7,758,609	**	101,948,125
	Fidelity Mgd Inc Port	6,136,899	**	5,802,669
	Fidelity US Bond Idx	181,492	**	1,898,402
	Fidelity 500 Index	43,297	**	6,268,529
	Fidelity Small Cap Idx	18,495	**	405,235
	Fidelity Total Intl Idx	40,064	**	509,609
				162,840,092

* Identified as a Party in Interest

** Cost information not required for participant driven accounts

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**

Supplemental Financial Information
For the Years Ended April 30, 2023 and 2022

	2023	2022
SCHEDULES OF ADMINISTRATIVE EXPENSES:		
Accounting and audit fees	\$ 33,006	\$ 34,634
Employer audit fees	38,420	38,192
Computer expense	10,613	5,505
Conference expense	2,418	-
Dues and subscription	2,281	1,269
Depreciation expense	1,188	1,426
Insurance and bond expense	12,997	13,421
Legal fees	18,566	15,873
Office salaries	66,429	65,690
Actuarial fees	11,543	15,065
Messenger service	280	368
Office supplies and expense	5,325	5,247
Payroll taxes	6,178	5,787
Postage	1,810	1,425
Rent	13,705	14,769
Telephone	618	441
Meeting expense	47	94
Utilities	1,043	1,218
Bank fees	<u>2,203</u>	<u>7,941</u>
 Total Administrative Expenses	 <u>\$ 228,670</u>	 <u>\$ 228,365</u>

See auditor's report on supplemental information.

36-6940923

Federal Statements

FYE: 4/30/2023 **TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY**
Plan: 003

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	FIDELITY ASSET MGR 2	7758609.198 SHARES	\$ 101,599,366	\$ 101,948,125
	NB GENESIS R6	104085.725 SHARES	6,249,557	5,912,069
	NUVEEN WIN LGCP GR I	125490.222 SHARES	5,607,614	5,593,099
	FID 500 INDEX	43296.928 SHARES	5,088,105	6,268,529
	OAKMARK INST	33419.577 SHARES	2,974,453	3,759,702
	FIDELITY MGD INC POR	6136898.730 SHARES	5,802,669	5,802,669
	JPM SR BLEND 2035 R6	141046.677 SHARES	3,362,670	3,526,167
	JPM SR BLEND 2040 R6	151876.392 SHARES	3,837,472	3,974,605
	JPM SR BLEND 2020 R6	51962.646 SHARES	1,051,637	976,898
	JPM SR BLEND 2030 R6	92244.216 SHARES	2,206,089	2,119,772
	FID US BOND IDX	181491.617 SHARES	2,015,470	1,898,402
	JPM SR BLEND 2025 R6	78359.021 SHARES	1,674,499	1,647,890
	JPM SR BLEND 2045 R6	147246.074 SHARES	3,876,119	3,990,369
	JPM SR BLEND 2050 R6	163097.990 SHARES	4,392,495	4,410,170
	JPM SR BLEND INC R6	15193.924 SHARES	272,256	256,018
	JPM SR BLEND 2055 R6	187825.021 SHARES	5,095,970	5,046,858
	FID SM CAP IDX	18495.439 SHARES	477,481	405,235
	DODGE & COX INTL STK	7095.210 SHARES	325,204	332,694
	FID TOTAL INTL IDX	40063.606 SHARES	506,033	509,609
	DFA EMERG MKTS VAL I	8670.768 SHARES	262,507	241,481
	METWEST TOT RTN BD I	33193.983 SHARES	343,900	308,704
	PGIM GLB TOT RTN R6	14682.120 SHARES	95,551	75,466
	JPM SR BLEND 2060 R6	182994.315 SHARES	3,919,324	3,835,562