

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 06/01/1990
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) TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND 660 N INDUSTRIAL DRIVE, SUITE 201 ELMHURST, IL 60126
2b	Employer Identification Number (EIN) 36-6940923
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.	01/30/2025	JOHN V. KALLIANIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/30/2025	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

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 3159
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3075 6a(2) 1838 6b 1 6c 86 6d 1925 6e 22 6f 1947 6g(1) 1793 6g(2) 1864 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 122

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
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	82646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN KALLIANIS

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?
14 50	PLAN ADMINISTRATOR	59940	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	51482	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	43351	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	37814	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	32278	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)

PRASAD 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?
30 50	EMPLOYEE	26534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	12046	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	11482	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)

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?
64 65	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)

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)

(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
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 2000 CROWN COLONY DRIVE QUINCY, MA 02169	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 2000 CROWN COLONY DRIVE QUINCY, MA 02169	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
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(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:

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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
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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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024		
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	330080	245243
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1112531	997505
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	919721	605868
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)	5802669	5087909
(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)	157037424	176440977
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15378	5492

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	4973	36147
f Total assets (add all amounts in lines 1a through 1e)	1f	165222776	183419141
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1328	27168
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1328	27168
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	165221448	183391973

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)	13486700	
(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)		13486700
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)	5191008	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5191008
(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)		-88617
(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)		8495663
c Other income	2c		250017
d Total income. Add all income amounts in column (b) and enter total	2d		27334771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8686447	
(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)		8686447
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	171811	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	60878	
(4) IQPA audit fees.....	2i(4)	21275	
(5) Investment advisory and investment management fees	2i(5)	55029	
(6) Bank or trust company trustee/custodial fees	2i(6)	865	
(7) Actuarial fees	2i(7)	28964	
(8) Legal fees	2i(8)	28924	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2942	
(11) Other expenses	2i(11)	107111	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		477799
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9164246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18170525
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

Audit Report and Financial Statements

With Supplemental Financial Information

For the Years Ended April 30, 2024 and 2023

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

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CYGAN HAYES Ltd.

Certified Public Accountants and Consultants

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INDEPENDENT AUDITOR'S REPORT

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

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, 2024 and 2023, 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 Defined Contribution Annuity Trust Fund as of April 30, 2024 and 2023, 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 1, 2024

**TUCKPOINTERS LOCAL 52 DEFINED
CONTRIBUTION ANNUITY TRUST FUND**
Statements of Net Assets Available for Benefits
April 30, 2024 and 2023

ASSETS		
	2024	2023
INVESTMENTS, AT FAIR VALUE (Note 3)	\$ 176,440,977	\$ 157,037,424
INVESTMENTS, AT CONTRACT VALUE (Note 4)	5,510,755	6,136,899
RECEIVABLES		
Due from related party (Note 6)	605,868	919,721
Employer contributions	<u>997,505</u>	<u>1,112,531</u>
Total Receivables	1,603,373	2,032,252
CASH AND CASH EQUIVALENTS	245,243	330,080
OTHER CURRENT ASSETS		
Prepaid expenses	5,492	15,378
FIXED ASSETS		
At cost less accumulated depreciation of \$50,273 and \$43,390 respectively (Note 5)	<u>36,147</u>	<u>4,973</u>
Total Assets	183,841,987	165,557,006
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable	<u>27,167</u>	<u>1,328</u>
Total Current Liabilities	<u>27,167</u>	<u>1,328</u>
Net Assets Available for Benefits	<u><u>\$ 183,814,820</u></u>	<u><u>\$ 165,555,678</u></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, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT ACTIVITY		
Net appreciation (decline) in fair value of investments	\$ 8,495,663	\$ (4,635,867)
Dividends and mutual fund reinvestments	5,191,008	6,608,873
Revenue sharing income	250,000	306,250
Miscellaneous investment income	<u>17</u>	<u>2,323</u>
Total	13,936,688	2,281,579
Less investment fees	<u>(55,029)</u>	<u>(49,556)</u>
Net Investment Income	13,881,659	2,232,023
CONTRIBUTIONS		
Employer contributions	13,482,759	13,656,702
Liquidated damages and interest	<u>3,941</u>	<u>6,750</u>
Total Contributions	<u>13,486,700</u>	<u>13,663,452</u>
Total Additions	27,368,359	15,895,475
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
PAYMENTS FOR		
Benefits paid to participants	8,686,447	7,849,808
Administrative expenses	<u>422,770</u>	<u>228,670</u>
Total Deductions	<u>9,109,217</u>	<u>8,078,478</u>
Increase (decrease) in net assets during year	18,259,142	7,816,997
Net assets available for benefits-beginning of year	<u>165,555,678</u>	<u>157,738,681</u>
Net assets available for benefits-end of year	<u><u>\$ 183,814,820</u></u>	<u><u>\$ 165,555,678</u></u>

See accompanying notes to financial statements.

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

Notes to Financial Statements
April 30, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Tuckpointers Local 52 Defined Contribution Annuity Trust Fund 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, 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
June 1, 2024 to May 31, 2025	\$11.00

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, 2024 and 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Adoption of a new Accounting Standard

Effective May 1, 2024, the Plan adopted ASC 326 which changed how entities measure credit losses for certain financial assets that are not measured at fair value through changes in net assets available for benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that is subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

Contributions Receivable

Employer contributions due but not received at year end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of April 30, 2024 and 2023, the Plan did not record a credit loss allowance for employers' contributions receivable because the amount was deemed immaterial.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to collection efforts required by the Plan, including litigation, the ultimate realization of any additional contributions receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

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.

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

Notes to Financial Statements

April 30, 2024 and 2023

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 (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.

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.

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

Notes to Financial Statements

April 30, 2024 and 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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, 2024 and 2023.

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2024 and 2023:

	Assets at Fair Value as of April 30, 2024			
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 176,440,977	\$ 176,440,977	\$ -	\$ -
Total Assets at Fair Value	<u>\$ 176,440,977</u>	<u>\$ 176,440,977</u>	<u>\$ -</u>	<u>\$ -</u>
	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>

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.

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

Notes to Financial Statements

April 30, 2024 and 2023

**NOTE 4 - COMMON COLLECTIVE TRUST INVESTED IN FULLY BENEFIT-RESPONSIVE CONTRACTS
(CONTINUED)**

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, 2024 and 2023 was \$5,510,755 and \$6,136,899, respectively.

NOTE 5 - FIXED ASSETS

Fixed Assets used in operations consist of the following:

	2024	2023
Furniture and fixtures	\$ 12,083	\$ 3,468
Computer equipment and software	74,337	44,895
	<u>86,420</u>	<u>48,363</u>
Accumulated depreciation	<u>(50,273)</u>	<u>(43,390)</u>
	<u><u>\$ 36,147</u></u>	<u><u>\$ 4,973</u></u>

Total depreciation expense for the years ended April 30, 2024 and 2023, was \$6,883 and \$1,188, 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, 2024 and 2023, shared expenses allocated to the Plan were \$352,931 and \$170,482, 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.

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

Notes to Financial Statements

April 30, 2024 and 2023

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 shared expenses and reimbursements:

	2024	2023
Balance due from (to) Welfare Plan at beginning of year	\$ (2,438)	\$ (34,709)
Shared administrative expenses	(352,931)	(170,482)
Reimbursements (to) from Welfare Plan	73,987	(7,156)
Payments to Welfare Plan during the year	<u>169,438</u>	<u>209,909</u>
Net due from (to) Welfare Plan for shared expenses and reimbursements	<u><u>\$ (111,944)</u></u>	<u><u>\$ (2,438)</u></u>

At April 30, 2024 and 2023 the net amount due from the Welfare Plan consisted of the following:

	2024	2023
Due from Welfare Plan related to monthly employer contributions	\$ 717,812	\$ 922,159
Due from (to) Welfare Plan related to shared expenses and reimbursements	<u>(111,944)</u>	<u>(2,438)</u>
Net due from Welfare Plan	<u><u>\$ 605,868</u></u>	<u><u>\$ 919,721</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, 2024 and 2023, \$272,579 and \$272,159, 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, 2024 and 2023, a total of \$859,052 and \$615,986, 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, 2024 and 2023

NOTE 7 - REVENUE SHARING (CONTINUED)

Changes in the revenue sharing account at April 30, 2024 and 2023, consisted of the following:

	2024	2023
Beginning balance	\$ 615,986	\$ 317,499
Investment income (loss)	(6,934)	5,068
Revenue Credit Program income	250,000	306,250
Expenses paid	<u>-</u>	<u>(12,831)</u>
Ending balance	<u>\$ 859,052</u>	<u>\$ 615,986</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, 2024, 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, 2021.

NOTE 10 - CONCENTRATION OF CREDIT RISK

Concentration of Plan Investments - On April 30, 2024, and 2023, the plan held a significant portion of its assets in one investment fund with a fair value of \$102,422,648 and \$101,948,125 respectively, which represents approximately 56% and 62% of net assets available for benefits as of April 30, 2024, and 2023. The investment is the Fidelity Asset Manager 20%, a mutual fund, maintaining 30% of assets in equities, 58% of assets in bonds and 12% of its assets in short-term and money market instruments.

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

Notes to Financial Statements

April 30, 2024 and 2023

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 1, 2024, 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:

	2024	2023
Net assets available for benefits per the financial statements	\$ 183,814,820	\$ 165,555,678
Adjustment to fair value from contract value for fully benefit-responsive investment contracts	<u>(422,847)</u>	<u>(334,230)</u>
Net assets available for benefits per the Form 5500	<u>\$ 183,391,973</u>	<u>\$ 165,221,448</u>

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

	2024	2023
Net increase (decrease) in net assets available for benefits per the financial statements	\$ 18,259,142	\$ 7,816,997
Add current year adjustment from contract value to fair value for fully benefit-responsive investment contracts	(422,847)	(334,230)
Less prior year adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>334,230</u>	<u>233,822</u>
Net increase (decrease) in assets available for benefits per the Form 5500	<u>\$ 18,170,525</u>	<u>\$ 7,716,589</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, 2024

**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	139,338	**	8,043,994
	Oakmark Inst	42,256	**	5,906,182
	JPM Sr Blend 2060 R6	65,105	**	1,533,231
	JPM Sr Blend 2025 R6	99,494	**	2,184,891
	JPM Sr Blend 2035 R6	202,475	**	5,499,231
	JPM Sr Blend 2045 R6	286,704	**	8,678,532
	NB Genesis R6	98,310	**	5,965,452
	JPM Sr Blend Inc R6	9,820	**	170,870
	JPM Sr Blend 2020 R6	61,260	**	1,189,051
	JPM Sr Blend 2030 R6	121,680	**	2,979,941
	JPM Sr Blend 2040 R6	303,909	**	8,776,888
	JPM Sr Blend 2050 R6	169,794	**	5,151,560
	DFA Emerg Mkts Val I	12,913	**	395,906
	JPM Sr Blend 2065 R6	53,504	**	997,306
	Metwest Tot Rtn BD I	29,056	**	253,367
	Dodge & Cox Intl Stk	15,966	**	798,629
	JPM Sr Blend 2055 R6	145,236	**	4,381,772
	PGIM Glb Tot Rtn R6	11,294	**	57,376
	Fidelity Asset Mgr 20%	7,765,174	**	102,422,648
	Fidelity Mgd Inc Port	5,510,755	**	5,087,909
	Fidelity US Bond Idx	235,029	**	2,347,941
	Fidelity 500 Index	42,201	**	7,382,581
	Fidelity Small Cap Idx	20,045	**	490,908
	Fidelity Total Intl Idx	33,296	**	446,496
	Cash	-	**	386,225
				181,528,887

* Identified as a Party in Interest

** Cost information not required for participant driven accounts

See auditor's report on supplemental information.

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

Supplemental Financial Information
For the Years Ended April 30, 2024 and 2023

	2024	2023
SCHEDULES OF ADMINISTRATIVE EXPENSES:		
Accounting and audit fees	\$ 33,970	\$ 33,006
Employer audit fees	48,183	38,420
Computer expense	29,239	10,613
Conference expense	8,515	2,418
Dues and subscriptions	2,115	2,281
Depreciation expense	6,883	1,188
Insurance and bond expense	13,849	12,997
Legal fees	28,924	18,566
Office salaries	167,063	66,429
Actuarial fees	28,964	11,543
Retirement administration fees	866	-
Messenger service	-	280
Office supplies and expense	9,501	5,325
Payroll taxes	15,694	6,178
Retirement contributions	4,748	-
Postage	4,408	1,810
Rent	16,083	13,705
Telephone	1,188	618
Meeting expense	282	47
Utilities	1,430	1,043
Bank fees	865	2,203
Total Administrative Expenses	<u>\$ 422,770</u>	<u>\$ 228,670</u>

See auditor's report on supplemental information.

36-6940923

Federal Statements

FYE: 4/30/2024 **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	7765174.226 SHARES	\$ 101,646,912	\$ 102,422,648
	NB GENESIS R6	98310.014 SHARES	5,897,701	5,965,452
	NUVEEN WIN LGCP GR I	139338.186 SHARES	6,424,794	8,043,993
	FID 500 INDEX	42200.646 SHARES	5,166,428	7,382,581
	OAKMARK INST	42256.436 SHARES	4,082,499	5,906,182
	FIDELITY MGD INC POR	5510755.250 SHARES	5,087,909	5,087,909
	JPM SR BLEND 2035 R6	202475.360 SHARES	5,224,609	5,499,231
	JPM SR BLEND 2040 R6	303908.861 SHARES	8,433,272	8,776,888
	JPM SR BLEND 2020 R6	61259.687 SHARES	1,231,555	1,189,051
	JPM SR BLEND 2030 R6	121679.920 SHARES	2,987,264	2,979,941
	FID US BOND IDX	235029.093 SHARES	2,543,037	2,347,941
	JPM SR BLEND 2025 R6	99494.122 SHARES	2,163,328	2,184,891
	JPM SR BLEND 2045 R6	268704.077 SHARES	8,366,407	8,678,532
	JPM SR BLEND 2050 R6	169794.334 SHARES	4,932,391	5,151,560
	JPM SR BLEND INC R6	9820.136 SHARES	176,261	170,870
	JPM SR BLEND 2055 R6	145236.056 SHARES	4,130,199	4,381,772
	FID SM CAP IDX	20045.252 SHARES	519,307	490,908
	DODGE & COX INTL STK	15966.202 SHARES	742,418	798,629
	FID TOTAL INTL IDX	33295.785 SHARES	435,009	446,496
	DFA EMERG MKTS VAL I	12912.787 SHARES	381,891	395,906
	METWEST TOT RTN BD I	29055.893 SHARES	284,905	253,367
	PGIM GLB TOT RTN R6	11294.414 SHARES	70,796	57,376
	JPM SR BLEND 2060 R6	65105.344 SHARES	1,414,458	1,533,231
	CASH	0 SHARES	386,225	386,225
	JPM SR BLEND 2065 R6	53503.530 SHARES	1,029,036	997,309