

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) _____

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

<p>1a Name of plan <u>TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u></p> <p><u>DANIEL H. COOK ASSOCIATES, INC.</u> <u>1040 AVENUE OF THE AMERICAS,</u> <u>24TH FL.</u> <u>NEW YORK, NY 10018</u></p>	<p>1c Effective date of plan <u>07/30/1953</u></p> <p>2b Employer Identification Number (EIN) <u>13-5635004</u></p> <p>2c Plan Sponsor's telephone number <u>212-505-5050</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	KEN COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRUSTEES TILE LAYERS UNION LOCAL 52 NY PENSION FUND C/O DANIEL H. COOK ASSOCIATES, INC. 1040 AVENUE OF THE AMERICAS, 24TH FL. NEW YORK, NY 10018		3b Administrator's EIN 13-5635004	
		3c Administrator's telephone number 212-505-5050	
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	1821
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)	955
		6a(2)	923
		6b	379
		6c	430
		6d	1732
		6e	91
		6f	1823
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	170

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
(4) <input type="checkbox"/> 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(5) <input type="checkbox"/> G (Financial Transaction Schedules)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</p>	<p>D Employer Identification Number (EIN) 13-5635004</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	017401	1823	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶ **GUARANTEED DEPOSIT**

b Balance at the end of the previous year	7b	4587963
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	4587963
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	4587963

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-5635004</u>	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	<u>150136339</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>150283512</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>135266016</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>122961283</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>203488880</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>6661088</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>5557390</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>6087390</u>

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

SIGN HERE <u>JACOB ITZCOWITZ</u> Type or print name of actuary <u>THE SEGAL COMPANY</u> Firm name <u>66 HUDSON BLVD E, 20TH FLOOR</u> <u>NEW YORK, NY 10001-2192</u> Address of the firm	<u>10/13/2025</u> Date <u>23-08590</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
--	--

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	150136339
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	431	63171846
(2) For terminated vested participants	421	48114979
(3) For active participants:		
(a) Non-vested benefits		3320010
(b) Vested benefits		88882045
(c) Total active	955	92202055
(4) Total	1807	203488880
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	2095865	0				
07/15/2024	0	0				
			Totals ▶	3(b)	2095865	
					3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	122.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	512310
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-3370134	-372498
4	-1836268	-183373

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2750744

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	25368259	4072813
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		443531
e Total charges. Add lines 9a through 9d.....	9e		7267088
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		15075989
g Employer contributions. Total from column (b) of line 3.....	9g		2095865
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	25309766	3525801
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1271555
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3148577	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	36513453	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		21969210
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		14702122
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	D Employer Identification Number (EIN) 13-5635004	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRESCENT CAPITAL

11100 SANTA MONICA BLVD
LAS ANGELES, CA 90025

(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 19	NONE	805465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT ADVISORS, INC.

90-0622302

(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	216408	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL H. COOK ASSOCIATES, INC.

11-2424843

(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	NONE	172739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BOYD WATTERSON GSA FUND, LP

45-2061717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	151771	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OGLETREE DEAKINS

50 INTERNATIONAL DRIVE
PATEWOOD IV, SUITE 300
GREENVILLE, SC 29615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	93698	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. REAL ESTATE INVESTMENT FUND LL

1270 SOLDIERS FIELD
BOSTON, MA 02135

(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	NONE	88147	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

BANK OF NY MELLON

25-6078093

(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?
21	NONE	78099	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'CONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	77200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL GROUP INC.

13-5635004

(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 17 53	NONE	76888	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

COLOMBIA MANAGEMENT INVESTMENT

P.O. BOX 219104
KANSAS CITY, MO 64121-9104

(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	NONE	75351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIRGINA & AMBINDER

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	40674	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CADENCE CAPITAL

1251 AVENUE OF THE AMERICAS
SUITE 4600
NEW YORK, NV 10020

(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	NONE	36596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

REYNOLDS SECURITIES LTD.

20-1899654

(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	35384	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF NY

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	17649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLMINGTON TRUST

RODNEY SQUARE NORTH
1100 NORTH MARKET STREET
WILLMINGTON, DE 19890

(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	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LITTLER MENDELSON

94-2602731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL INSURANCE

06-1050034

(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	NONE	7388	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOROWITZ LAW GROUP, PLLC

273 16TH STREET
JERSEY CITY, NJ 07310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
PRUDENTIAL INSURANCE CO	62	0

(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.	
PRUDENTIAL 60-1050034	EXPENSE RATIO DEDUCTED FROM FUNE: RATE: 70 BPS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-5635004</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PE INTERNATIONAL CORE EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>90-0610607-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8457897</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75539132</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND	D Employer Identification Number (EIN) 13-5635004

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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	532491	539758
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	694961	448548
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4835870	123542
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	492227	218311
(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)	9912286	12186809
(5) Partnership/joint venture interests	1c(5)	31061185	32140725
(6) Real estate (other than employer real property)	1c(6)	12286649	11524552
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	70379306	75538778
(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)	15646745	28104515
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4587963	4590909
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	150429683	165416447
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	202430	350471
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	90914	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	293344	350471
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	150136339	165065976

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)	2107051	
(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)		2107051
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3872	
(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)	10334	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14206
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	555860	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3657864	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4213724
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2967671	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	696700	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2270971
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-958899	
(B) Other.....	2b(5)(B)	15321156	
(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)		204158
(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)		-10266
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		23162101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5358129	
(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)		5358129
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)		
(2) Contract administrator fees	2i(2)	172739	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	77200	
(5) Investment advisory and investment management fees	2i(5)	1527275	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	76888	
(8) Legal fees	2i(8)	142497	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	877736	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2874335
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8232464

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		14929637
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: PKF O'CONNOR DAVIES LLP

(2) EIN: 27-1728945

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
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	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 558946.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-5635004</u>	

Part I	Distributions
---------------	----------------------

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

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

1		<u>0</u>
----------	--	----------

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

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

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

3		<u>0</u>
----------	--	----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer JENTILE, INC.

b EIN 13-3188452 **c** Dollar amount contributed by employer 554815

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 03 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 2.55

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer BAYBRENT CONSTRUCTION CORP.

b EIN 81-0778240 **c** Dollar amount contributed by employer 373012

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 03 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 2.55

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer GARCIA MARBLE & TILE INC.

b EIN 11-2894781 **c** Dollar amount contributed by employer 227424

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 03 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 2.55

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer COASTAL MARBLE & TILE INC

b EIN 02-1073113 **c** Dollar amount contributed by employer 227424

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 03 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 2.55

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer BK TILE & STONE, INC.

b EIN 27-2513673 **c** Dollar amount contributed by employer 214443

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 03 Year 2025

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 2.55

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 70.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 2.8 %
 High-Yield Debt: 0.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 0.1 % Other: 19.6 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Tile Layers Union Local
No. 52 NY Pension Fund**

Financial Statements

December 31, 2024 and 2023

Independent Auditors' Report

To The Board of Trustees
Tile Layers Union Local No. 52 NY Pension Fund

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Tile Layers Union No. 52 NY Pension Fund (the "Plan"), a multi-employer defined benefit pension plan subject to the Employee Retirement Income Securities Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise of the statements of net assets available for benefits as of December 31, 2024 and 2023, and related statements of changes in nets available for benefits for the years then ended, and the statement of accumulated plan benefits as of January 01, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from the qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 11 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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 controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 auditors' 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.

To The Board of Trustees
Tile Layers Union Local No. 52 NY Pension Fund
Page 3

- 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Emphasis of Matter – Prior Period Adjustment

As discussed in Note 16 to the financial statements, the Plan made a prior period adjustment resulting in an adjustment to assets, liabilities, and net assets available for benefits for 2023. Our opinion is not modified with respect to this matter.

Supplemental Schedule Required by ERISA

The supplemental schedule (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

To The Board of Trustees
Tile Layers Union Local No. 52 NY Pension Fund
Page 4

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by the qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

PKF O'Connor Davies, LLP

October 15, 2025

Tile Layers Union Local No. 52 NY Pension Fund

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS		(as restated)
Investments		
Investments, at fair value	\$ 159,713,690	\$ 139,778,398
Investments, at contract value	<u>4,590,909</u>	<u>4,587,963</u>
Total Investments	<u>164,304,599</u>	<u>144,366,361</u>
Receivables		
Employers' contributions	448,548	694,961
Due from affiliated funds	107,501	-
Due from broker	-	4,000,000
Federal tax asset	38,685	38,821
Other receivables	<u>-</u>	<u>-</u>
Total Receivables	<u>594,734</u>	<u>4,733,782</u>
Prepaid expenses	-	28,700
Cash - noninterest-bearing	<u>539,758</u>	<u>532,491</u>
Total Assets	<u>165,439,091</u>	<u>149,661,334</u>
LIABILITIES		
Members' benefits payable	350,471	198,839
Due to affiliated fund	22,644	-
Due to broker	<u>-</u>	<u>5,669</u>
Total Liabilities	<u>373,115</u>	<u>204,508</u>
Net Assets Available for Benefits	<u>\$ 165,065,976</u>	<u>\$ 149,456,826</u>

See notes to financial statements

Tile Layers Union Local No. 52 NY Pension Fund

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
ADDITIONS		
Investment Income (Expense)		
Net appreciation in fair value of investments	\$ 16,827,120	\$ 16,524,569
Interest and dividend income	4,227,930	3,576,931
Investment expenses	(1,527,275)	(1,395,140)
Total Investment Income (Expense), net	19,527,775	18,706,360
Employers' contributions	2,107,051	2,305,723
Total Additions, Net of Investment Income (Expense)	21,634,826	21,012,083
DEDUCTIONS		
Benefits paid to participants	5,358,129	4,736,505
Administrative expenses	667,547	482,085
Total Deductions	6,025,676	5,218,590
Net Increase	15,609,150	15,793,493
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year, as restated for 2023	149,456,826	133,663,333
End of Year, as restated for 2023	\$ 165,065,976	\$ 149,456,826

See notes to financial statements

Title Layers Union Local No. 52 NY Pension Fund

Statement of Accumulated Plan Benefits
January 1, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested Benefits

Participants currently receiving payments	\$ 45,666,395
Other vested participants	<u>75,287,565</u>
Total Vested Benefits	120,953,960

Non-vested benefits

2,007,323

Total Actuarial Present Value of Accumulated Plan Benefits \$ 122,961,283

See notes to financial statements

Title Layers Union Local No. 52 NY Pension Fund

**Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2024**

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	<u>\$ 117,936,031</u>
Increase (Decrease) During the Year Attributable to:	
Benefits accumulated, net of experience gain or loss, change in data	3,942,379
Increase for interest	7,499,078
Changes in actuarial assumptions	(1,679,700)
Benefits paid	<u>(4,736,505)</u>
Net Increase	<u>5,025,252</u>
 Actuarial Present Value of Accumulated Plan Benefits at End of Year	 <u>\$ 122,961,283</u>

See notes to financial statements

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan

The following brief description of Tile Layers Union Local No. 52 NY Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a multi-employer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is financed by negotiated employer contributions typically set for multi-year periods under collectively bargained agreements. The benefits earned depend on the duration of participation in the Plan and the level of a member's employment and contributions. The Plan operates as a trust to provide retirement benefits to participants who are covered employees of participating employers under contracts with Tile Layers Union Local No. 52 and No. 7 or its affiliates and to provide death benefits to beneficiaries.

Administration

The administration of the Plan is the responsibility of a Board of Trustees comprising Union Trustees and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

Pension Benefits

The following is a summary of Plan Benefits:

Pension Benefits

Normal Pension

Age requirement	62
Service requirement	Fifth anniversary of participation
Amount	\$3.30 for each unit of future service credit
Delayed Retirement Amount:	Between Normal Retirement Age (NRA) and 65, the greater of normal pension accrued at retirement date and accrued benefit as of NRA increased 1.0% for each month between NRA and 65 that benefits were not suspended. After age 65, benefits are not suspended and benefit will be annually actuarially increased using 1951 Group Annuity Mortality Table and 6% interest, plus any additional accrual earned in year.

Early Retirement

Age requirement	55
Service requirement	5 years of credited service
Amount	Normal pension accrued, unreduced between ages 60 and 62 and then reduced by ¼% for each month of age less than 60.

Title Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan (continued)

Pension Benefits (continued)

Disability Benefits

Age requirement	None
Service requirement	5 years of future service
Other Requirement	Awarded a Social Security Disability Pension
Amount	Normal pension accrued

Vesting

Age requirement	None
Service requirement	5 years of future service
Amount	Normal or early pension accrued based on plan in effect when last active
Normal retirement age	62, or fifth anniversary of participation, if later

Death Benefits

Spouse's Pre-Retirement

Age requirement	None
Service requirement	5 years of future service
Amount	50% of the benefit employee would have received had he or she retired the day before he or she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the participant's earliest possible retirement date. If the employee had at least 10 years of credited service, the spouse's benefit is payable immediately with no reduction for early commencement.

Pre-Retirement Lump-Sum

(If not eligible for immediate unreduced spouse's benefit):

Age requirement	None
Service requirement	None
Amount	If less than 15,000 hours worked at death: \$100 for each year of future service credit for eligibility, to a maximum of \$2,000. If greater than 15,000 hours worked at death: \$400 for each 1,500 worked, to a maximum of \$10,000.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan *(continued)*

Pension Benefits (continued)

Death Benefits (continued)

Post Retirement

Lump-Sum Benefit

If the pensioner received less than 36 monthly payments, the balance of the 36 month payments.

Joint and Survivor

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the employee with the lump sum guaranteed without reduction.

Optional Forms of Payment

Life Annuity

50% Joint and Survivor annuity

75% Joint and Survivor annuity

Participation

The first day on which a participating employer is obligated to make a contribution to the Plan on the employee's behalf.

Future Service

Prior to January 1, 1971, one unit shall be credited for each \$480 gross wages earned while in the employ of one or more participating employers during any fiscal year. Between January 1, 1971 and December 31, 1981, one unit shall be credited for each 80 hours worked for one or more participating employers during any fiscal year. On or after January 1, 1982, one unit shall be credited for each 70 hours worked for one or more participating employers during any fiscal year. No more than 16 units may be earned in any calendar year prior to January 1, 1980 nor more than 25 units in any year from January 1, 1980 through December 31, 1990. After 1990, the number of units in a calendar year is unlimited.

Credited Service for Eligibility

Prior to January 1, 1971, one-tenth year shall be credited for each \$480 gross wages earned while in the employ of one or more participating employers during any fiscal year. Between January 1, 1971 and December 31, 1981, one-tenth year shall be credited for each 80 hours worked for one or more participating employers during any fiscal year. On or after January 1, 1982, one-tenth year shall be credited for each 70 hours worked for one or more participating employers during any fiscal year. No more than ten-tenths credit may be earned in any fiscal year.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of the Plan (*continued*)

Contribution Rate

Effective July 1, 2021 the net rate was adjusted to \$2.10 per hour, after a \$2.00 per hour reallocation to the Welfare Fund. Effective June 3, 2024, the reallocation is \$1.55 per hour resulting in a net rate of \$2.55 per hour.

Changes in Plan Provisions

There were no changes in plan provisions reflected in the actuarial valuation.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"), which requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Pursuant to U.S. GAAP, alternative investment where fair value is measure using the Net Asset Value ("NAV") per share as a practical expedient is not categorized with the fair value hierarchy.

Investment contracts held by a defined benefit retirement plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined benefit retirement plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. Contract value for the investment contract is based on the net asset value or unit price as reported by the investment advisor.

Investment Valuation and Income Recognition

Certain plan investments are stated at fair value. Mutual funds are stated at the net asset value of shares held by the Plan at year end based on quoted market prices. Investments in common/collective trusts and real estate investment funds are reported at the fair values as provided, which are based on the underlying assets of the common/collective trust and the real estate investment fund.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Investments in limited partnerships are valued at the NAV of units held or percentage of ownership. The NAV, as provided by the partnership fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Equity securities are stated at quoted market price. Any net appreciation or depreciation in fair value of the investments is reflected in the statements of changes in net assets available for benefits. Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded when earned.

Investment Risks and Uncertainties

Alternative investments consist of non-traditional, not readily marketable investments, some of which may be structured as limited partnerships, venture capital funds, hedge funds, private equity funds and common trust funds. The underlying investments of such funds, whether invested in stock or other securities, are generally not currently traded in a public market and typically are subject to restrictions on resale. Values determined by investment managers and general partners of underlying securities that are thinly traded or not traded in an active market may be based on historical cost, appraisals, a review of the investees' financial results, financial condition and prospects, together with comparisons to similar companies for which quoted market prices are available or other estimates that require varying degrees of judgment. Because of the inherent uncertainty of valuations, the estimated fair values may differ significantly from the values that would have been used had a ready market for such investments existed or had such investments been liquidated, and those differences could be material.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the number of service credits earned by the participant multiplied by a fixed benefit rate. Benefits payable under all circumstances - retirement, death, and disability - are included, to the extent they are deemed attributable to participants' service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined actuarially by The Segal Company and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies *(continued)*

Actuarial Present Value of Accumulated Plan Benefits *(continued)*

The significant actuarial assumptions used in the valuations as of December 31, 2023 were:

Mortality Rates

Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Contingent: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Administrative expenses of \$530,000

Assumed Retirement Rates

<u>Ages</u>	<u>Retirement Rate</u>
55-59	0%
60	30%
61	5%
62	50%
63-64	20%
65	60%
66-70	30%
71+	100%

Contribution Rates \$2.55 per hour effective June 3, 2024

Assumed Average
Rate of Return 6.50%

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

Contributions Receivable

The Board of Trustees believes that all contributions receivable are collectible; therefore, a provision for current expected credit loss is not made.

Reclassification

Certain amounts in the 2023 financial statements have been reclassified to conform to the 2024 presentation.

Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through October 15, 2025, the date the financial statements were available to be issued.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

3. Investments

The following are the major categories of investments, measured at fair value on a recurring basis at December 31, grouped by the fair value hierarchy:

	2024		
	Level 1	Level 3	Total
Mutual funds	\$ 28,104,515	\$ -	\$ 28,104,515
Common stocks	12,186,809	-	12,186,809
Real estate investment fund	-	<u>11,524,552</u>	<u>11,524,552</u>
Total Investments at fair value	<u>\$ 40,291,324</u>	<u>\$ 11,524,552</u>	51,815,876
Interest-bearing cash and short term investments			218,311
Investments valued using NAV (*)			<u>107,679,503</u>
Total Investments			<u>\$ 159,713,690</u>

	2023		
	Level 1	Level 3	Total
Mutual funds	\$ 15,646,744	\$ -	\$ 15,646,744
Common stocks	9,912,286	-	9,912,286
Real estate investment fund	-	<u>12,286,649</u>	<u>12,286,649</u>
Total Investments at fair value	<u>\$ 25,559,030</u>	<u>\$ 12,286,649</u>	37,845,679
Interest-bearing cash and short term investments			492,228
Investments Valued Using NAV (*)			<u>101,440,491</u>
Total Investments			<u>\$ 139,778,398</u>

(*) As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy. The fair value amounts presented in the total column of these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. The Plan has unfunded commitments in the amount of \$7,761,857 at December 31, 2024.

Information regarding alternative investments valued at NAV using the practical expedient is as follows:

	December 31,		Redemption Frequency	Redemption Notice Period
	2024 Fair Value	2023 Fair Value		
Limited Partnerships				
Diversified fund (see "a" below)	\$ 27,727	\$ 14,556	N/A	N/A
Multi-strategy fixed income (see "b" below)	-	5,102,241	Quarterly	60 days
GSA fund (see "c" below)	11,707,854	8,506,214	Quarterly	60 days
Infrastructure tax-exempt fund (see "d" below)	13,908,432	12,886,630	Quarterly	45 days
Private credit fund (see "e" below)	6,496,712	4,551,544	N/A	N/A
Common/collective trusts (see "f" below)	<u>75,538,778</u>	<u>70,379,306</u>	N/A	N/A
Total	<u>\$ 107,679,503</u>	<u>\$ 101,440,491</u>		

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

3. Investments *(continued)*

a. The fund’s objective is to seek above-average rates of return and long-term capital growth through an investment in EnTrust Capital Diversified Fund Ltd. (the “Master Fund”), a fund of funds with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the advisor. The fund invests substantially all of its net assets in the Master Fund, an international business company incorporated under the laws of the British Virgin Islands, under a master-feeder arrangement.

b. The purpose of this fund is to seek and provide high current income consistent with reasonable risk through investments in a multi-asset class, diversified portfolio of primarily below investment grade debt securities. The fund’s secondary objective is to seek capital appreciation consistent with its primary objective.

c. The GSA fund’s objective is wealth preservation and generating consistent current income, using risk parameters and portfolio management strategies established by Boyd Watterson GSA GP, LLC. The fund invests predominantly in real estate leased to the U.S. federal government through either the GSA or other federal government agencies.

d. The fund’s objective is to invest in a diverse portfolio of quality infrastructure assets in order to achieve attractive risk-adjusted returns with a significant annual cash yield after stabilization of the underlying investments and relatively low volatility over the long-term in the U.S. and Canada (“Infrastructure Assets”).

e. The fund’s objective is to invest in privately negotiated junior debt, unitranche debt, and equity securities issued by larger middle-market companies in order to provide current income and long-term capital appreciation by investing in a diversified portfolio. A limited partner is permitted to redeem all or a portion of its units after the expiration of a four year lock-up period beginning on the limited partner’s admission date to the partnership.

f. The fund’s objective is to provide investment results that approximate the performance of the S&P 500 Index through diversified passive index investment strategies.

The table below sets forth a summary of changes in the fair value of the Plan’s Level 3 assets for the years ended December 31:

	2024	2023
Balance, Beginning of Year	\$ 12,286,649	\$ 14,591,803
Unrealized/realized (loss)	(1,033,821)	(2,891,132)
Dividends	527,546	671,985
Redemptions	(167,675)	-
Administrative expenses	(88,147)	(86,007)
Balance, End of Year	\$ 11,524,552	\$ 12,286,649

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

3. Investments (continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Market Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs for the year ended:

		December 31, 2024					
Instrument	Real estate investments (by property type):	Fair value 12/31/2024	Principal valuation technique	Significant unobservable inputs	Range of significant input values	Weighted average	
Real estate	Office	\$ 2,948,907	Discounted cash flows (DCF)	Exit cap rate	6.50% - 9.50%	7.15%	
				Discount rate	7.25% - 13.00%	8.58%	
				Market rent growth rate	2.40% - 3.10%	2.73%	
				Discount cash flow term	10-11 years		
	Retail	193,844	DCF	Exit cap rate	6.00% - 8.00%	7.09%	
				Discount rate	7.00% - 9.00%	8.11%	
				Market rent growth rate	2.70% - 3.00%	2.93%	
				Discount cash flow term	10 years		
	Industrial	2,178,702	DCF	Exit cap rate	5.25% - 7.55%	5.93%	
				Discount rate	6.50% - 9.25%	7.42%	
				Market rent growth rate	3.00% - 3.20%	3.11%	
				Discount cash flow term	10-15 years		
	Multifamily	5,177,232	DCF	Exit cap rate	5.00% - 6.36%	5.55%	
				Discount rate	6.50% - 9.25%	7.40%	
				Market rent growth rate	3.00% - 3.20%	3.05%	
				Discount cash flow term	10 years		
	Senior living	105,429	DCF	Exit cap rate	7.75% - 8.50%	8.25%	
				Discount rate	10.00% - 10.62%	10.41%	
				Market rent growth rate	3.00%	3.00%	
				Discount cash flow term	10 years		
	Healthcare	490,855	DCF	Exit cap rate	6.00% - 6.00%	5.92%	
				Discount rate	7.25% - 9.50%	7.97%	
				Market rent growth rate	2.70% - 3.00%	2.79%	
				Discount cash flow term	10 years		
	Hotel	360,642	DCF	Exit cap rate	7.00% - 7.50%	7.20%	
				Discount rate	8.50% - 9.75%	8.97%	
				Market rent growth rate	3.00%	3.00%	
				Discount cash flow term	10 years		
	Development	68,941	Comparable sales & cost approach	Value psf of floor area ratio (FAR)	\$27 - \$194	\$126 psf	
	Total Real Estate	<u>11,524,552</u>					
	Total Level 3 Investments	<u>\$ 11,524,552</u>					

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

3. Investments (continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Market Measurements (continued)

		December 31, 2023				
Instrument	Real estate investments (by property type):	Fair value 12/31/2023	Principal valuation technique	Significant unobservable inputs	Range of significant input values	Weighted average
Real estate	Office	\$ 3,309,204	Discounted cash flows (DCF)	Exit cap rate	6.25% - 7.75%	6.88%
				Discount rate	7.25% - 10.00%	8.27%
				Market rent growth rate	2.55% - 3.00%	2.75%
				Discount cash flow term	10-15 years	
	Retail	199,485	DCF	Exit cap rate	5.75% - 7.50%	6.81%
				Discount rate	6.75% - 8.25%	7.82%
				Market rent growth rate	2.80% - 3.00%	2.93%
				Discount cash flow term	10 years	
	Industrial	2,168,680	DCF	Exit cap rate	5.25% - 7.55%	5.75%
				Discount rate	6.75% - 8.67%	7.71%
				Market rent growth rate	3.00% - 3.55%	3.15%
				Discount cash flow term	10-15 years	
	Multifamily	5,294,929	DCF	Exit cap rate	4.75% - 5.91%	5.40%
				Discount rate	6.50% - 8.00%	7.13%
				Market rent growth rate	2.16% - 3.42%	3.05%
				Discount cash flow term	10 years	
	Senior living	117,744	DCF	Exit cap rate	7.25% - 8.22%	7.90%
				Discount rate	9.25% - 10.94%	10.39%
				Market rent growth rate	3.00%	3.00%
				Discount cash flow term	10 years	
	Healthcare	432,438	DCF	Exit cap rate	5.75% - 6.75%	5.92%
				Discount rate	6.75% - 8.25%	6.97%
				Market rent growth rate	2.90% - 3.00%	2.99%
				Discount cash flow term	10 years	
	Hotel	354,043	DCF	Exit cap rate	7.00% - 7.25%	7.13%
				Discount rate	8.50% - 9.50%	8.89%
				Market rent growth rate	3.00% - 3.10%	3.07%
				Discount cash flow term	10 years	
			Comparable sales & cost approach	Value psf of floor area ratio (FAR)		
	Development	84,378			\$73 - \$237	\$166 psf
	Development	325,748	DCF	Exit cap rate	5.25% - 6.50%	5.84%
				Discount rate	7.00% - 9.25%	7.71%
				Market rent growth rate	2.70% - 3.10%	3.01%
				Discount cash flow term	10 years	
	Total Real Estate	<u>12,286,649</u>				
	Total Level 3 Investments	<u>\$ 12,286,649</u>				

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

4. Investment Contracts with Insurance Company

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Empower, the issuer. Empower maintains the investment in its guaranteed investment account. The account is credited with actual earnings on the underlying investments and charged for administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rates were 4.20% (new money) and 3.50% (old money) for 2024 and 3.50% (new money) and 2.45% (old money) for 2023. Empower is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Empower, represents contributions made under the contract, 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, such as the premature termination of the contract by the Plan, the termination of the Plan, amendments to the Plan documents, or the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, would limit the Plan's ability to transact at contract value with Empower.

In addition, certain events could allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Events in which the issuer can discontinue the contract include if the Plan does not pay expenses on time, if the issuer does not receive timely notice that the Plan is qualified under Section 401(a) of the Internal Revenue Code, if the issuer receives evidence that the Plan is not qualified, or the Plan changed without their consent in a way that adversely affects its obligations.

There are not any actual events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value either within 90 days or over time.

The Plan administrator does not believe that there are any events that are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

5. Real Estate Investment Fund

The Plan is invested in the U.S. Real Estate Fund LLC ("U.S. REIF") which is a limited liability company. The U.S. REIF's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type. The U.S. REIF values the real estate investments at fair value. The Manager of the fund is Intercontinental Real Estate Corporation. The fund is an open-end, commingled real estate investment fund and it is intended to have an indefinite term.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

6. Concentrations

The following investments represent 10% or more of the Plan's net assets available for benefits at December 31:

	<u>2024</u>	<u>2023</u>
Amalgamated Longview Large Cap 500 Index Fund	\$ 75,538,778	\$ 70,379,306
Neuberger Berman Strategic Income Fund	19,646,621	*

* Investment was less than 10%.

7. Funding Policy

Pursuant to the collective bargaining agreement, the employers' rate of contribution to the Pension Fund is \$3.90 per hour effective December 7, 2015. Effective June 6, 2016, the contribution rate increased to \$4.00 per hour. Effective December 2, 2019, the contribution rate increased to \$4.10 per hour. Effective July 6, 2021, the rate was \$2.10 per hour. The Plan's funding policy, as determined by the Board of Trustees, is for the participating employers to submit such contributions to the Plan administrator on behalf of the trustees at such times as the trustees may prescribe.

Contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

8. Income Tax Status

The Plan has received its latest determination letter from the Internal Revenue Service on October 2, 2015, stating that the Plan is qualified under Section 401(a) of the Code and, as such, is exempt from Federal income taxation. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by the taxing jurisdictions for periods since 2021; however, there are currently no examinations for any tax periods in progress.

9. Administrative Expenses

Expenses incurred for the administration of the Plan are as follows for the years ended:

	<u>2024</u>	<u>2023</u>
Administrator fees	\$ 172,739	\$ 172,444
Professional fees	296,585	197,296
Other	198,223	112,344
	<u>\$ 667,547</u>	<u>\$ 482,084</u>

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

10. Party-In-Interest Transaction

Certain Plan investments are managed by various financial institutions in custodial accounts in which the investment manager exercises a certain degree of discretionary authority in carrying out the instructions and directions given to them by the Plan's Board of Trustees. These transactions qualify as exempt party-in-interest transactions. Investment management fees paid for the year ended December 31, 2024 and 2023, totaled \$1,527,275 and \$1,395,140.

Transactions with administrators, auditors, attorneys and any other person who provides services to the Plan qualify as exempt party-in-interest transactions. During the year ended December 31, 2024 and 2023, fees paid by the Plan for such services totaled \$469,324 and \$369,740.

11. Information Certified by the Plan's Custodians

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividend income, and investment expenses for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Amalgamated Bank, Bank of New York Mellon, Empower, and Wilmington Trust, qualified institutions.

Various custodians held a portion of the Plan's investment assets at December 31, 2024 and 2023 and executed certain investment transactions for the years then ended and such investment balances and transactions have not been certified.

Below is a summary of the audited and unaudited investments and related investment activity included in the statements of net assets available for benefits as of December 31, 2024 and 2023 and the statements of changes in net assets available for benefits for the years then ended.

	2024		Total
	Audited	Certified and Unaudited	
Investments, at fair value	\$ 63,366,338	96,347,352	\$159,713,690
Investment, at contract value	-	4,590,909	4,590,909
	\$ 63,366,338	\$ 100,938,261	\$164,304,599
Net (depreciation) appreciation in fair value of investments	\$ (1,496,490)	\$ 18,323,610	\$ 16,827,120
Interest and dividend income	4,077,279	150,651	4,227,930
Investment expenses	(1,409,139)	(118,136)	(1,527,275)
	\$ 1,171,650	\$ 18,356,125	\$ 19,527,775

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

11. Information Certified by the Plan's Custodians *(continued)*

	2023		
	Audited	Certified and Unaudited	Total
Investments, at fair value	\$ 51,028,515	88,749,883	\$139,778,398
Investment, at contract value	-	4,587,963	4,587,963
	<u>\$ 51,028,515</u>	<u>\$ 93,337,846</u>	<u>\$144,366,361</u>
Net (depreciation) appreciation in fair value of investments	\$ (2,009,691)	\$ 18,534,260	\$ 16,524,569
Interest and dividend income	3,346,780	230,151	3,576,931
Investment expenses	(1,237,949)	(157,191)	(1,395,140)
	<u>\$ 99,140</u>	<u>\$ 18,607,220</u>	<u>\$ 18,706,360</u>

12. Transactions with Affiliated Funds

The account "Due from affiliated funds" represents net amounts receivable from Local No. 7 Tile Industry Clearing Fund, Local No. 7 Tile Industry Annuity Fund, Local No. 7 Tile Industry Welfare Fund, and other affiliated funds, for administrative expenses paid by Local No. 52 Pension Fund on behalf of those Funds. As of December 31, 2024 and 2023, the balance due from affiliated funds totaled \$192,358 and \$672,828.

13. Plan Termination

The Plan may be terminated by the Board of Trustees only with the consent of the Union and a majority of the participating employers. In such an event, all the funds of the Plan shall be used for the exclusive benefit of members in the employ of employers then or previously participating in the Plan, and shall be allocated in shares determined by the Board of Trustees on the basis of actuarial value, as defined above, in the following order:

First, each pensioner shall be entitled to a share equal to the reserve computed to be required for their pension, and

Second, each member who has reached their 61st birthday and has otherwise fulfilled the requirement of eligibility, shall be entitled to a share equal to the reserve computed to be required for their pension credits, and

Third, each member shall be entitled to a share equal to the reserve computed to be required for their pension credits, provided that:

If the funds of the Plan are insufficient to provide in full for the shares under any of the above paragraphs, after provision for all shares under previous paragraphs, each share under such paragraph as to which the funds are insufficient, shall be reduced pro-rata.

Anything herein to the contrary notwithstanding, the rights of all affected participants, former participants, pensioners or beneficiaries of such individuals to benefits accrued to any termination or partial termination, to the extent then funded, shall be non-forfeitable.

The Board of Trustees may require that all shares be withdrawn in cash or in immediate or deferred annuities or other periodic payments as they may determine.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

13. Plan Termination (*continued*)

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the USA, Inc. and the level of benefits guaranteed by the PBGC.

14. Concentration of Credit Risk and Uncertainties

The Plan's financial instruments that are exposed to concentrations of credit risk consist of cash. The Plan places its cash with quality financial institutions. At times, the Plan maintains cash balances in excess of the Federal Deposit Insurance Corporation insured limit. The Trustees believe that the financial institutions in custody of these assets are of an acceptable credit quality to mitigate any potential material risk of loss.

The Plan's investments include mutual funds, common stock, guaranteed investment contracts, bonds and notes, real estate funds and limited partnerships. These funds invest in U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest rate, foreign exchange, credit and overall market volatility risk.

Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and participant account balances.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments into varied instruments.

In the normal course of business, certain of the Plan's assets are transacted with and held by the custodians. The Plan is subjected to credit risk to the extent the custodians are unable to fulfill contractual obligations on their behalf. The Trustees do not anticipate any losses from these counter parties.

15. Contingencies

The Plan is a party to various claims or litigation matters during the normal course of operations. In management's opinion, the ultimate liability for these claims, if any, will not have a material or adverse effect on the Plan's financial statements.

The Plan is currently undergoing a review by the Department of Labor to determine the Plan's compliance with the provisions of ERISA. All requested information has been provided to the DOL. The Trustees believe that the Plan is operating in compliance with ERISA.

Tile Layers Union Local No. 52 NY Pension Fund

Notes to Financial Statements
December 31, 2024 and 2023

16. Prior Period Adjustment

The Plan maintained long outstanding balances originating in prior years that should have been written off in those periods. As a correction of an error, the Plan recorded a cumulative adjustment to opening net assets available for benefits as of January 1, 2023, decreasing due to/from affiliated funds by \$679,513 and net assets available for benefits by \$679,513. Comparative period amounts for December 31, 2023 have been restated to reflect this correction. The adjustment had no impact on cash flows for any period. The following line items on the statement of net assets available for benefits as of December 31, 2023 have been adjusted to reflect this:

	As Previously Reported	Adjustment	As Restated
Due from affiliated funds	\$ 763,742	\$ (763,742)	\$ -
Other receivables	4,607	(4,607)	-
Due to affiliated funds	(90,914)	90,914	-
Due to broker	(3,591)	(2,078)	(5,669)
Net assets available for benefits December 31, 2023	150,136,339	(679,513)	149,456,826
Net assets available for benefits January 1, 2023	134,342,846	679,513	133,663,333

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Net changes assets available for benefits per financial statements	\$ 15,609,150
Change in net assets available for benefits with prior period adjustment	(679,513)
Net changes in assets available for benefits per Form 5500	\$ 14,929,637

**Tile Layers Union Local
No. 52 NY Pension Fund**

Supplemental Schedule
December 31, 2024

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH EQUIVALENTS AND SHORT TERM INVESTMENTS		Shares/Units		
	Interest-bearing cash	N/A	\$ 54,441	\$ 54,441
*	Wilmington US Treasury Money Market Fund	N/A	163,870	163,870
	Total Cash Equivalents and Short Term Investments		218,311	218,311
MUTUAL FUNDS				
*	Bank of NY Mellon Intl Core Equity Pooled Fund	234,161	5,203,537	8,457,894
	Neuberger Berman Strategic Income Fund	1,990,539	25,008,532	19,646,621
	Total Mutual Funds		30,212,069	28,104,515
COMMON/COLLECTIVE TRUSTS				
*	Amalgamated Longview Large Cap 500 Index Fund	33,959	15,930,560	75,538,778
	Total Common/Collective Trusts		15,930,560	75,538,778
COMMON STOCKS				
	Alkami Technology Inc	3,442	67,550	126,253
	Ally Financial Inc	672	25,778	24,199
	American Eagles Outfitter Inc	6,225	126,181	103,771
	Ardmore Shipping Corp	1,546	25,911	18,784
	Ati Inc	770	44,313	42,381
	Axalta Coating Systems LTD	2,116	72,078	72,410
	Axogen Inc	8,100	107,227	133,488
	Bandwidth Inc	3,261	48,929	55,502
	Bill Holdings Inc	1,596	82,529	135,197
	BioHaven LTD	727	33,602	27,153
	Biomarin Pharmaceutical Inc	1,250	82,335	82,163
	Bread Financial Holdings Inc	1,217	45,645	74,310
	Bridge Bio Pharma Inc	1,000	31,870	27,440
	Brixmor Property Group Inc REIT	2,507	52,536	69,795
	Brookline Bankcorp Inc	10,700	108,813	126,260
	Build-A-Bear Workshop Inc	1,419	34,915	65,331
	Caci Intl Inc Class A	252	57,005	101,823
	Cars.com Inc	7,000	130,687	121,309
	Central Pacific Financial Corp	1,432	27,240	41,600
	Coca-Cola	98	113,290	123,479
	Comfort Systems USA Incorporated	251	115,980	106,439
	Commercial Metals Company	1,389	54,084	68,894
	Commvault Systems Inc	979	53,298	147,741
	Coursera Inc	4,150	60,341	35,275
	CSG Systems International Inc	1,056	51,355	53,972
	Cytokinetics Inc	537	48,384	25,260
	Despegar.com Corp	2,971	42,754	57,192
	DMC Global Inc	3,348	45,963	24,608
	Dnow Inc	7,581	80,122	98,629
	Donaldson Inc Com	697	43,852	46,943
	Dorman Products Inc	702	51,085	90,944
	Doubleverify Holdings Inc	2,575	90,856	49,466
	Dropbox Inc CL A	3,901	102,123	117,184
	DXP Enterprises Inc	1,915	90,941	158,217

See independent auditors' report

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Dycom Industries Inc	760	143,881	132,286
	Dynatrace Inc.	1,986	107,983	107,939
	Emcor Group Inc	382	34,494	173,390
	Empire State Realty Trust Class A Reit	2,704	26,743	27,905
	Energys	636	41,354	58,785
	Enova International Inc	426	25,790	40,845
	Essent Group LTD	1,170	52,984	63,695
	Euronet Worldwide Inc	385	40,993	39,593
	Evercore Inc	430	40,084	119,192
	Everest RE Group LTD Com	435	128,756	157,670
	Exact Sciences Corp	449	40,058	25,229
	Excelerate Energy Inc Class A	4,775	103,169	144,444
	Financial Institutions Corp	2,334	45,172	63,695
	Flowserve Corp Com	2,231	81,978	128,327
	FlyWire Corp	6,475	137,559	133,515
	FrontDoor Inc	2,747	84,333	150,178
	FS Inc	429	70,874	107,881
	Gap Inc Com	6,250	126,813	147,688
	Generac Holdings Inc	407	46,501	63,105
	Genpact LTD	1,149	54,914	49,350
	Gitlab Inc Cl A	852	50,909	48,010
	Globe Life Inc	1,350	116,463	150,552
	Green Brick Partners Inc	606	29,923	34,233
	Haemonetics Corp Mass	796	51,088	62,152
	HealthStream Inc	2,758	66,470	87,704
	Heidrick & Struggles Intl Inc	799	27,222	35,404
	Hims and Hers Health Inc Cl A	3,257	49,790	78,754
	Host Hotels and Resorts Inc	7,816	132,021	136,936
	Hyster-Yale Inc CL A	489	28,959	24,905
	Ideaya Biosciences Inc	2,343	93,876	136,831
	Ideaya Biosciences Inc	533	22,663	13,698
	Independent Bank Corp	1,151	65,814	73,883
	inmode LTD	1,527	26,264	25,501
	Insmid Inc	1,809	55,711	124,893
	Inspire Medical Systems Inc	410	88,455	76,006
	Integral AD Science Holding Corp	3,436	62,939	35,872
	Interface Inc	5,250	131,083	127,836
	International Money Express Inc	4,037	84,032	84,091
	International Seaways Inc	604	30,037	21,708
	Intra-Cellular Therapies Inc	638	43,746	53,286
	James River Group Holdings LTD	9,630	76,048	46,898
	Jazz Pharmaceuticals Plc	225	28,712	27,709
	Jones Lang Lasalle Inc Com	533	141,496	134,924
	Kirby Corp Com	1,042	121,414	110,244
	Lamar Advertising Company-Class A REIT	906	71,697	110,296
	LegalZoom.com Inc	7,558	62,013	56,761
	Lincoln Educational Services Corp	3,172	33,909	50,181
	Livanova Plc	1,392	77,052	64,464
	Liveramp Holdings Inc	1,975	50,718	59,981
	Lyft Inc Class A	8,316	115,845	107,276

See independent auditors' report

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	M/I Homes Inc	701	65,665	93,198
	Manpower Inc	567	52,513	32,727
	Mercury Gen Corp New Com	480	29,976	31,910
	Merit Med Sys Inc	862	58,026	83,373
	Meritage Homes Corp	202	33,977	31,072
	Mohawk Industries Inc Com	665	65,133	79,221
	MRC Global Inc	9,445	117,646	120,707
	Mueller Water Products Inc - Class A	4,917	57,772	110,633
	Natera Inc	415	25,830	65,695
	Natures Sunshine Prods INC	2,258	21,601	33,102
	Neurocrine Biosciences Inc	418	41,585	57,057
	New Corp Class A	2,438	41,154	67,143
	NMI Holdings Inc	1,938	47,761	71,241
	Nordstrom Inc Com	5,725	133,940	138,259
	NRG Energy Inc	1,142	89,768	103,031
	Olema Pharmaceuticals Inc	924	11,408	5,387
	Olo Inc Class A	20,600	115,398	158,208
	Onemain Holdings Inc	2,336	94,949	121,776
	Palomar Holdings Inc	836	41,700	88,273
	Payoneer Global Inc	14,650	112,282	147,086
	Perdoceo Education Group	4,367	59,830	115,594
	Performance Food Group Co	931	52,855	78,716
	Playika Holding Corp	6,071	68,754	42,133
	Popular Inc	774	61,317	72,802
	Portland General Electric Co	1,040	46,384	45,365
	Pure Storage Inc	1,783	64,084	109,530
	Reliance Inc	207	20,139	55,737
	Resideo Technologies Inc.	2,513	62,466	57,925
	Revolution Medicines Inc	1,091	36,385	47,720
	Riley Exploration Permian Inc	2,500	67,128	79,800
	Ring Energy Inc	60,930	108,504	82,865
	Rush Street Interactice	9,491	66,619	130,217
	Sarepta Therapeutics Inc	528	59,532	64,200
	Sketchers USA	500	31,228	33,620
	SM Energy Co	1,951	32,188	75,621
	Springworks Therapeutics Inc	1,248	47,713	45,090
	SPS Commerce Inc	493	17,416	90,707
	Staar Surgical Com	1,400	34,189	34,006
	Standard Motor Products Inc	1,194	46,546	36,990
	Steelcase Inc Class A	6,799	88,380	80,364
	Sterling Infastructure Inc	376	8,454	63,337
	Stifel Financial Corporation	874	58,833	92,714
	StoneCo LTD Class A	7,026	85,803	55,997
	Structure Therapeutics Inc Spons ADR	959	40,197	26,008
	Sylvamo Corp	990	60,832	78,230
	Tactile Systems Technology Inc	8,321	97,862	142,538
	Tanger Factory Outlet Centers Inc	3,976	75,192	135,701
	TechniPFMC LTD	5,250	150,712	151,935
	Teekay Tankers LTD	2,275	126,970	90,522
	Tennant Co	599	33,679	48,836

See independent auditors' report

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	The Lovesac Company	1,663	37,468	39,347
	Thermon Group Holdings Inc	787	24,429	22,642
	Travel Plus Leisure Co	1,283	50,959	64,727
	Unisys Corp	14,547	69,683	92,083
	Universal Insurance Holdings Inc	1,341	26,558	28,241
	Unvl Health Services Inc Class B	707	150,912	126,850
	Upwork Inc	7,900	134,047	129,165
	Urban Outfitters Inc	2,737	106,661	150,207
	US Foods Holding Corp	2,280	158,244	153,809
	Usana Health Services Inc	1,163	44,614	41,740
	Vaxcyte Inc	533	31,873	43,631
	Viking Therapeutics Inc	966	17,581	38,872
	Virtu Financial Inc Class A	2,481	45,526	88,522
	Vital Farms Inc	2,693	39,019	101,499
	Western Alliance	1,863	115,231	155,635
	Willdan Group Inc	1,940	81,408	73,895
	XP Inc Class A	1,927	48,835	22,835
	Yelp Inc.	3,069	118,410	120,077
	Total Common Stocks		<u>10,090,107</u>	<u>12,186,809</u>
INVESTMENT WITH INSURANCE COMPANY, AT CONTRACT VALUE				
*	Empower Annuity Insurance Company	Guaranteed Deposit (GDA)	<u>4,590,909</u>	<u>4,590,909</u>
REAL ESTATE INVESTMENT FUND				
	U.S. Intercontinental Real Estate Fund, LLC	9,924	<u>11,332,381</u>	<u>11,524,552</u>
LIMITED PARTNERSHIPS				
	EnTrust Capital Diversified Fund,Ltd. - Class X	2,873	13,237	27,727
	Crescent Credit Solutions VIIIA-2, L.P.	1.25% ownership interest	7,106,825	6,496,712
	Ullico Infrastructure fund	0.26% ownership interest	10,489,316	13,908,432
	Boyd Watterson GSA Fund LP	11,870	<u>11,000,000</u>	<u>11,707,854</u>
			<u>28,609,378</u>	<u>32,140,725</u>
			<u>\$ 100,983,715</u>	<u>\$ 164,304,599</u>

* - Denotes a party-in-interest as defined by ERISA

See independent auditors' report

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Years of Eligibility Service

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39
Under 25	13	1	12	—	—	—	—	—	—	—
25 - 29	38	4	10	24	—	—	—	—	—	—
30 - 34	77	2	27	40	8	—	—	—	—	—
35 - 39	128	4	35	60	28	1	—	—	—	—
40 - 44	132	2	16	57	40	15	2	—	—	—
45 - 49	170	4	24	59	57	19	6	1	—	—
50 - 54	149	1	11	47	53	24	8	4	—	1
55 - 59	154	2	11	26	46	19	22	18	7	3
60 - 64	82	2	5	18	21	13	8	10	2	3
65 - 69	8	1	—	3	4	—	—	—	—	—
70 & over	1	—	—	1	—	—	—	—	—	—
Unknown	3	3	—	—	—	—	—	—	—	—
Totals	955	26	151	335	257	91	46	33	9	7

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

- **Healthy:** Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.
- **Disabled:** Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.
- **Contingent Survivor:** Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

The underlying tables with the generational projection under Scale MP-2021 to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability	Withdrawal ²
20	0.07%	0.02%	0.05%	17.46%
25	0.07	0.03	0.05	18.51
30	0.07	0.03	0.05	12.19
35	0.07	0.04	0.06	8.78
40	0.09	0.06	0.09	7.00
45	0.12	0.09	0.18	6.21
50	0.18	0.13	0.40	5.63
55	0.28	0.20	0.85	2.92
60	0.44	0.30	1.74	2.20

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the past several years.

Retirement rates for active participants

Age	Annual Retirement Rates
55 – 59	0%
60	30
61	5
62	50
63 – 64	20
65	60
66 – 70	30
71 and over	100

The retirement rates were based on historical and current demographic data, adjusted to reflect the change in plan design effective January 1, 2023, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

¹ Mortality rates shown for base table.

² Withdrawal rates do not apply at or beyond early retirement age.

Section 3: Certificate of Actuarial Valuation

Description of weighted average retirement age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Retirement rates for inactive vested participants

Age	Annual Retirement Rates for Terminations Before 2023	Annual Retirement Rates for Terminations After 2022
55 – 59	5%	5%
60	5	50
61	50	5
62	15	15
63 – 64	5	5
65	15	15
66 – 72	10	10
73 and over	100	100

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect the change in plan design effective January 1, 2023 and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

Future benefit accruals

Participants are assumed to earn 18 units of benefit service in all future years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Section 3: Certificate of Actuarial Valuation

Definition of active participants

Active participants are defined as those with at least 70 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

80%

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Benefit election

All participants are assumed to elect the single life annuity form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Delayed retirement factors

Active and inactive vested participants qualify for delayed retirement increases as described in Exhibit L, but not beyond age 73.

Net investment return

6.50%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$530,000 for the year beginning January 1, 2024 (equivalent to \$512,310 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the 2024 adjusted Scale MP-2021. Previously, the RP-2006 employee and annuitant mortality tables, projected generationally using Scale MP-2021, were used.

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 8.5%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 14.1%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
 - Mortality for healthy lives, previously based on 93% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2020
 - Mortality for disabled lives, previously based on Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020
 - Mortality for contingent survivors, previously based on 93% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/30/1953
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES TILE LAYERS UNION LOCAL NO. 52 NY PENSION FUND
2b Employer Identification Number (EIN): 13-5635004
2c Plan Sponsor's telephone number: 212-505-5050
2d Business code (see instructions): 238900

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Ken Cook, 10/14/2025, Ken Cook. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

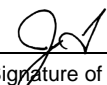
A Name of plan TILE LAYERS UNION LOCAL 52 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, TILE LAYERS UNION LOCAL 52 PENSION FUND	D Employer Identification Number (EIN) 13-5635004	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	150,136,339
(2) Actuarial value of assets for funding standard account.....	1b(2)	150,283,512
c (1) Accrued liability for plan using immediate gain methods	1c(1)	135,266,016
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	122,961,283
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	203,488,880
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	6,661,088
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	5,557,390
(3) Expected plan disbursements for the plan year	1d(3)	6,087,390

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

SIGN HERE	JACOB ITZCOWITZ  Signature of actuary JACOB ITZCOWITZ, FSA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK NY 10001-2192 Address of the firm	<u>10/13/2025</u> Date <u>2308590</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
------------------	---	---

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29%
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females.....	6c(2)	9FP
d Valuation liability interest rate.....	6d	6.50%
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	8.5%
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	14.1%
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	512,310
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-3,730,134	-372,498
4	-1,836,268	-183,373

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2,750,744
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	25,368,259
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	443,531
e Total charges. Add lines 9a through 9d	9e	7,267,088
Credits to funding standard account:		
f Prior year credit balance, if any	9f	15,075,989
g Employer contributions. Total from column (b) of line 3	9g	2,095,865
	Outstanding balance	
h Amortization credits as of valuation date	9h	25,309,766
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,271,555
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3,148,577
(2) "RPA '94" override (90% current liability FFL)	9j(2)	36,513,453
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	21,969,210
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	14,702,122
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 8.5%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 14.1%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
 - Mortality for healthy lives, previously based on 93% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2020
 - Mortality for disabled lives, previously based on Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020
 - Mortality for contingent survivors, previously based on 93% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 62
- **Service Requirement:** Fifth anniversary of participation
- **Amount:** \$3.30 for each unit of future service
- **Delayed Retirement Amount:** Between Normal Retirement Age (NRA) and 65, the greater of normal pension accrued at retirement date and accrued benefit as of NRA increased by 1.0% for each month after NRA and before 65, that benefits were not suspended. After age 65, benefits are not suspended and benefit will be actuarially increased annually, using 1951 Group Annuity Mortality Table and 6% interest, plus any additional accrual earned that year.

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Five years of credited service
- **Amount:** Normal pension accrued, unreduced between ages 60 and 62 and then reduced by $\frac{1}{4}\%$ for each month of age less than 60.

Section 3: Certificate of Actuarial Valuation

Disability

- **Age Requirement:** None
- **Service Requirement:** Five years of future service
- **Other Requirement:** Awarded a Social Security Disability Benefit
- **Amount:** Normal pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of future service
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 62 or fifth anniversary of participation, if later

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of future service
- **Amount:** 50% of the benefit participant would have received had they retired the day before death and elected the joint and survivor option. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the participant's earliest possible retirement date. If the participant had at least 10 years of credited service, the spouse's benefit is payable immediately with no reduction for early commencement.
- **Charge for Coverage:** None

Pre-retirement lump-sum death benefit (if unmarried)

- **Age Requirement:** None
- **Service Requirement:** None
- **Amount:**
 - If less than 15,000 hours worked at death: \$100 for each year of future service credit for eligibility, to a maximum of \$2,000.
 - If 15,000 hours or more worked at death: \$400 for each 1,500 hours worked, to a maximum of \$10,000.

Section 3: Certificate of Actuarial Valuation

Post-retirement death benefit

- **Lump Sum Death Benefit:** If the pensioner received less than 36 monthly payments, the balance of the 36 monthly payments.
- **Joint and Survivor:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with the lump sum guarantee, without reduction.

Optional forms of benefits

Life Annuity; 50% or 75% Joint and Survivor Annuity.

Credited service for benefits

- **Future Service:**
 - Prior to January 1, 1971 – one unit shall be credited for each \$480.00 gross wages earned while in the employ of one or more participating employers during any fiscal year.
 - Between January 1, 1971 and December 31, 1981 – one unit shall be credited for each 80 hours worked for one or more participating employers during any fiscal year.
 - On or after January 1, 1982 – one unit shall be credited for each 70 hours worked for one or more participating employers during any fiscal year.

No more than 16 units may be earned in any calendar year prior to January 1, 1980, nor more than 25 units in any year from January 1, 1980 through December 31, 1990. After 1990, the number of units in a calendar year is unlimited.

Credited service for eligibility

- Prior to January 1, 1971 – one-tenth year shall be credited for each \$480.00 gross wages earned while in the employ of one or more participating employers during any fiscal year.
- Between January 1, 1971 and December 31, 1981 – one-tenth year shall be credited for each 80 hours worked for one or more participating employers during any fiscal year.

Section 3: Certificate of Actuarial Valuation

- On and after January 1, 1982 – one-tenth year shall be credited for each 70 hours worked for one or more participating employers during any fiscal year.

No more than ten-tenths credit may be earned in any fiscal year.

Contribution rate

\$4.10 per hour, of which \$2.00 per hour is reallocated to the Welfare Fund effective July 2021, resulting in net rate of \$2.10 per hour. Effective June 3, 2024, the reallocation is \$1.55 per hour resulting in a net rate of \$2.55 per hour.

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

10060737v2/05237.006

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
CASH EQUIVALENTS AND SHORT TERM INVESTMENTS		Shares/Units		
	Interest-bearing cash	N/A	\$ 54,441	\$ 54,441
*	Wilmington US Treasury Money Market Fund	N/A	<u>163,870</u>	<u>163,870</u>
	Total Cash Equivalents and Short Term Investments		<u>218,311</u>	<u>218,311</u>
MUTUAL FUNDS				
*	Bank of NY Mellon Intl Core Equity Pooled Fund	234,161	5,203,537	8,457,894
	Neuberger Berman Strategic Income Fund	1,990,539	<u>25,008,532</u>	<u>19,646,621</u>
	Total Mutual Funds		<u>30,212,069</u>	<u>28,104,515</u>
COMMON/COLLECTIVE TRUSTS				
*	Amalgamated Longview Large Cap 500 Index Fund	33,959	<u>15,930,560</u>	<u>75,538,778</u>
	Total Common/Collective Trusts		<u>15,930,560</u>	<u>75,538,778</u>
COMMON STOCKS				
	Alkami Technology Inc	3,442	67,550	126,253
	Ally Financial Inc	672	25,778	24,199
	American Eagles Outfitter Inc	6,225	126,181	103,771
	Ardmore Shipping Corp	1,546	25,911	18,784
	Ati Inc	770	44,313	42,381
	Axalta Coating Systems LTD	2,116	72,078	72,410
	Axogen Inc	8,100	107,227	133,488
	Bandwidth Inc	3,261	48,929	55,502
	Bill Holdings Inc	1,596	82,529	135,197
	BioHaven LTD	727	33,602	27,153
	Biomarin Pharmeceutical Inc	1,250	82,335	82,163
	Bread Financial Holdings Inc	1,217	45,645	74,310
	Bridge Bio Pharma Inc	1,000	31,870	27,440
	Brixmor Property Group Inc REIT	2,507	52,536	69,795
	Brookline Bankcorp Inc	10,700	108,813	126,260
	Build-A-Bear Workshop Inc	1,419	34,915	65,331
	Caci Intl Inc Class A	252	57,005	101,823
	Cars.com Inc	7,000	130,687	121,309
	Central Pacific Financial Corp	1,432	27,240	41,600
	Coca-Cola	98	113,290	123,479
	Comfort Systems USA Incorporated	251	115,980	106,439
	Commercial Metals Company	1,389	54,084	68,894
	Commvault Systems Inc	979	53,298	147,741
	Coursera Inc	4,150	60,341	35,275
	CSG Systems International Inc	1,056	51,355	53,972
	Cytokinetics Inc	537	48,384	25,260
	Despegar.com Corp	2,971	42,754	57,192
	DMC Global Inc	3,348	45,963	24,608
	Dnow Inc	7,581	80,122	98,629
	Donaldson Inc Com	697	43,852	46,943
	Dorman Products Inc	702	51,085	90,944
	Doubleverify Holdings Inc	2,575	90,856	49,466
	Dropbox Inc CL A	3,901	102,123	117,184
	DXP Enterprises Inc	1,915	90,941	158,217
	Dycom Industries Inc	760	143,881	132,286
	Dynatrace Inc.	1,986	107,983	107,939
	Emcor Group Inc	382	34,494	173,390

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Empire State Realty Trust Class A Reit	2,704	26,743	27,905
	Enersys	636	41,354	58,785
	Enova International Inc	426	25,790	40,845
	Essent Group LTD	1,170	52,984	63,695
	Euronet Worldwide Inc	385	40,993	39,593
	Evercore Inc	430	40,084	119,192
	Everest RE Group LTD Com	435	128,756	157,670
	Exact Sciences Corp	449	40,058	25,229
	Excelerate Energy Inc Class A	4,775	103,169	144,444
	Financial Institutions Corp	2,334	45,172	63,695
	Flowserve Corp Com	2,231	81,978	128,327
	FlyWire Corp	6,475	137,559	133,515
	FrontDoor Inc	2,747	84,333	150,178
	FS Inc	429	70,874	107,881
	Gap Inc Com	6,250	126,813	147,688
	Generac Holdings Inc	407	46,501	63,105
	Genpact LTD	1,149	54,914	49,350
	Gitlab Inc CI A	852	50,909	48,010
	Globe Life Inc	1,350	116,463	150,552
	Green Brick Partners Inc	606	29,923	34,233
	Haemonetics Corp Mass	796	51,088	62,152
	HealthStream Inc	2,758	66,470	87,704
	Heidrick & Struggles Intl Inc	799	27,222	35,404
	Hims and Hers Health Inc CI A	3,257	49,790	78,754
	Host Hotels and Resorts Inc	7,816	132,021	136,936
	Hyster-Yale Inc CL A	489	28,959	24,905
	Ideaya Biosciences Inc	2,343	93,876	136,831
	Ideaya Biosciences Inc	533	22,663	13,698
	Independent Bank Corp	1,151	65,814	73,883
	inmode LTD	1,527	26,264	25,501
	Insmmed Inc	1,809	55,711	124,893
	Inspire Medical Systems Inc	410	88,455	76,006
	Integral AD Science Holding Corp	3,436	62,939	35,872
	Interface Inc	5,250	131,083	127,836
	International Money Express Inc	4,037	84,032	84,091
	International Seaways Inc	604	30,037	21,708
	Intra-Cellular Therapies Inc	638	43,746	53,286
	James River Group Holdings LTD	9,630	76,048	46,898
	Jazz Pharmaceuticals Plc	225	28,712	27,709
	Jones Lang Lasalle Inc Com	533	141,496	134,924
	Kirby Corp Com	1,042	121,414	110,244
	Lamar Advertising Company-Class A REIT	906	71,697	110,296
	LegalZoom.com Inc	7,558	62,013	56,761
	Lincoln Educational Services Corp	3,172	33,909	50,181
	Livanova Plc	1,392	77,052	64,464
	Liveramp Holdings Inc	1,975	50,718	59,981
	Lyft Inc Class A	8,316	115,845	107,276
	M/I Homes Inc	701	65,665	93,198
	Manpower Inc	567	52,513	32,727
	Mercury Gen Corp New Com	480	29,976	31,910
	Merit Med Sys Inc	862	58,026	83,373
	Meritage Homes Corp	202	33,977	31,072

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mohawk Industries Inc Com	665	65,133	79,221
	MRC Global Inc	9,445	117,646	120,707
	Mueller Water Products Inc - Class A	4,917	57,772	110,633
	Natera Inc	415	25,830	65,695
	Natures Sunshine Prods INC	2,258	21,601	33,102
	Neurocrine Biosciences Inc	418	41,585	57,057
	New Corp Class A	2,438	41,154	67,143
	NMI Holdings Inc	1,938	47,761	71,241
	Nordstrom Inc Com	5,725	133,940	138,259
	NRG Energy Inc	1,142	89,768	103,031
	Olema Pharmaceuticals Inc	924	11,408	5,387
	Olo Inc Class A	20,600	115,398	158,208
	Onemain Holdings Inc	2,336	94,949	121,776
	Palomar Holdings Inc	836	41,700	88,273
	Payoneer Global Inc	14,650	112,282	147,086
	Perdoceo Education Group	4,367	59,830	115,594
	Performance Food Group Co	931	52,855	78,716
	Playika Holding Corp	6,071	68,754	42,133
	Popular Inc	774	61,317	72,802
	Portland General Electric Co	1,040	46,384	45,365
	Pure Storage Inc	1,783	64,084	109,530
	Reliance Inc	207	20,139	55,737
	Resideo Technologies Inc.	2,513	62,466	57,925
	Revolution Medicines Inc	1,091	36,385	47,720
	Riley Exploration Permian Inc	2,500	67,128	79,800
	Ring Energy Inc	60,930	108,504	82,865
	Rush Street Interactive	9,491	66,619	130,217
	Sarepta Therapeutics Inc	528	59,532	64,200
	Sketchers USA	500	31,228	33,620
	SM Energy Co	1,951	32,188	75,621
	Springworks Therapeutics Inc	1,248	47,713	45,090
	SPS Commerce Inc	493	17,416	90,707
	Staar Surgical Com	1,400	34,189	34,006
	Standard Motor Products Inc	1,194	46,546	36,990
	Steelcase Inc Class A	6,799	88,380	80,364
	Sterling Infastructure Inc	376	8,454	63,337
	Stifel Financial Corporation	874	58,833	92,714
	StoneCo LTD Class A	7,026	85,803	55,997
	Structure Therapeautics Inc Spons ADR	959	40,197	26,008
	Sylvamo Corp	990	60,832	78,230
	Tactile Systems Technology Inc	8,321	97,862	142,538
	Tanger Factory Outlet Centers Inc	3,976	75,192	135,701
	TechniPFMC LTD	5,250	150,712	151,935
	Teekay Tankers LTD	2,275	126,970	90,522
	Tennant Co	599	33,679	48,836
	The Lovesac Company	1,663	37,468	39,347
	Thermon Group Holdings Inc	787	24,429	22,642
	Travel Plus Leisure Co	1,283	50,959	64,727
	Unisys Corp	14,547	69,683	92,083
	Universal Insurance Holdings Inc	1,341	26,558	28,241
	Unvl Health Services Inc Class B	707	150,912	126,850
	Upwork Inc	7,900	134,047	129,165

Tile Layers Union Local No. 52 NY Pension Fund

Schedule Pursuant to the Department of Labor Requirements December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN 13-5635004
Plan #001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Urban Outfitters Inc	2,737	106,661	150,207
	US Foods Holding Corp	2,280	158,244	153,809
	Usana Health Services Inc	1,163	44,614	41,740
	Vaxcyte Inc	533	31,873	43,631
	Viking Therapeutics Inc	966	17,581	38,872
	Virtu Financial Inc Class A	2,481	45,526	88,522
	Vital Farms Inc	2,693	39,019	101,499
	Western Alliance	1,863	115,231	155,635
	Willdan Group Inc	1,940	81,408	73,895
	XP Inc Class A	1,927	48,835	22,835
	Yelp Inc.	3,069	118,410	120,077
	Total Common Stocks		<u>10,090,107</u>	<u>12,186,809</u>
	INVESTMENT WITH INSURANCE COMPANY, AT CONTRACT VALUE			
	Empower Annuity Insurance Company	**	<u>4,590,909</u>	<u>4,590,909</u>
	REAL ESTATE INVESTMENT FUND			
	U.S. Intercontinental Real Estate Fund, LLC	9,924	<u>11,332,381</u>	<u>11,524,552</u>
	LIMITED PARTNERSHIPS			
	EnTrust Capital Diversified Fund,Ltd. - Class X	2,873	13,237	27,727
	Crescent Credit Solutions VIIIA-2, L.P.	1.25% ownership interest	7,106,825	6,496,712
	Ullico Infrastructure fund	0.26% ownership interest	10,489,316	13,908,432
	Boyd Watterson GSA Fund LP	11,870	11,000,000	11,707,854
			<u>28,609,378</u>	<u>32,140,725</u>
	* - Denotes a party-in-interest as defined by ERISA			
	** - Not based on units		<u>\$ 100,983,715</u>	<u>\$ 164,304,599</u>

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/2003	\$9,012,658	9	\$1,271,403
Plan amendment	01/01/2006	111,450	12	12,826
Assumption change	01/01/2006	1,210,826	12	139,351
Actuarial loss	01/01/2011	343,671	2	177,244
Plan amendment	01/01/2012	122,652	3	43,484
Actuarial loss	01/01/2012	570,191	3	202,150
Actuarial loss	01/01/2013	2,508,318	4	687,498
Assumption change	01/01/2014	971,478	5	219,503
Plan amendment	01/01/2016	6,107	7	1,046
Actuarial loss	01/01/2016	781,778	7	133,843
Actuarial loss	01/01/2019	1,769,598	10	231,136
Actuarial loss	01/01/2020	689,540	11	84,205
Assumption change	01/01/2020	6,229,766	11	760,764
Plan amendment	01/01/2023	1,040,226	14	108,360
Total		\$25,368,259		\$4,072,813

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/2010	\$154,984	1	\$154,984
Actuarial gain	01/01/2010	463,397	1	463,397
Assumption change	01/01/2011	21,478	2	11,077
Actuarial gain	01/01/2014	309,246	5	69,873
Actuarial gain	01/01/2015	867,325	6	168,227
Actuarial gain	01/01/2017	469,775	8	72,446
Actuarial gain	01/01/2018	2,482,879	9	350,256
Assumption change	01/01/2021	1,514,018	12	174,245
Actuarial gain	01/01/2021	7,127,452	12	820,280
Actuarial gain	01/01/2022	5,075,587	13	554,181
Actuarial gain	01/01/2023	1,257,223	14	130,964
Assumption change	01/01/2024	1,836,268	15	183,373
Actuarial gain	01/01/2024	3,730,134	15	372,498
Total		\$25,309,766		\$3,525,801

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 8.5%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 14.1%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2024:
 - Mortality for healthy lives, previously based on 93% of Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2020
 - Mortality for disabled lives, previously based on Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020
 - Mortality for contingent survivors, previously based on 93% of Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2020