Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/07/1968

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)
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION PENSION FUND

53 W. SEEGERS ROAD
ARLINGTON HEIGHTS, IL 60005

2b Employer Identification Number (EIN) 16-6114794

2c Plan Sponsor's telephone number 847-981-0491

2d Business code (see instructions) 485990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2023	THOMAS STUEBNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2023	WILLIAM DECARLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	2653
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1108
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1167
b	Retired or separated participants receiving benefits	**6b**	863
c	Other retired or separated participants entitled to future benefits	**6c**	580
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2610
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	137
f	Total. Add lines **6d** and **6e**.	**6f**	2747
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

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

1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

▶ **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
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION PENSION FUND

D Employer Identification Number (EIN)
16-6114794

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	66601355
(2)	Actuarial value of assets for funding standard account	**1b(2)**	63546229
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	64379301
(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)**	64379301
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)**	128940469
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4732046
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	3957100
(3)	Expected plan disbursements for the plan year	**1d(3)**	4426726

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

Signature of actuary	09/12/2023 Date
JOHN J. MCKEVITT III	23-08580
Type or print name of actuary	Most recent enrollment number
CHEIRON INC.	312-629-8401
Firm name	Telephone number (including area code)
230 WEST MONROE STREET, SUITE 650, CHICAGO, IL 60606	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	66601355
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1000	49989344
(2) For terminated vested participants		548	23063087
(3) For active participants:			
(a) Non-vested benefits			2623653
(b) Vested benefits			53264385
(c) Total active		1108	55888038
(4) Total		2656	128940469
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.65 %

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
04/30/2022	258318		09/30/2022	313515	
05/31/2022	293674		10/31/2022	301845	
06/30/2022	308825		11/30/2022	259378	
07/31/2022	312453		12/31/2022	1247743	
08/31/2022	318924				
		Totals ► **3(b)**	3614675	**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**	98.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the 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 ☐ • 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? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.22 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.4 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	420000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-584072	-59933

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	2016053

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)**	11916395		1928312
(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**	276106
e Total charges. Add lines 9a through 9d			**9e**	4220471
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	4774043
g Employer contributions. Total from column (b) of line 3			**9g**	3614675
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	6309280		827172
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	454018
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	8156790		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	55920163		
(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**	9669908
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	5449437
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 2022 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**	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

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

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

A Name of plan
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION PENSION FUND

D Employer Identification Number (EIN)
16-6114794

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP

23-1945930

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

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

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

LISA CERBES

16-6114794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL BRYANT HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	85991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEIRON

13-4215617

(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	NONE	68318	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GUERRIERI, BARTOS & ROMA P.C.

52-1403822

(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	58240	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGACY PROFESSIONALS LLP

32-0043599

(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	55450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(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 62	NONE	14863	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

MR. MICROCHIP

59-3084068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	10253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LASALLE CONSULTING PARTNERS

36-4030449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	7338	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION PENSION FUND

D Employer Identification Number (EIN)
16-6114794

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	107039	219560
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	814132	994013
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	122115	137210
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	668444	331374
(2) U.S. Government securities	1c(2)	9225835	10440552
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11875581	9130104
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	42548657	33189005
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1292889	1159536

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	66654692	55601354
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	53337	49898
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	53337	49898
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	66601355	55551456

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)	3614675	
	(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)		3614675
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10209	
	(B) U.S. Government securities	2b(1)(B)	265964	
	(C) Corporate debt instruments	2b(1)(C)	313056	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	35032	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		624261
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	695990	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		695990
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13478810	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13932492	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-453682
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-2844901	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2844901

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8455642
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-6819299
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3649572	
(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)		3649572
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	182008	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	100854	
(4) Other	2i(4)	298166	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		581028
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4230600
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-11049899
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

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

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 480617.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION PENSION FUND

D Employer Identification Number (EIN)
16-6114794

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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 METRA

b EIN 36-3126147 **c** Dollar amount contributed by employer 3286086

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 12 Day 31 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) 1.45
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer C&W

b EIN 77-0698582 **c** Dollar amount contributed by employer 189725

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 30 Year 2023

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) 2.05
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer YELLOW FREIGHT

b EIN 34-0492670 **c** Dollar amount contributed by employer 74960

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 12 Day 31 Year 2023

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) 3.50
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ASD WELFARE FUND

b EIN 59-1283066 **c** Dollar amount contributed by employer 48889

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 12 Day 31 Year 2023

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) 9.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer TCU PENSION FUND

b EIN 16-6114794 **c** Dollar amount contributed by employer 15015

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 12 Day 31 Year 2023

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) 9.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	60
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	60
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	60

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**	102.27
b The corresponding number for the second preceding plan year	**15b**	104.71

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**	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 65.0 % Investment-Grade Debt: 34.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 1.0 %

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

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation_____

TRANSPORTATION COMMUNICATIONS UNION PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022

TRANSPORTATION COMMUNICATIONS UNION PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2022 AND 2021

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LEGACY
PROFESSIONALS LLP
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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Transportation Communications
Union Pension Fund

Opinion

We have audited the financial statements of Transportation Communications Union Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Transportation Communications Union Pension Fund as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2021, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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Responsibilities of Management for the Financial Statements (continued)
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
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 GAAS 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 GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

July 20, 2023

TRANSPORTATION COMMUNICATIONS UNION PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
INVESTMENTS - at fair value		
U.S. Government and Government Agency obligations	$ 10,440,552	$ 9,225,835
Municipal bonds	1,159,536	1,292,889
Corporate bonds	9,130,104	11,875,581
Mutual funds	33,189,005	42,548,657
Short-term investments	331,374	668,444
Total investments	54,250,571	65,611,406
RECEIVABLES		
Employer contributions	994,013	814,132
Accrued interest and dividends	126,575	111,586
Total receivables	1,120,588	925,718
OTHER ASSETS		
Cash	219,560	107,039
Prepaid expenses	10,635	10,529
Total other assets	230,195	117,568
Total assets	55,601,354	66,654,692
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	49,898	53,337
NET ASSETS AVAILABLE FOR BENEFITS	$ 55,551,456	$ 66,601,355

See accompanying notes to financial statments.

TRANSPORTATION COMMUNICATIONS UNION PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
ADDITIONS		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ (11,754,225)	$ 5,948,088
Interest and dividends	1,320,251	2,059,496
	(10,433,974)	8,007,584
Less investment fees	(100,854)	(105,231)
Investment income (loss) - net	(10,534,828)	7,902,353
Employer contributions	3,614,675	3,370,841
	(6,920,153)	11,273,194
DEDUCTIONS		
Pension benefits	3,649,572	3,316,693
Administrative expenses	480,174	448,865
Total deductions	4,129,746	3,765,558
NET INCREASE (DECREASE)	(11,049,899)	7,507,636
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	66,601,355	59,093,719
End of year	$ 55,551,456	$ 66,601,355

See accompanying notes to finaincal statements.

NOTE 1. SUMMARY OF ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Transportation Communications Union Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Employer Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded when collection is considered probable. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment consist of office furniture and equipment and are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over estimated useful lives of five years. Property and equipment were fully depreciated as of both December 31, 2022 and 2021.

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 which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 primarily in the greater Chicagoland area.

NOTE 1. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through July 20, 2023, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1968 as a result of collective bargaining agreements between the union and various employer associations to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, a participant is eligible to participate in the Plan on the day an employer becomes obligated to make contributions to the Plan on the participant's behalf, pursuant to a collective bargaining or participation agreement. Vesting of benefits is attained by participants who have five years of vesting service. One year of vesting service is earned for each year in which a participant completes 1,000 or more hours of service.

The Plan currently provides for normal, early, disability and lump-sum pension benefits. Participants are eligible for a normal pension if they have attained age 65 and have at least five years of past or future service credits, one year of which must be a future service credit.

Benefits may be paid in several options including life annuity and variations of monthly payments. Pension benefits generally are paid in equal installments for the participant's lifetime and, if applicable, to the participant's beneficiary in equal installments as determined by the elected form of benefit payment.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

In addition, 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 and survivor pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided while other benefits may not be provided at all.

NOTE 4. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of December 31, 2021. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retirees and beneficiaries	$ 35,505,219
Terminated vested	10,943,121
Active participants	23,089,918
Total vested benefits	69,538,258
Nonvested benefits	1,118,025
Total actuarial present value of accumulated plan benefits	$ 70,656,283

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 67,790,565
Increase (decrease) during the year attributable to:		
Accrual of benefits	$ 1,511,124	
Interest accrual	4,721,553	
Benefits paid	(3,316,693)	
Administrative expenses paid	(448,865)	
Experience losses	398,599	
Net increase		2,865,718
Actuarial present value of accumulated plan benefits at end of year		$ 70,656,283

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The actuarial valuation was prepared using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality:

Non-retired participants -	Pri-2012 Blue Collar Non-Annuitant Mortality Table
Healthy retired participants -	Pri-2012 Blue Collar Healthy Annuitant Mortality Table
Disabled retired participants -	Pri-2012 Disabled Retiree Mortality Table

Retirement age:

Terminated vested -	Age 63
Active -	Age 60 to 70 (50% at age 65)

Investment rate of return - 7.00% compounded annually

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at December 31, 2022 and changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2022 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2022. The complete financial status is presented as of December 31, 2021.

As of January 1, 2023, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA), as amended.

NOTE 5. TAX STATUS

The Plan's latest determination letter is dated March 1, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving this determination letter. The Plan's administrator and Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 5. TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require the Plan 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 be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2022 and 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

		Fair Value Measurements at 12/31/22 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	$ 10,440,552	$ 3,805,633	$ 6,634,919	$ -
Municipal bonds	1,159,536	-	1,159,536	-
Corporate bonds	9,130,104	-	9,130,104	-
Mutual funds	33,189,005	33,189,005	-	-
Short-term investments	331,374	-	331,374	-
Total	$ 54,250,571	$ 36,994,638	$ 17,255,933	$ -

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 12/31/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. Government and Government Agency obligations	$ 9,225,835	$ 3,308,395	$ 5,917,440	$ -
Municipal bonds	1,292,889	-	1,292,889	-
Corporate bonds	11,875,581	-	11,875,581	-
Mutual funds	42,548,657	42,548,657	-	-
Short-term investments	668,444	-	668,444	-
Total	$ 65,611,406	$ 45,857,052	$ 19,754,354	$ -

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations, municipal bonds and corporate bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Short-term investments are valued at cost, which approximates their fair value.

NOTE 7. RISKS AND UNCERTAINTIES

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

The Plan invests in securities with contractual cash flows, such as asset-backed, mortgage-backed and collateralized mortgage obligations securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate values, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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

NOTE 8. RELATED ORGANIZATION

The Plan is related to Allied Services Division Welfare Fund (the Welfare Fund), which is tax-exempt.

The Plan shares office space with the Welfare Fund and pays rent on a month-to-month basis pursuant to a shared space allocation agreement. Total office rent expense was $10,120 for each of the years ended December 31, 2022 and 2021.

NOTE 9. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's full-time employee is covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

NOTE 9. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Defined Benefit Pension Plan (continued)

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2022 and 2021 is outlined in the table below. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act Zone Status 2022	Pension Protection Act Zone Status 2021	FIP/RP Status Pending/ Implemented	Contributions 2022	Contributions 2021	Most Recently Available Annual Report (Form 5500)
Transportation Communications Union Pension Fund	16-6114794/001	Green as of 1/1/23	Green as of 1/1/22	N/A	$ 16,380	$ 15,926	12/31/2021

Contributions to the plan are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employee is covered by a multiemployer health and welfare plan that provides medical benefits to retirees and to eligible employees and their dependents. Contributions to this plan for the years ended December 31, 2022 and 2021 totaled $31,336 and $28,485 respectively.

NOTE 10. FUNDING POLICY

Participating employers contribute such amounts as specified in their collective bargaining agreements. Rates ranged from $1.45 to $9.00 per hour during 2022 and from $1.25 to $8.75 per hour during 2021.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of January 1, 2022.

NOTE 11. MAJOR EMPLOYER

Contributions from one employer accounted for approximately 90% of total employer contributions for each of the years ended December 31, 2022 and 2021. In the event this employer suspends contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

NOTE 12. CONCENTRATION OF PLAN INVESTMENTS

As of December 31, 2022 and 2021, the Plan held units in the Vanguard Institutional Index Fund with a fair value of $16,716,024 (30% of net assets) and $22,665,549 (34% of net assets), respectively. The mutual fund seeks to track the performance of the S&P 500 Index Fund.

If a significant decline in the fair value of this investment during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

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CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Transportation Communications
Union Pension Fund

We have audited the financial statements of Transportation Communications Union Pension Fund (the Plan) as of and for the years ended December 31, 2022 and 2021, and our report thereon dated July 20, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Westchester, Illinois

July 20, 2023

FOOTNOTES STATEMENT 1

SCHEDULE C - DIRECT COMPENSATION FOR EMPLOYEES:
COMPENSATION REPORTED FOR EMPLOYEES ON SCHEDULE C INCLUDES TAXABLE COMPENSATION (SALARY) AND ITEMS WHICH ARE TYPICALLY NON-TAXABLE SUCH AS PENSION AND HEALTH INSURANCE PREMIUMS AS WELL AS REIMBURSED CONFERENCE EXPENSES AS REQUIRED BY DEPARTMENT OF LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	10,529.	10,635.
ACCRUED INTEREST AND DIVIDENDS	111,586.	126,575.
TOTAL TO SCHEDULE H, LINE 1B(3)	122,115.	137,210.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
MUNICIPAL BONDS	1,292,889.	1,159,536.
TOTAL TO SCHEDULE H, LINE 1C(15)	1,292,889.	1,159,536.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
COMPUTER CONSULTING EXPENSES	18,012.
EMPLOYEE BENEFITS	47,716.
INSURANCE EXPENSE	23,098.
OFFICE SUPPLIES, PRINTING AND POSTAGE	15,220.
PLAN TERMINATION INSURANCE	84,896.
SALARIES AND PAYROLL TAXES	99,104.
RENT	10,120.
TOTAL TO SCHEDULE H, LINE 2I(4)	298,166.

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER: **EIN NUMBER: 36-6228122**

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	**65,533,925.52**			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.6%				
TOTAL ACTIVITY FROM 01/01/22 TO 12/31/22				
DEPOSIT	6,382,676.26	6,382,676.26	6,382,676.26	
WITHDRAWAL	6,544,825.77	6,544,825.77	6,544,825.77	
TOTAL	12,927,502.03	12,927,502.03	12,927,502.03	
TOTAL SHORT TERM INVESTMENTS	**12,927,502.03**	**12,927,502.03**	**12,927,502.03**	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		**12,927,502.03**		

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Schedule Of Reportable Transactions

BY ASSET **VALUATION** **65,533,925.52** **THRESHOLD** **3,276,696.28**

DESCRIPTION	TRAN TYPE	SETTLE DATE / SHARES / UNITS	PURCHASE / SALE COST / PROCEEDS	BROKER COMMISSION / OTH EXPENSE	COST OF ASSET / PREV ANNL MKT	NET GAIN / LOSS

NO REPORTABLE TRANSACTIONS

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Schedule Of Reportable Transactions

AGGREGATE BY ASSET **VALUATION** **65,533,925.52** **THRESHOLD** **3,276,696.28**

DESCRIPTION	TRAN TYPE	SETTLE DATE / SHARES / UNITS	PURCHASE / SALE COST / PROCEEDS	BROKER COMMISSION / OTH EXPENSE	COST OF ASSET / PREV ANNL MKT	NET GAIN / LOSS
CUSIP # U38141W34						
GOLDMAN FINANCIAL SQUARE TREAS						
OBLIGATIONS-A FD# 468						
(AMALFTRSY) MASTER#2839100 3.6%	NET		6,382,676.26		6,382,676.26	
					6,382,676.26	
	NET		6,544,825.77		6,544,825.77	
					6,544,825.77	

96 PURCHASES FOR 6,382,676.26 77 SALES FOR 6,544,825.77 ISSUE AGGREGATE TOTAL 12,927,502.03

AMALGAMATED Bank of Chicago

SUPPLEMENTAL SCHEDULE 2

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Schedule Of Reportable Transactions

AGGREGATE BY BROKER **VALUATION** **65,533,925.52** **THRESHOLD** **3,276,696.28**

DESCRIPTION	TRAN TYPE	SETTLE DATE / SHARES / UNITS	PURCHASE / SALE COST / PROCEEDS	BROKER COMMISSION / OTH EXPENSE	COST OF ASSET / PREV ANNL MKT	NET GAIN / LOSS

NO REPORTABLE TRANSACTIONS

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

SUPPLEMENTAL SCHEDULE 1

Transportation - Communications Union Pension Fund
Schedule of Investments Held
12/31/22

EIN: 16-6114794

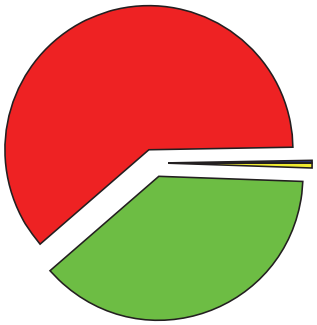
	@ FMV	@ Cost	
Interest Bearing Cash			
Goldman Financial Square Prime	317,229	SEE ATTACHED	p. 4
Huntington Bank Premier Money Market	14,145	14,145	
	331,374		
US Government Securities			
US Government Obligations	3,805,633	SEE ATTACHED	p. 5
Mortgage Backed Securities	5,395,637	SEE ATTACHED	p. 10
Collateralized Mortgage Obligations	801,129	SEE ATTACHED	p. 11
US Government Agency	438,153	SEE ATTACHED	p. 11
Total	10,440,552		
Corporate Debt Instruments			
Commercial Paper	40,397	SEE ATTACHED	p. 4
Collateralized Mortgage Obligations	537,739	SEE ATTACHED	p. 11
Corporate Bonds	8,551,968	SEE ATTACHED	p. 19
Total	9,130,104		
Registered Investment Company			
Mutual Funds-Equity	33,189,005	SEE ATTACHED	p. 19
Total	33,189,005		
Other			
Municipal Issues	1,159,536	SEE ATTACHED	p. 13
	1,159,536		

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Investment Review - Summary Of General Investments

Investment Allocation



0.2%	**CASH**	126,574.48
61.1%	**EQUITIES**	33,189,004.69
38.1%	**FIXED INCOME SECURITIES**	20,730,192.57
0.6%	**MONEY MARKETS**	317,228.84
100.0%	**Total**	54,363,000.58

Investment Summary

	Cost	Market Value	% of Acct	Estim Ann Inc	Income Yield
CASH	126,574.48	126,574.48	0.23	0	0.00
MONEY MARKETS	317,228.84	317,228.84	0.58	11,420	3.60
FIXED INCOME SECURITIES	23,438,766.57	20,730,192.57	38.13	689,681	3.33
EQUITIES	17,537,765.77	33,189,004.69	61.05	652,359	1.97
Total Fund	41,420,335.66	54,363,000.58	100.00	1,353,460	2.49

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	CASH	222.00		222.00		0.00
	ACCRUED INCOME	126,352.48		126,352.48		0.00
	TOTAL CASH	126,574.48		126,574.48	0	0.00
	SHORT TERM INVESTMENTS					
317,228.84	GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.6% U38141W34	317,228.84		317,228.84	11,420	3.60
	COMMERCIAL PAPER					
40,000	ORACLE CORP COMMERCIAL PAPER 11/09/2029 68389XCH6	40,396.60	104.038	40,396.60	58-	0.14-

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	U S GOVERNMENT OBLIGATIONS					
495,000	U.S. TREASURY BONDS 2.75% 11/15/2042 912810QY7	546,946.98	80.723	399,578.85	13,613	3.41
475,000	U.S. TREASURY BONDS 2.5% 02/15/2045 912810RK6	440,032.45	75.867	360,368.25	11,875	3.30
485,000	U.S. TREASURY BONDS 2.5% 05/15/2046 912810RS9	433,859.82	75.211	364,773.35	12,125	3.32
260,000	U.S. TREASURY BONDS 3% 05/15/2047 912810RX8	265,241.97	82.481	214,450.60	7,800	3.64
305,000	U.S. TREASURY BONDS 2.375% 11/15/2049 912810SK5	312,283.56	72.941	222,470.05	7,244	3.26
620,000	U.S. TREASURY BONDS 1.25% 05/15/2050 912810SN9	450,025.14	54.387	337,199.40	7,750	2.30
550,000	U.S. TREASURY NOTES 1.375% 08/15/2050 912810SP4	425,296.23	56.145	308,797.50	7,563	2.45
340,000	U.S. TREASURY NOTES 3% 10/31/2025 9128285J5	332,314.81	96.664	328,657.60	10,200	3.10
470,000	U.S. TREASURY NOTES 2% 02/15/2023 912828UN8	477,900.01	99.729	468,726.30	9,400	2.01
345,000	U.S. TREASURY NOTES 1.5% 09/30/2024 912828YH7	333,014.83	95.008	327,777.60	5,175	1.58
320,000	U.S. TREASURY NOTES 1.375% 11/15/2031 91282CDJ7	282,756.72	81.68	261,376.00	4,400	1.68
225,000	U.S. TREASURY NOTES 2.5% 03/31/2027 91282CEF4	211,650.17	93.981	211,457.25	5,625	2.66
	TOTAL U S GOVERNMENT OBLIGATIONS	4,511,322.69		3,805,632.75	102,770	2.70

AMALGAMATED Bank of Chicago

SUPPLEMENTAL SCHEDULE 1

TRADE DATE - INCOME ACCRUALS

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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	MORTGAGE BACKED SECURITIES					
166.46	FHLMC POOL #C63142 6.5% 01/01/2032 31287NP36	168.34	102.606	170.80	11	6.33
1.12	FHLMC POOL #G13078 6% 03/01/2023 3128MBUB1	1.15	99.817	1.12	0	6.25
59,579.11	FHLMC GOLD POOL #G15144 2.5% 07/01/2029 3128MD5D1	60,868.49	95.094	56,656.16	1,489	2.63
46,252.07	FHLMC GOLD POOL #G15922 3% 08/01/2031 3128MEYT2	48,851.15	95.862	44,338.16	1,388	3.13
37,543.99	FHLMC POOL #G18527 3% 10/01/2029 3128MMSR5	38,588.61	96.363	36,178.52	1,126	3.11
26,232.28	FHLMC POOL #G18578 3% 12/01/2030 3128MMUC5	27,310.27	95.618	25,082.78	787	3.14
24,473.88	FHLMC POOL#G18611 2.5% 09/01/2031 3128MMVD2	25,552.25	93.726	22,938.39	612	2.67
2,552.01	FHLMC POOL #C00712 6.5% 02/01/2029 31292GYH3	2,580.71	103.659	2,645.39	166	6.27
5,643.26	FHLMC GOLD POOL #C01649 5.5% 10/01/2033 31292HZN7	5,627.27	103.305	5,829.77	310	5.32
283,367.33	FHLMC POOL FR SB8191 4.5% 09/01/2037 3132D6C40	282,930.65	99.416	281,712.46	12,752	4.53
149,442.79	FHLMC POOL FR SB8171 4% 06/01/2037 3132D6CG3	152,472.51	97.661	145,947.32	5,978	4.10
89,215.49	FHLMC POOL #SD8092 3% 09/01/2050 3132DV7D1	94,275.68	88.246	78,729.10	2,676	3.40
51,724.99	FHLMC POOL#SD8113 2% 12/01/2050 3132DWAN3	51,680.53	81.877	42,350.87	1,035	2.44
194,337.88	FHLMC POOL#SD8196 3.5% 02/01/2052 3132DWC92	204,419.16	91.086	177,014.60	6,802	3.84

AMALGAMATED Bank of Chicago

SUPPLEMENTAL SCHEDULE 1

TRADE DATE - INCOME ACCRUALS

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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
225,923.1	FHLMC POOL#SD8168 3% 09/01/2051 3132DWCD3	237,572.25	87.997	198,805.55	6,778	3.41
107,768.35	FHLMC POOL #SD8173 2.5% 09/01/2051 3132DWCJ0	111,881.23	85.04	91,646.20	2,694	2.94
249,629.94	FHLMC POOL#SD8202 3.5% 02/01/2052 3132DWDF7	260,299.19	91.085	227,375.43	8,737	3.84
197,750.7	FHLMC POOL FR SD8215 4% 05/01/2052 3132DWDU4	198,461.38	93.925	185,737.34	7,910	4.26
193,023.04	FHLMC POOL FR SD8231 4.5% 06/01/2052 3132DWEC3	195,511.23	96.365	186,006.65	8,686	4.67
237,471.99	FHLMC POOL FR SD8246 5% 09/01/2052 3132DWET6	239,166.71	98.679	234,334.99	11,874	5.07
188,921.63	FHLMC POOL FR SD8277 5.5% 10/01/2052 3132DWFS7	186,670.81	100.341	189,565.85	10,391	5.48
49,315.1	FHLMC POOL #G67702 4% 01/01/2047 3132XCRX5	52,672.79	96.05	47,367.15	1,973	4.16
394.66	FNMA POOL #190322 6% 04/01/2032 31368HLB7	391.40	103.464	408.33	24	5.80
3,219.44	FNMA POOL #254311 6.5% 05/01/2032 31371KN49	3,312.31	103.988	3,347.83	209	6.25
108.6	FNMA POOL #257275 5% 07/01/2023 31371NXC4	111.84	100.617	109.27	5	4.97
504.34	FNMA POOL #323979 6.5% 04/01/2029 31374T2L2	504.12	102.552	517.21	33	6.34
1,201.31	FNMA POOL #510192 7.5% 08/01/2029 31383QXV1	1,208.84	101.024	1,213.61	90	7.42
67.24	FNMA POOL #535908 6% 04/01/2031 31384WKV1	66.72	101.714	68.39	4	5.89

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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
6,756.71	FNMA POOL #545993 6% 11/01/2032 31385JRN0	6,786.03	103.49	6,992.52	405	5.80
5,750.19	FNMA POOL #555424 5.5% 05/01/2033 31385XAZ0	6,065.41	102.817	5,912.17	316	5.35
12,023.82	FNMA POOL #AJ1413 4.5% 09/01/2041 3138ASSB9	12,927.50	98.947	11,897.21	541	4.55
43,014.58	FNMA POOL #AL2921 3.5% 08/01/2042 3138EKG74	45,891.19	94.11	40,481.02	1,506	3.72
19,780.58	FNMA POOL #AL9418 3.5% 08/01/2031 3138ERPC8	20,760.35	98.225	19,429.47	692	3.56
23,730.24	FNMA POOL #AP7363 4% 10/01/2042 3138MBFD3	24,828.70	96.05	22,792.90	949	4.16
33,222.8	FNMA POOL #AV0691 4% 12/01/2043 3138XBXV1	34,926.68	95.942	31,874.62	1,329	4.17
8,829.95	FNMA POOL # 725162 6% 02/01/2034 31402CTT9	9,741.92	103.342	9,125.05	530	5.81
9,616.96	FNMA POOL #735141 5.5% 01/01/2035 31402QWA5	9,978.81	103.315	9,935.76	529	5.32
106,287.52	FNMA POOL FN BK2214 2.5% 03/01/2035 3140HFN88	96,962.67	91.877	97,653.78	2,657	2.72
68,109.7	FNMA POOL #BM3238 3.5% 08/01/2047 3140J7S48	67,641.45	93.059	63,382.21	2,384	3.76
189,564.84	FNMA POOL# CA5960 2.5% 06/01/2050 3140QDTS3	195,311.03	85.99	163,006.81	4,739	2.91
17,696.9	FNMA POOL #890790 3% 08/01/2032 31410LUP5	18,728.30	95.262	16,858.42	531	3.15
80,836.79	FNMA POOL #MA2921 2.5% 03/01/2032 31418CG73	84,670.23	93.614	75,674.55	2,021	2.67

AMALGAMATED Bank of Chicago

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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
232,895.27	FNMA POOL#MA4438 2.5% 10/01/2051 31418D4Y5	241,783.49	84.951	197,846.86	5,822	2.94
96,404.41	FNMA POOL FN MA4097 3% 08/01/2050 31418DRT1	100,509.12	88.389	85,210.89	2,892	3.39
144,347.76	FNMA MA4121 3% 09/01/2050 31418DSK9	150,410.55	88.731	128,081.21	4,330	3.38
189,194.38	FNMA MA4158 2% 10/01/2050 31418DTQ5	193,977.44	82.127	155,379.67	3,784	2.44
273,119.07	FNMA POOL FN MA4644 4% 05/01/2052 31418EES5	268,632.59	93.965	256,636.33	10,925	4.26
185,589	FNMA POOL FN MA4686 5% 06/01/2052 31418EF47	191,620.64	98.679	183,137.37	9,279	5.07
190,058.07	FNMA POOL FN MA4776 4% 09/01/2037 31418EJW1	189,345.35	97.661	185,612.61	7,602	4.10
13,197.46	FNMA POOL #AE8748 4% 12/01/2040 31419KWJ0	13,917.15	96.48	12,732.91	528	4.15
230,064.68	GNMA POOL G2 MA8046 4.5% 05/20/2052 36179W5F1	232,870.13	97.248	223,733.30	10,353	4.63
243,764.67	GNMA POOL G2#MA7590 3% 09/20/2051 36179WNF1	246,757.22	89.605	218,425.33	7,313	3.35
153,212.02	GNMA POOL#MA7649 2.5% 10/20/2051 36179WQA9	157,934.06	86.92	133,171.89	3,830	2.88
198,257.31	GNMA POOL#MA7769 3.5% 12/20/2051 36179WT24	208,727.79	92.022	182,440.34	6,939	3.80
238,090.13	GNMA POOL#MA7768 3% 12/20/2051 36179WTZ1	247,251.02	89.494	213,076.38	7,143	3.35
51,707.44	GNMA POOL#MA7882 3% 02/20/2052 36179WXK9	52,624.43	89.185	46,115.28	1,551	3.36

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
288,483.96	GINNIE MAE II POOL G2 MA8270 5.5% 09/20/2052 36179XFK7	294,971.34	100.777	290,725.48	15,867	5.46
693.62	GNMA POOL #574843 6.5% 11/15/2031 36200WS85	704.57	102.908	713.79	45	6.32
471.9	GNMA POOL #478716 8% 09/15/2029 36209QYM1	482.94	100.814	475.74	38	7.94
2,618.03	GNMA POOL #486597 6% 10/15/2028 36210ARS8	2,693.30	102.689	2,688.43	157	5.84
19,448.68	GNMA II POOL #783403 3.5% 09/15/2041 36241LX84	20,009.80	94.185	18,317.74	681	3.72
	TOTAL MORTGAGE BACKED SECURITIES	5,933,600.79		5,395,637.28	212,748	3.94
	COLLATERALIZED MTG OBLIG					
121,394.44	CNH EQUIPMENT TRUST SERIES 21-A CLASS A3 .4% 12/15/2025 12598AAC4	121,343.05	95.7652	116,253.58 ©	486	0.42
85,000	CNH EQUIPMENT TRUST SERIES 21-C CLASS A3 .81% 12/15/2026 12598LAC0	84,990.12	93.1971	79,217.52 ©	689	0.87
90,000	DAIMLER TRUCKS RETAIL TRUST 5.07% 09/16/2024 233869AB2	89,947.84	99.9131	89,921.78 ©	4,563	5.07
4,950.53	FHLMC SERIES 3795 CLASS ED 3% 10/15/2039 3137A5MM3	5,025.25	99.3017	4,915.96	149	3.02
6,405.56	FGLMC SERIES 4097 CLASS DC 1.5% 06/15/2041 3137ATHY1	6,157.35	93.305	5,976.71	96	1.61
132,941.54	FHLMC MULTIFAM STRUCTURED PASS SERIES KO35 CLASS A2 3.458% 08/25/2023 3137B5KW2	135,586.52	99.0678	131,702.26	4,597	3.49
220,000	FHLMC SERIES K043 CLASS A2 3.062% 12/25/2024 3137BGK24	237,841.41	96.8888	213,155.40	6,736	3.16

AMALGAMATED Bank of Chicago

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Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
90,000	FHLMC MULTIFAM PASS THROUGH SERIES K062 CLASS A2 3.413% 12/25/2026 3137BUX60	101,204.30	96.0458	86,441.20	3,072	3.55
160,000	FHLMC SERIES K063 CLASS A2 3.43% 01/25/2027 3137BVZ82	159,925.00	96.1068	153,770.91	5,488	3.57
135,000	FHLMC SERIES K733 CLASS A2 3.75% 08/25/2025 3137FJXQ7	145,778.91	97.5798	131,732.78	5,063	3.84
1,964.82	FNMA SERIES 2004-44 CLASS LT 4.5% 06/25/2024 31393YZS7	2,017.63	98.9102	1,943.41	88	4.55
89,304.01	GNMA SER 21 23 CLASS MD 1% 02/20/2051 38382NXD4	88,131.90	80.0524	71,489.98	893	1.25
90,000	JOHN DEERE OWNER TR SERIES 22-B CLASS A2 3.73% 06/16/2025 47800AAB6	89,990.47	99.0578	89,151.98 ©	3,357	3.77
175,000	VERIZON MASTER TRUST SERIES 21-2 CLASS A .99% 04/20/2028 92348KAD5	174,919.48	93.254	163,194.57 ©	1,733	1.06
	TOTAL COLLATERALIZED MTG OBLIG	1,442,859.23		1,338,868.04	37,010	2.76
	U S GOVERNMENT AGENCY			537,739 Corp / 801,129 Govt		
420,000	FNMA .875% 08/05/2030 3135G05Q2	380,037.97	79.606	334,345.20	3,675	1.10
115,000	FNMA .375% 08/25/2025 3135G05X7	103,878.05	90.268	103,808.20	431	0.42
	TOTAL U S GOVERNMENT AGENCY	483,916.02		438,153.40	4,106	0.94
	MUNICIPAL OBLIGATIONS					
40,000	COLUMBIA SC WTRWKS AND SWR SYS 2.318% 02/01/2027 198504A51	40,000.00	91.305	36,522.00	927	2.54
115,000	HONOLULU HAWAII CITY & CNTY 2.495% 07/01/2027 438701Y40	115,000.00	90.892	104,525.80	2,869	2.75

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
115,000	MARIN CA CMNTY CLG DIST 3.89% 08/01/2033-2028 56781RJS7	115,602.75	90.521	104,099.15	4,474	4.30
185,000	MASSACHUSETTS ST WTR RESOURCES 2.163% 08/01/2026 576051VZ6	185,000.00	91.803	169,835.55	4,002	2.36
90,000	METRO WSTWTR RECLAMATION DIST 2.713% 04/01/2031-2029 59164GEU2	89,204.20	84.442	75,997.80	2,442	3.21
75,000	NEW YORK ST URBAN DEV CORP REV 3.27% 03/15/2028-2027 6500355X2	73,375.50	92.458	69,343.50	2,453	3.54
75,000	OREGON EDU DISTS .592% 06/30/2024 68587FAU8	75,000.00	94.227	70,670.25	444	0.63
95,000	OREGON ST DEPT OF TRANS HWY 2.056% 11/15/2024 68607DTV7	95,000.00	95.746	90,958.70	1,953	2.15
25,000	PRINCE GEORGES CNTY MD 1.186% 09/15/2026 741701TJ9	25,000.00	87.511	21,877.75	297	1.36
50,000	TEXAS ST 3.952% 10/01/2037-2028 882724HF7	50,997.10	87.797	43,898.50	1,976	4.50
60,000	TEXAS ST 2.704% 04/01/2031-2029 882724QK6	60,000.00	86.096	51,657.60	1,622	3.14
50,000	UNIV OF CALIFORNIA REVENUES UNIV OF CALIFORNIA CA REV TXBL 3.063% 07/01/2025-2025 91412GU94	49,460.00	96.167	48,083.50	1,532	3.19
30,000	UNIV MICH REVS BLD AMER BDS 1.372% 04/01/2027-2026 914455UD0	30,000.00	87.346	26,203.80	412	1.57
110,000	VIRGINIA ST CMWLTH TRANSPRTN 5.35% 05/15/2035 927793TC3	118,248.90	101.973	112,170.30	5,885	5.25
150,000	VIRGINIA ST RESOURCES AUTH 2.53% 11/01/2028 92818NHP6	150,000.00	89.128	133,692.00	3,795	2.84

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
	TOTAL MUNICIPAL OBLIGATIONS	1,271,888.45		1,159,536.20	35,083	3.03
	CORPORATE BONDS					
175,000	AEP TRANSMISSION CO LLC 3.1% 12/01/2026 00115AAE9	195,041.24	93.854	164,244.50	5,425	3.30
55,000	ADOBE INC 2.3% 02/01/2030 00724PAD1	56,389.30	85.513	47,032.15	1,265	2.69
140,000	AIR PRODUCTS & CHEMICALS INC 2.05% 05/15/2030 009158BC9	147,596.70	83.973	117,562.20	2,870	2.44
180,000	ALLSTATE CORP .75% 12/15/2025 020002BH3	176,093.80	88.793	159,827.40	1,350	0.84
75,000	AMAZON.COM INC 3.875% 08/22/2037 023135BF2	87,054.80	89.205	66,903.75	2,906	4.34
205,000	AMERICAN EXPRESS CREDIT 3.3% 05/03/2027 0258M0EL9	224,533.80	94.588	193,905.40	6,765	3.49
115,000	AMERICAN WATER CAP CORP 3.45% 06/01/2029 03040WAU9	120,957.67	91.548	105,280.20	3,968	3.77
200,000	AMPHENOL CORP 2.05% 03/01/2025 032095AK7	198,552.70	94.067	188,134.00	4,100	2.18
90,000	ANALOG DEVICES INC 3.5% 12/05/2026 032654AN5	99,490.62	95.542	85,987.80	3,150	3.66
110,000	ANHEUSER BUSCH 6.625% 08/15/2033 035240AE0	148,253.80	110.572	121,629.20	7,288	5.99
80,000	APPLE INC 4.375% 05/13/2045 037833BH2	100,595.90	92.444	73,955.20	3,500	4.73
115,000	APPLIED MATERIALS INC 1.75% 06/01/2030 038222AN5	108,319.21	81.807	94,078.05	2,013	2.14
60,000	AUTOMATIC DATA PROCESSING INC 1.7% 05/15/2028 053015AG8	58,272.84	86.97	52,182.00	1,020	1.95

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
145,000	AVERY DENNISON CORP 3.35% 04/15/2023 053611AG4	146,138.65	99.358	144,069.10	4,858	3.37
60,000	AVERY DENNISON CORP .85% 08/15/2024 053611AL3	56,377.40	93.344	56,006.40	510	0.91
150,000	BANK OF AMERICA CORP 2.592% 04/20/2031 06051GJB6	155,929.55	81.683	122,524.50	3,888	3.17
75,000	BERKSHIRE HATHAWAY FINANCIAL 4.25% 01/15/2049 084664CR0	89,628.20	89.761	67,320.75	3,188	4.73
100,000	BURLINGTON NORTH SANTA FE 7.29% 06/01/2036 12189TAD6	143,423.59	115.953	115,953.00	7,290	6.29
175,000	CBOE GOLBAL MARKETS INC 3.65% 01/12/2027 12503MAA6	180,354.85	95.622	167,338.50	6,388	3.82
65,000	CANADIAN NATIONAL RAILWAY CO 6.712% 07/15/2036 136375BE1	90,153.69	110.697	71,953.05	4,363	6.06
75,000	CATERPILLAR INC 6.625% 07/15/2028 149123BF7	93,955.20	107.811	80,858.25	4,969	6.15
110,000	CINTAS CORP CINTAS CORP NO 2 4% 05/01/2032 17252MAQ3	109,425.50	94.211	103,632.10	4,400	4.25
115,000	COLGATE PALMOLIVE CO 3.25% 08/15/2032 194162AP8	111,684.00	90.602	104,192.30	3,738	3.59
40,000	COMCAST CORP 6.5% 11/15/2035 20030NAK7	51,464.47	111.688	44,675.20	2,600	5.82
45,000	CONAGRA BRANDS INC .5% 08/11/2023 205887CG5	44,854.67	97.157	43,720.65	225	0.51
135,000	CONOCOPHILLIPS COMPANY 2.125% 03/08/2024 20826FAT3	132,071.85	96.652	130,480.20	2,869	2.20

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
66,242.06	CONTINENTAL AIRLINES 2012-2 A PASS THRU CERTS SINKABLE 4% 10/29/2024 210795QB9	68,205.43	95.4445	63,224.37	2,650	4.19
105,000	CUMMINS ENGINE CO 1.5% 09/01/2030 231021AT3	99,992.45	78.626	82,557.30	1,575	1.91
30,000	DTE ELECTRIC CO 3.7% 03/15/2045 23338VAE6	31,854.83	79.873	23,961.90	1,110	4.63
200,000	DELMARVA POWER & LIGHT CO 3.5% 11/15/2023 247109BS9	213,083.33	98.67	197,340.00	7,000	3.55
130,000	DELTA AIRLINES 2019-1AA 3.204% 04/25/2024 24737BAA3	132,432.31	97.4777	126,721.06	4,165	3.29
35,000	DICK'S SPORTING GOODS INC DICKS SPORTING GOODS INC 3.15% 01/15/2032 253393AF9	28,541.60	78.341	27,419.35	1,103	4.02
125,000	WALT DISNEY CO 7.125% 04/08/2028 254687DM5	163,480.60	109.913	137,391.25	8,906	6.48
85,000	DOMINION ENERGY INC 7% 06/15/2038 25746UBD0	116,575.80	107.61	91,468.50	5,950	6.50
70,000	DUKE ENERGY CAROLINAS 3.75% 06/01/2045 26442CAP9	69,906.11	78.011	54,607.70	2,625	4.81
65,000	EATON CORP 4.15% 11/02/2042 278062AE4	80,794.50	85.84	55,796.00	2,698	4.83
80,000	EMERSON ELECTRIC CO .875% 10/15/2026 291011BP8	79,672.72	86.617	69,293.60	700	1.01
115,000	EVERGY INC 2.9% 09/15/2029 30034WAB2	121,342.49	86.603	99,593.45	3,335	3.35
40,000	EXXON MOBIL CORP 2.019% 08/16/2024 30231GBC5	41,831.04	95.692	38,276.80	808	2.11

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
100,000	EXXON MOBIL CORP 2.61% 10/15/2030 30231GBN1	90,546.20	87.534	87,534.00	2,610	2.98
222,541.52	FEDEX 2020-1 CLASS AA SINKABLE BOND 1.875% 02/20/2034 314353AA1	213,223.45	82.1581	182,835.97	4,173	2.28
205,000	FLORIDA POWER & LIGHT 3.125% 12/01/2025 341081FM4	222,151.35	96.489	197,802.45	6,406	3.24
90,000	GENERAL MOTORS FINL CO 2.7% 08/20/2027 37045XDA1	92,098.80	87.553	78,797.70	2,430	3.08
145,000	GEORGIA PACIFIC BONDS 7.375% 12/01/2025 373298BN7	175,158.35	106.706	154,723.70	10,694	6.91
165,000	W.W. GRAINGER INC 1.85% 02/15/2025 384802AE4	165,330.20	93.942	155,004.30	3,053	1.97
135,000	HERSHEY COMPANY 1.7% 06/01/2030 427866BE7	130,614.30	80.238	108,321.30	2,295	2.12
125,000	ILLINOIS TOOL WORKS INC 2.65% 11/15/2026 452308AX7	133,538.50	92.994	116,242.50	3,313	2.85
75,000	INTEL CORP 4.75% 03/25/2050 458140BM1	82,146.40	86.996	65,247.00	3,563	5.46
55,000	INTUIT INC 1.35% 07/15/2027 46124HAC0	48,674.45	86.626	47,644.30	743	1.56
155,000	JPMORGAN CHASE CO 2.182% 06/01/2028 46647PBR6	156,174.96	87.572	135,736.60	3,382	2.49
105,000	JOHNSON & JOHNSON .95% 09/01/2027 478160CP7	102,377.33	86.256	90,568.80	998	1.10
185,000	KIMBERLY CLARK CORP 2.65% 03/01/2025 494368BQ5	183,810.03	95.568	176,800.80	4,903	2.77

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
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TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
95,000	KROGER CO 2.65% 10/15/2026 501044DE8	99,736.37	91.893	87,298.35	2,518	2.88
90,000	LOCKHEED MARTIN CORPORATION 7.75% 05/01/2026 539830AF6	121,606.20	109.185	98,266.50	6,975	7.10
50,000	LOWE'S COS INC 5.625% 04/15/2053 548661EM5	47,969.00	95.082	47,541.00	2,813	5.92
115,000	MAGELLAN MIDSTREAM PARTN 5% 03/01/2026 559080AK2	124,596.10	99.44	114,356.00	5,750	5.03
55,000	MARTIN MARIETTA MATERIALS 3.2% 07/15/2051 573284AX4	54,133.80	68.032	37,417.60	1,760	4.70
125,000	MCDONALD'S CORP 3.35% 04/01/2023 58013MFE9	131,877.85	99.623	124,528.75	4,188	3.36
195,000	MICROSOFT CORP 3.3% 02/06/2027 594918BY9	215,536.02	96.474	188,124.30	6,435	3.42
35,000	MONDELEZ INTERNATIONAL 2.75% 04/13/2030 609207AT2	36,494.50	86.373	30,230.55	963	3.18
155,000	NATIONAL RURAL UTILITY COOP 3.05% 04/25/2027 637432NN1	166,099.55	92.83	143,886.50	4,728	3.29
95,000	NORFOLK SOUTHERN CORP 2.9% 06/15/2026 655844BS6	98,255.51	93.675	88,991.25	2,755	3.10
55,000	OGLETHORPE POWER CORP 4.55% 06/01/2044 677050AK2	59,698.64	77.881	42,834.55	2,503	5.84
75,000	OSHKOSH CORP 3.1% 03/01/2030 688225AH4	75,296.52	84.598	63,448.50	2,325	3.66
75,000	PACCAR FINANCIAL CORP .35% 02/02/2024 69371RR24	73,968.17	95.153	71,364.75	263	0.37

AMALGAMATED Bank of Chicago

TRADE DATE - INCOME ACCRUALS

Statement Period 01/01/22 through 12/31/22
Account Number

TCU PENSION FUND

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
70,000	PACKAGING CORP OF AMERICA 3.65% 09/15/2024 695156AR0	76,717.53	97.47	68,229.00	2,555	3.74
85,000	PEPSICO INC 4.45% 04/14/2046 713448DD7	104,891.35	94.13	80,010.50	3,783	4.73
180,000	PINNACLE WEST CAPITAL CORP 1.3% 06/15/2025 723484AH4	178,814.77	91.105	163,989.00	2,340	1.43
70,000	PROCTER & GAMBLE CO 3.55% 03/25/2040 742718FJ3	83,588.66	86.815	60,770.50	2,485	4.09
50,000	PUBLIC SERVICE COLORADO 4.3% 03/15/2044 744448CK5	53,866.50	85.707	42,853.50	2,150	5.02
60,000	QUANTA SERVICES INC 3.05% 10/01/2041 74762EAJ1	54,913.65	66.113	39,667.80	1,830	4.61
40,000	REPUBLIC SERVICES INC 3.375% 11/15/2027 760759AS9	44,859.02	93.324	37,329.60	1,350	3.62
120,000	REPUBLIC SERVICES INC 1.75% 02/15/2032 760759AZ3	117,283.93	77.052	92,462.40	2,100	2.27
123,000	ROPER TECHNOLOGIES INC 3.65% 09/15/2023 776743AE6	130,308.28	98.93	121,683.90	4,490	3.69
45,000	T-MOBILE USA INC 3.875% 04/15/2030 87264ABF1	48,801.72	90.821	40,869.45	1,744	4.27
65,000	TENNESSEE GAS PIPELINE DEBENTURES 7% 10/15/2028 880451AV1	81,550.52	107.003	69,551.95	4,550	6.54
125,000	TEXAS INSTRUMENTS INC 1.75% 05/04/2030 882508BJ2	103,853.45	82.511	103,138.75	2,188	2.12
100,000	TRANSCONT GAS PIPE LINE 7.85% 02/01/2026 893574AH6	126,860.11	106.827	106,827.00	7,850	7.35

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
199,320.74	UNION PACIFIC RR CO SINKABLE BOND 3.227% 05/14/2026 907825AA1	196,931.20	94.9935	189,341.75	6,432	3.40
80,000	UNITED PARCEL SERVICE 5.2% 04/01/2040 911312BV7	86,327.68	100.51	80,408.00	4,160	5.17
160,000	VALERO ENERGY CORP 1.2% 03/15/2024 91913YBA7	160,196.95	95.016	152,025.60	1,920	1.26
140,000	WASTE CONNECTIONS INC 4.25% 12/01/2028 941053AH3	153,143.01	95.785	134,099.00	5,950	4.44
185,000	WASTE MANAGEMENT INC .75% 11/15/2025 94106LBL2	184,101.90	89.492	165,560.20	1,388	0.84
115,000	WELLS FARGO CO 3% 04/22/2026 949746RW3	104,572.30	93.555	107,588.25	3,450	3.21
70,000	WEC ENERGY GROUP INC 6.2% 04/01/2033 976657AG1	83,959.45	103.25	72,275.00	4,340	6.00
105,000	YALE UNIVERSITY .873% 04/15/2025 98459LAA1	103,801.05	92.04	96,642.00	917	0.95
	TOTAL CORPORATE BONDS	9,754,782.79		8,551,968.30	298,042	3.49
	MUTUAL FUNDS/EQUITY					
571,855.332	VANGUARD DEVELOPED MARKETS INDEX FUND ADM 921943809	7,581,224.17	13.52	7,731,484.09	223,024	2.88
51,972.837	VANGUARD INSTITUTIONAL INDEX FUND #94 922040100	7,178,300.84	321.63	16,716,023.56	290,216	1.74
34,623.904	VANGUARD MID CAP INDEX-ADM 922908645	2,778,240.76	252.47	8,741,497.04	139,119	1.59
	TOTAL MUTUAL FUNDS/EQUITY	17,537,765.77		33,189,004.69	652,359	1.97
	Total Fund	**41,420,335.66**		**54,363,000.58**	**1,353,480**	**2.49**

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

▶ **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
Transportation Communications Union Pension

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees of Transportation Communications Union Pension Plan

D Employer Identification Number (EIN)
16-6114794

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

1a Enter the valuation date: Month 1 Day 1 Year 2022

b	Assets		
(1)	Current value of assets	1b(1)	66,601,355
(2)	Actuarial value of assets for funding standard account	1b(2)	63,546,229
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	64,379,301
(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)	64,379,301
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)	128,940,469
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,732,046
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,957,100
(3)	Expected plan disbursements for the plan year	1d(3)	4,426,726

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

John J. McKevitt III — Signature of actuary

09/12/2023 — Date

John J. McKevitt III — Type or print name of actuary

23-08580 — Most recent enrollment number

Cheiron Inc. — Firm name

(312)629-8401 — Telephone number (including area code)

230 West Monroe Street, Suite 650

Chicago IL 60606 — Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	66,601,355
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,000	49,989,344
(2) For terminated vested participants		548	23,063,087
(3) For active participants:			
(a) Non-vested benefits			2,623,653
(b) Vested benefits			53,264,385
(c) Total active		1,108	55,888,038
(4) Total		2,656	128,940,469
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.65 %

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
04/30/2022	258,318		09/30/2022	313,515	
05/31/2022	293,674		10/31/2022	301,845	
06/30/2022	308,825		11/30/2022	259,378	
07/31/2022	312,453		12/31/2022	1,247,743	
08/31/2022	318,924				
			Totals ▶ **3(b)**	3,614,675	**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**	98.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the 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 [ ] • 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** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

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

i [ ] Other (specify):

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

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.22 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.2%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.4%	
i Expense load included in normal cost reported in line 9b	**6i**	☐ 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)**	420,000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-584,072	-59,933

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	2,016,053

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	11,916,395		1,928,312
(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**	276,106
e Total charges. Add lines 9a through 9d			**9e**	4,220,471
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	4,774,043
g Employer contributions. Total from column (b) of line 3			**9g**	3,614,675
			Outstanding balance	
h Amortization credits as of valuation date	**9h**	6,309,280		827,172
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	454,018
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	8,156,790		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	55,920,163		
(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**	9,669,908
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	5,449,437
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 2022 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**	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Schedule MB, line 3(d) — Withdrawal Liability Amounts

No Withdrawal Liability payments were made during the 2022 Plan year.

Schedule MB, Line 3(d) – Withdrawal Liability Amounts			
Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
N/A	N/A	N/A	N/A

Schedule MB, line 4b — Illustration Supporting Actuarial Certification of Status

The Plan is certified not to be in “Endangered”, “Seriously Endangered”, “Critical”, or “Critical and Declining” status for the 2022 plan year.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods

Actuarial Methods

1. **Funding Method:**
   Unit Credit cost method

2. **Asset Valuation Method:**
   The Actuarial Value of Assets is determined in accordance with Section 3.16 of Revenue Procedure 2000-40 using a five-year smoothing period. The actuarial value is calculated as the market value minus a decreasing fraction (4/5, 3/5, 2/5, 1/5) of each gain or loss for each of the preceding four plan years. The resulting Actuarial Value of Assets is then limited to be no greater than 120% and no less than 80% of the Market Value of Assets on the valuation date.

   The Actuarial Value of Assets was reset to the Market Value of Assets as of January 1, 2021.

3. **Changes in Method since Last Valuation:**
   None

4. **Disclosures Regarding Models Used**

   In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosure is made:

   Valuation Software
   Cheiron used ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate the liabilities, normal costs, and projected benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed the underlying workings of this model to the degree feasible and consistent with ASOP No. 56 and believe them to be appropriate for the purposes of the valuation. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this actuarial valuation.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

Actuarial Assumptions

1. Valuation Date
January 1, 2022

2. Investment Return (net of investment expenses)

Funding and ASC Topic 960 purposes	7.00% per year
Current Liability under RPA 1994	2.22% per year

3. Administrative Expenses
For funding, $420,000; payable beginning of year.

This is the average of the previous three years rolled-forward at a 3.0% inflation assumption to mid-year then discounted to the beginning of the plan year and rounded to the nearest $10,000.

4. Rates of Mortality

a. Funding

Employee: Pri-2012 Blue Collar Non-Annuitant Mortality [Sex-distinct]

Healthy Annuitant: Pri-2012 Blue Collar Healthy Annuitant Mortality [Sex-distinct]

Disabled Annuitant: Pri-2012 Disabled Retiree Mortality [Sex-distinct]

b. Mortality Improvement
Mortality is projected on a generational basis using SOA Improvement Scale MP-2020.

c. RPA '94 Current Liability
The 2022 Static Mortality Table as prescribed under IRS regulations

5.

5. Rates of Turnover
Five-Year Select and Ultimate Rates based on the 2003 Society of Actuaries Turnover Study. Sample rates are shown below by age and years of service.

	Years of Service					
Age	0	1	2	3	4	≥ 5
20	0.266	0.243	0.230	0.210	0.190	0.137
25	0.231	0.208	0.195	0.182	0.169	0.102
30	0.200	0.175	0.160	0.147	0.134	0.071
35	0.188	0.160	0.142	0.124	0.107	0.060
40	0.178	0.150	0.132	0.114	0.096	0.055
45	0.168	0.140	0.122	0.104	0.086	0.050
50	0.158	0.130	0.112	0.095	0.080	0.045
55	0.148	0.120	0.105	0.090	0.075	0.040
60	0.139	0.115	0.100	0.085	0.070	0.035

6. Rates of Retirement

Future retirements from terminated vested status are assumed to occur at age 63. Future retirements from active status are assumed to occur at varying ages at the rates shown below:

Age	Rates
60	0.200
61	0.100
62	0.200
63-64	0.100
65	0.500
66-69	0.100
≥ 70	1.000

6. Rates of Disability

The percent of employees expected to become disabled is assumed to occur in accordance with the 1985 Pension Disability Table Class 3 Rates for Males and Females. Sample rates shown below:

	Rates	
Age	Male	Female
20	0.00151	0.00089
25	0.00219	0.00150
30	0.00309	0.00252
35	0.00431	0.00388
40	0.00597	0.00547
45	0.00829	0.00777
50	0.01224	0.01201
55	0.02118	0.01962
60	0.03240	0.02326

7. Family Composition

80% of participants are assumed to be married, and female spouses are assumed to be 3 years younger than male spouses.

8. Service and Expected Contribution Assumptions

Active participants are assumed to accrue one year of vesting service and the same accrual of benefit service earned in the prior year.

Expected contributions for 2022 are based on the average hours worked by continuing active participants in the prior year (Average hours for the 2021 plan year were 1,812 hours).

9. Form of Payment

Single life annuity

10.

10. Missing Data

Participants whose Date of Birth is unavailable, are assumed to be the average age of the remaining participants with the same status rounded to the nearest integer.

Active participants missing a Date of Birth are assumed to be 46 years old.

Terminated Vested participants missing a Date of Birth are assumed to be 54 years old.

11. Rationale for Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.00% discount rate is based on the Trustees risk preference, the Plan's current asset allocation, and the investment manager's capital market outlook.

12. Rationale for Demographic Assumptions

In accordance with Actuarial Standard of Practice No. 35, the demographic assumptions used in this report are the actuary's best estimates of future demographic experience.

The demographic assumptions are historically based on Plan experience. The assumptions used in this report have been checked annually against the sources of liability gains and losses. Based on monitoring the demographic assumptions for the last few years, we recommend a review of these assumptions. In particular, a pattern of losses has developed in the retirement and termination assumptions; that is, more participants retired than expected, and fewer active participants terminated employment than expected.

For purposes of calculating Current Liability per IRC §431(c)(6)-1, the Static Mortality table as described under Regulation §1.430(h)(3)-1(a)(3) was used.

Schedule MB, line 6 — Summary of Plan Provisions

This summary of plan provisions provides an overview of the major provisions of the Plan used in the Actuarial Valuation. It is not intended to replace the more precise language of the Plan document, and if there is any difference between the description of the Plan herein and the actual text of the Plan document, the Plan document will govern.

1. Effective Date

January 1, 1969, last restated effective May 1, 2005, and as amended through January 1, 2014.

2. Normal Retirement Benefit

Eligibility: Age 65 and 5th anniversary of plan participation

Future Service Benefit: Monthly Benefits are determined by multiplying the Benefit Rate opposite the Contribution Rate per hour made on the Member's behalf, as shown in the following table, by the number of years of Future Service Credit earned at each contribution rate. Benefit Rates for contribution rates in excess of $1.00 per hour increase proportionally.

Contribution Rate per Hour	Benefit Rates[1]	Benefit Rates[2]	Benefit Rates[3]	Benefit Rates[4]
$ 0.05	$ 4.35	$ 3.50	$ 2.50	$ 1.50
0.10	8.68	7.00	5.00	3.00
0.15	13.06	10.50	7.50	4.50
0.20	17.40	14.00	10.00	6.00
0.25	21.74	17.50	12.50	7.50
0.30	26.09	21.00	15.00	9.00
0.35	30.44	24.50	17.50	10.50
0.40	34.77	28.00	20.00	12.00
0.45	39.12	31.50	22.50	13.50
0.50	43.48	35.00	25.00	15.00
0.55	47.82	38.50	27.50	16.50
0.60	52.17	42.00	30.00	18.00
0.65	56.52	45.50	32.50	19.50
0.70	60.86	49.00	35.00	21.00
0.75	65.21	52.50	37.50	22.50
0.80	69.58	56.00	40.00	24.00
0.85	73.91	59.50	42.50	25.50

Contribution Rate per Hour	Benefit Rates[1]	Benefit Rates[2]	Benefit Rates[3]	Benefit Rates[4]
$ 0.90	$78.27	$63.00	$45.00	$27.00
0.95	82.61	66.50	47.50	28.50
1.00	86.96	70.00	50.00	30.00

[1] *The benefit accrual rates for service beginning on or after January 1, 2000, for Members of an employer who became a participating employer before January 1, 2005.*
[2] *The benefit accrual rates for service beginning on January 1, 2005, for Members of an employer who became a participating employer on or after January 1, 2005, and for service beginning January 1, 2006, for all other employees.*
[3] *The benefit accrual rates for service beginning on January 1, 2007, through December 31, 2009, for all employees.*
[4] *The benefit accrual rates for service beginning on January 1, 2010, for all employees.*

Past Service Benefit: 37.5% of the rate of future service benefit as determined above on the basis of the member's first year rate of contribution under the Plan, multiplied by the Member's years of Past Service Credit, subject to a maximum of 10 years.

Increase in Future Service and Past Service Pension: The following increases in future service and past service pension were effective in recent years for active and retired participants.

Effective Date Increase	Percentage	Minimum Monthly Increase for Retired Participants
1/1/85	10%	$10.00
1/1/87	10%	$10.00
1/1/88	5%	$5.00
1/1/89	5%	$5.00
1/1/91	5%	$5.00
1/1/92	6%	$6.00
1/1/93	10%	$10.00
1/1/96 Actives	10%	N/A
1/1/96 Retirees	5%	$5.00
1/1/2000 Actives	10%	N/A

3. Early Retirement Benefit

Eligibility: Age 60 and five years of Vesting Service

Benefit: The Normal Retirement Benefit reduced by ½% for each month the commencement date precedes their Normal Retirement Date.

4. Disability Retirement Benefit

Eligibility: Totally and Permanently Disabled, Age 55 and 15 years of Covered Employment (Vesting Service), including at least one year of future service

Benefit: The Normal Retirement Benefit reduced by ½% for each month the commencement date precedes their Normal Retirement Date.

If the Member remains Totally and Permanently Disabled until Normal Retirement Age, the benefit shall be equal to the accrued benefit.

5. Vested Deferred Benefit

Eligibility: 5 years of Vesting Service

Benefit: Consistent with the Early Retirement Benefit, the Vested Deferred Benefit shall equal the Normal Retirement Benefit reduced by ½% for each month the commencement date precedes their Normal Retirement Date.

For valuation purposes, Vested Deferred members are assumed to commence benefits on or after Age 63.

6. Pre-Retirement Death Benefit

Eligibility: Married and five years of Vesting Service

Benefit: 50% of the benefit the employee would have received had he or she terminated employment on his/her date of death, survived to his/her earliest retirement age, and elected Qualified Joint & Survivor Annuity (50% Joint and Survivor Annuity). Benefit commences on the first day of the month following employee's death or, if later, the first day of the month following the participant's Early Retirement Age.

7. Post-Retirement Death Benefit

Benefits payable on death after retirement are governed by the form of payment elected at retirement.

8. Post-Retirement Lump Sum Death Benefit

None

9. Forms of payment

Normal Form:

- If Married: 50% Joint & Survivor Annuity
- If Single: Straight life annuity

Optional Forms:

- 100% Joint & Survivor Annuity
- 75% Joint & Survivor Annuity
- 66 $^{2}/_{3}$% Joint & Survivor Annuity
- Lump sum if actuarial value is less than $5,000

10. Service

Credited Service: Credited Service determines the value of the benefit a Member is eligible to receive under the Plan. There are two types of Service Credit – Past Service and Future Service.

Past Service: Members receive credit for their years of employment with their employer prior to the date on which they become Members, up to a maximum of ten years.

Future Service: Members receive a full year's Future Service Credit during each year that they work 1,800 or more hours while in the employ of a participating employer, beginning on the date they become Members, until the date of their retirement. Fractions of a full year's credit will be given for hours worked during a year which total less than 1,800 hours.

Credited Service Prior to January 1, 1976: Prior to January 1, 1976, service credits are calculated by the following schedule:

Hours of Covered Employment	Year of Benefit Service
1,800 or more hours	1 full year's credit
1,350 – 1,799 hours	¾ year's credit
900 – 1,349 hours	½ year's credit
450 – 899 hours	¼ year's credit
Under 450 hours	No credit

After January 1, 1976, Credited Service shall be the quotient of Hours of Covered Employment during a Plan year divided by 1,800 (subject to a maximum of 1).

Vesting Service: Vesting Service determines whether a Member is eligible to receive benefits under the Plan.

Prior to January 1, 1976, vesting years were determined on the same basis as service credits. For example, 1,800 or more hours equaled one full year credit. Subsequent to January 1, 1976, the Member is credited with a full or fractional year of Vesting Service for each twelve-month period beginning with the date of inclusion under the Plan, and each anniversary of that date during which a Member completes:

a. 1,000 or more hours of service – for a full year's vesting credit or
b. 500 – 999 hours of service – for a ½ year's vesting credit

Note: It is important to distinguish between Service Credit years. For example – if a Member was credited with 1,000 hours per year for ten years, his benefits would be fully vested but he would only receive 5/9 (1,000/1,800) of the benefit he would have received if he had been credited with over 1,800 hours in each of the 10 years.

11. Contributing Employers

The table below summarizes the collectively bargained Contribution Rate per hour by participating employers.

Employer Number	Employer Name	Number of Active Participants	January 1, 2022 Rate per Hour
10790	Metra – Clerks	266	$1.45
10791	Metra – Police	101	$1.25
10795	Metra – Dispatchers	35	$1.38
10890	Metra – Arasa	51	$1.45
10895	Metra – Carmen	324	$1.25
10990	Metra – Maintenance	272	$1.45
20060	ASD Welfare Fund	3	$9.00
20080	TCU Pension Fund	1	$9.00
20550	Yellow Freight System	11	$3.50
22700	Unicco Integrated Facilitie:	36	$2.05
23760	Unicco Terre Haute Geon	8	$2.55
	Total Actives	**1,108**	
	Average Rate per Hour	**$1.45**	

12. Plan Year

January 1 to December 31

13. Active Employee

An employee becomes a Member on the day an employer becomes obligated to make contributions to the Pension Plan on his/her behalf, pursuant to the collective bargaining agreement.

14. Changes to Plan Provisions Since Last Valuation

None.

Schedule MB, line 8b(1) — Schedule of Projection of Expected Benefit Payments

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Partcipants and Beneficiaries Receiving Payments	Total
2022	275,354	238,397	3,478,523	3,992,274
2023	433,531	272,279	3,393,921	4,099,731
2024	582,301	351,840	3,307,690	4,241,831
2025	749,811	400,599	3,219,687	4,370,097
2026	918,577	450,218	3,129,703	4,498,498
2027	1,091,029	533,573	3,037,498	4,662,100
2028	1,245,703	577,454	2,942,817	4,765,974
2029	1,391,828	653,540	2,845,404	4,890,772
2030	1,542,050	674,308	2,745,037	4,961,395
2031	1,688,297	759,208	2,641,534	5,089,039
2032	1,824,645	841,488	2,534,777	5,200,910
2033	1,968,921	890,933	2,424,726	5,284,580
2034	2,070,744	961,721	2,311,425	5,343,890
2035	2,183,719	1,011,684	2,195,023	5,390,426
2036	2,274,585	1,034,681	2,075,776	5,385,042
2037	2,331,290	1,119,371	1,954,053	5,404,714
2038	2,399,657	1,126,911	1,830,331	5,356,899
2039	2,458,397	1,127,441	1,705,227	5,291,065
2040	2,530,101	1,126,262	1,579,473	5,235,836
2041	2,566,561	1,138,587	1,453,891	5,159,039
2042	2,579,656	1,127,985	1,329,385	5,037,026
2043	2,594,801	1,112,017	1,206,903	4,913,721
2044	2,616,873	1,116,219	1,087,425	4,820,517
2045	2,595,342	1,102,629	971,928	4,669,899
2046	2,595,119	1,079,698	861,356	4,536,173

Schedule MB, line 8b(1) — Schedule of Projection of Expected Benefit Payments (continued)

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Partcipants and Beneficiaries Receiving Payments	Total
2047	2,570,503	1,055,518	756,585	4,382,606
2048	2,518,101	1,028,310	658,415	4,204,826
2049	2,466,346	990,276	567,517	4,024,139
2050	2,430,009	955,407	484,397	3,869,813
2051	2,360,166	920,029	409,383	3,689,578
2052	2,302,727	886,333	342,599	3,531,659
2053	2,231,022	844,106	283,958	3,359,086
2054	2,140,459	799,082	233,193	3,172,734
2055	2,046,625	753,267	189,856	2,989,748
2056	1,950,564	708,065	153,374	2,812,003
2057	1,849,831	662,398	123,078	2,635,307
2058	1,754,378	615,518	98,254	2,468,150
2059	1,648,603	569,451	78,171	2,296,225
2060	1,547,222	524,458	62,115	2,133,795
2061	1,445,848	480,786	49,420	1,976,054
2062	1,346,806	438,670	39,477	1,824,953
2063	1,249,098	398,331	31,756	1,679,185
2064	1,155,030	359,953	25,792	1,540,775
2065	1,065,128	323,704	21,204	1,410,036
2066	979,240	289,704	17,672	1,286,616
2067	897,642	258,019	14,951	1,170,612
2068	820,283	228,686	12,842	1,061,811
2069	747,141	201,700	11,193	960,034
2070	678,134	177,021	9,887	865,042
2071	613,208	154,578	8,837	776,623

Schedule MB, line 8b(2) — Schedule of Active Participant Data

Distribution of Active Members by Age and Service as of January 1, 2022

Counts By Age/Service

Age	Service																				Total	
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up			
	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 25	5	0	16	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22	74
25 to 29	18	0	36	92	20	239	0	0	0	0	0	0	0	0	0	0	0	0	0	0	74	112
30 to 34	14	0	46	104	56	237	7	0	0	0	0	0	0	0	0	0	0	0	0	0	123	170
35 to 39	11	0	40	104	73	254	19	0	3	0	1	0	0	0	0	0	0	0	0	0	147	229
40 to 44	6	0	36	97	51	257	32	382	12	0	15	0	0	0	0	0	0	0	0	0	152	295
45 to 49	6	0	24	110	50	285	24	391	15	0	32	645	1	0	0	0	0	0	0	0	152	401
50 to 54	10	0	20	105	37	256	18	0	18	0	70	658	1	0	0	0	0	0	0	0	174	456
55 to 59	0	0	6	0	17	0	25	454	25	870	71	720	0	0	0	0	0	0	0	0	144	622
60 to 64	1	0	0	0	12	0	14	0	14	0	36	778	1	0	0	0	0	0	0	0	78	604
65 to 69	0	0	0	0	3	0	3	0	10	0	17	0	0	0	0	0	0	0	0	0	33	552
70 & up	0	0	0	0	1	0	1	0	2	0	5	0	0	0	0	0	0	0	0	0	9	N/A
Total	71	12	224	100	321	258	143	404	99	675	247	689	3	N/A	0	N/A	0	N/A	0	N/A	1,108	370

Average Age = 45.9

Average Service = 10.8

Schedule MB, line 8b(3) — Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments			
Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	2,976,733	-	2,976,733
2023	3,042,927	-	3,042,927
2024	3,159,162	-	3,159,162
2025	3,277,027	-	3,277,027
2026	3,280,285	-	3,280,285
2027	3,280,285	-	3,280,285
2028	3,280,285	-	3,280,285
2029	3,280,285	-	3,280,285
2030	3,280,285	-	3,280,285
2031	3,280,285	-	3,280,285

The projected employer contributions shown above are consistent with the assumptions used to determine the Plan's 2022 PPA Status and documented in the PPA Certification issued March 28, 2022.

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Table V-4
Schedule of Amortization Charges Required for Minimum Required Contribution
As of January 1, 2022

Type of Base	Date Established	Intial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Plan amendment	1/1/1993	1,693,434	30.00	123,878	1.00	123,878
2. Plan amendment	1/1/1996	1,167,647	30.00	313,235	4.00	86,426
3. Plan amendment	1/1/2001	932,963	30.00	489,840	9.00	70,265
4. Plan amendment	1/1/2002	16,677,795	30.00	943,982	10.00	125,609
5. Plan amendment	1/1/2003	885,765	30.00	535,260	11.00	66,711
6. Plan amendment	1/1/2004	732,303	30.00	468,728	12.00	55,153
7. Plan amendment	1/1/2005	769,781	30.00	518,460	13.00	57,976
8. Assumption change	1/1/2006	126,685	30.00	89,281	14.00	9,541
9. Actuarial loss	1/1/2009	3,022,795	15.00	600,060	2.00	310,174
10. Actuarial loss	1/1/2011	398,400	15.00	148,157	4.00	40,881
11. Actuarial loss	1/1/2012	693,337	15.00	312,118	5.00	71,145
12. Actuarial loss	1/1/2013	878,033	15.00	459,507	6.00	90,097
13. Actuarial loss	1/1/2014	500,837	15.00	296,350	7.00	51,392
14. Actuarial loss	1/1/2016	1,290,002	15.00	922,789	9.00	132,369
15. Actuarial loss	1/1/2017	522,580	15.00	402,988	10.00	53,623
16. Actuarial loss	1/1/2018	378,460	15.00	311,595	11.00	38,834
17. Actuarial loss	1/1/2019	1,277,779	15.00	1,114,305	12.00	131,115
18. Assumption change	1/1/2021	4,026,078	15.00	3,865,862	14.00	413,123
Total Charges		**$ 35,974,674**		**$ 11,916,395**		**$ 1,928,312**

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases (continued)

Table V-5
Schedule of Amortization Credits Required for Minimum Required Contribution
As of January 1, 2022

Type of Base	Date Established	Intial Amount	Initial Amortization Years	1/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Actuarial gain	1/1/2015	$ 198,563	15.00	$ 130,179	8.00	$ 20,375
2. Actuarial gain	1/1/2020	602,895	15.00	553,232	13.00	61,864
3. Actuarial gain	1/1/2021	1,088,163	15.00	1,044,860	14.00	111,658
4. Method Change	1/1/2021	4,308,797	10.00	3,996,937	9.00	573,342
5. Actuarial gain	1/1/2022	584,072	15.00	584,072	15.00	59,933
Total Credits		**$ 6,782,490**		**$ 6,309,280**		**$ 827,172**
Net Charge				**$ 5,607,115**		**$ 1,101,140**

Schedule MB, line 11 — Justification for Change in Actuarial Assumptions

For benefit accrual purposes, the future hours worked by active participants, which is assumed to be the average hours worked by continuing actives, decreased from 1,862 to 1,812 hours per year for each active participant.

The RPA ’94 Current Liability interest rate was changed from 2.43% to 2.22% to comply with appropriate guidance.

The mortality table used to determine RPA ’94 current liability was updated to 2022 Static Mortality table.

Assumed administrative expenses increased from $400,000, payable beginning of year to $420,000, payable beginning of year.

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

SUMMARY OF PLAN PROVISIONS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

ACTUARIAL ASSUMPTION METHODS

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
TRANSPORTATION COMMUNICATIONS INTL UNION PENSION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/07/1968

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)
TRUSTEES OF TRANSPORTATION COMM INTERNATIONAL UNION

53 W. SEEGERS ROAD

ARLINGTON HEIGHTS IL 60005

2b Employer Identification Number (EIN) 16-6114794

2c Plan Sponsor's telephone number 847 981 0491

2d Business code (see instructions) 485990

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	[signature]	9/27/23	THOMAS STUEBNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	9/27/23	WILLIAM DeCARLO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2022)**
v. 220413

218401 12-08-22

16220911 769095 09703 2022.04020 TRUSTEES OF TRANSPORTATIO 09703__1

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN
a Sponsor's name	**4d** PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	**5**	2,653
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	1,108
a (2) Total number of active participants at the end of the plan year	**6a(2)**	1,167
b Retired or separated participants receiving benefits	**6b**	863
c Other retired or separated participants entitled to future benefits	**6c**	580
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	2,610
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	137
f Total. Add lines **6d** and **6e**	**6f**	2,747
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

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

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) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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