

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan CHICAGO TILE INSTITUTE PENSION FUND	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 01/01/1952
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) BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND 660 N. INDUSTRIAL DRIVE, SUITE 102 ELMHURST, IL 60126	2b	Employer Identification Number (EIN) 36-6033202
		2c	Plan Sponsor's telephone number 630-924-4990
		2d	Business code (see instructions) 238300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2023	MICHAEL PETRITIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2023	BRIAN D. CASTRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1486
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) 738
a(2) Total number of active participants at the end of the plan year		6a(2) 652
b Retired or separated participants receiving benefits		6b 349
c Other retired or separated participants entitled to future benefits.....		6c 366
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1367
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 91
f Total. Add lines 6d and 6e		6f 1458
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 77
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CHICAGO TILE INSTITUTE PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND	D Employer Identification Number (EIN) 36-6033202

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

(a) Name of insurance carrier AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	004557	18	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end.....	4	406531
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	902450

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

475920

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

20538

(4) Transferred from separate account.....

7c(4)

21000

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

41538

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

517458

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

95786

(2) Administration charge made by carrier.....

7e(2)

15141

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

110927

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

406531

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) 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
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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 CHICAGO TILE INSTITUTE PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND	D Employer Identification Number (EIN) 36-6033202

E Type of plan: (1) ☒ 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)	154480503
(2) Actuarial value of assets for funding standard account	1b(2)	139222031
c (1) Accrued liability for plan using immediate gain methods	1c(1)	134373741
(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)	116916381
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)	225915113
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	9020139
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	5430114
(3) Expected plan disbursements for the plan year	1d(3)	5430114

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		09/29/2023
Signature of actuary		Date
TED W. WINDSOR		23-04110
Type or print name of actuary		Most recent enrollment number
TED WINDSOR & ASSOCIATES		847-501-3193
Firm name		Telephone number (including area code)
435 N. MICHIGAN AVE, UNIT 307, CHICAGO, IL 60611		
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 ☐

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

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	154480503
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	411	67200587
(2) For terminated vested participants	337	34146462
(3) For active participants:		
(a) Non-vested benefits		16239164
(b) Vested benefits		108328900
(c) Total active	738	124568064
(4) Total	1486	225915113
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.38 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	6773905				
Totals ▶			3(b)	6773905	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	119.1 %
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:	4f	
• 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."		

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	2.12 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☒ No ☐ N/A	Post-retirement ☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	6MP
(2) Females	6c(2)	6FP
d Valuation liability interest rate	6d	6.50 %
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)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9 %
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)	280000
(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
4	198789	
1	-10466323	

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)	5
(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	0
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	3337922

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers.....

(3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	35857806	6388194
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 98312**e** Total charges. Add lines 9a through 9d.....**9e** 9824428**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 18137775**g** Employer contributions. Total from column (b) of line 3.....**9g** 6773905**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	22568321	3282287

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1378467**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit.....

9j(1)	17258995	
9j(2)	68235723	
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** 29572434**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 19748006**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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CHICAGO TILE INSTITUTE PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND	D Employer Identification Number (EIN) 36-6033202	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CORBIN CAPITAL PARTNERS, L.P.
30-0299433

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEW TOWER TRUST COMPANY
30-0872552

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

WELLINGTON MANAGEMENT

280 CONGRESS ST.
BOSTON, MA 02210

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

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

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

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

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

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	84280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. WYDRA

36-6033202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	67421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC GLOBAL ASSET MANAGEMENT

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	63143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BMO HARRIS BANK, NA

36-2085229

(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 68 71	NONE	46968	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	45880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATES

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PARAMETRIC PORTFOLIO ASSOCIATES

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	44141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TED WINDSOR & ASSOCIATES

36-4374704

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	20875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P. THIES

36-6033202

(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	20330	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA

06-6033492

(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?
13 28 51	NONE	17628	Yes ☐ No ☒	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	16447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK

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?
15 62 65	NONE	12557	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

R. REMBLOS

36-6033202

(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	NONE	12439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANSLEY AND KIENER LLP

36-2152389

(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	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HOURGLASS TECHNOLOGIES

46-1959061

(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?
49	NONE	5717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREGORIO STEC KLEIN & HOSE

36-4028033

(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	5248	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	BANSLEY AND KIENER L.L.P.	b EIN:	36-2152389
c Position:	ACCOUNTANT		
d Address:	8745 W. HIGGINS RD., SUITE 200 CHICAGO, IL 60631	e Telephone:	312-263-2700

Explanation: BANSLEY AND KIENER L.L.P. COMBINED ITS ACCOUNTING PRACTICE WITH LEGACY PROFESSIONALS LLP.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CHICAGO TILE INSTITUTE PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND	D Employer Identification Number (EIN) 36-6033202	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALIC -SEPARATE ACCOUNT 002			
b Name of sponsor of entity listed in (a): AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 002			
c EIN-PN 06-6033492-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 546121	
a Name of MTIA, CCT, PSA, or 103-12 IE: ALIC -SEPARATE ACCOUNT 076			
b Name of sponsor of entity listed in (a): AETNA LIFE INSURANCE COMPANY SEPARATE ACCOUNT 076			
c EIN-PN 06-6033492-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356329	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL. QUALITY SMALL CAP VALUE FD			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC.			
c EIN-PN 45-6138589-071	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTI-EMPLOYER PROPERTY TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9341747	
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO DIVERSIFIED INTL EQUITY FD			
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC			
c EIN-PN 74-3178242-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11468386	
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FD LLCQ			
b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC			
c EIN-PN 45-2531297-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13371251	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF INTL SMALL CAP RESEARCH EQ			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 46-2546180-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5597311	

a Name of MTIA, CCT, PSA, or 103-12 IE: **BNYM MELLON AFLCIO SL BROAD MKT STK**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-357	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36814021
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CHICAGO TILE INSTITUTE PENSION FUND</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND</u>		D Employer Identification Number (EIN) <u>36-6033202</u>

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	769199	1013450
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	735359	821639
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	121239	146635
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	14780362	10924947
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	8427773	7850750
(B) All other	1c(3)(B)	3775830	2954197
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1401856	1632918
(5) Partnership/joint venture interests	1c(5)	16802524	17313793
(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)	21248290	51753079
(10) Value of interest in pooled separate accounts	1c(10)	1099250	902450
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	28470133	24839637
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	47793977	7434350
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	475920	406531
(15) Other	1c(15)	10582620	9427932

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	13412	925
f Total assets (add all amounts in lines 1a through 1e)	1f	156497744	137423233

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	78874	69765
i Acquisition indebtedness	1i		
j Other liabilities	1j	1938367	55659
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2017241	125424

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	154480503	137297809
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6773905	
(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)		6773905
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	294498	
(C) Corporate debt instruments	2b(1)(C)	349165	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	24794	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		668457
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	62509	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	857783	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		920292
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15645427	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14346529	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1298898
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5474776	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-5474776

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2592899
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-196800
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-3844530
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8516385
c Other income	2c		32589
d Total income. Add all income amounts in column (b) and enter total	2d		-10931249
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5607635	
(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)		5607635
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)	56952	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	392531	
(4) Other	2i(4)	194327	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		643810
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6251445
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-17182694
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		26691119
4g	X		26691119
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 485528.

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 CHICAGO TILE INSTITUTE PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND		D Employer Identification Number (EIN) 36-6033202
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 0
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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 **BOURBON TILE AND MARBLE**

b EIN **36-3770113** **c** Dollar amount contributed by employer **630881**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **MENCONI TERRAZZO LLC**

b EIN **27-2542551** **c** Dollar amount contributed by employer **510679**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **6.78**

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

a Name of contributing employer **ESCORZA TILE INC**

b EIN **36-4379820** **c** Dollar amount contributed by employer **440995**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **CCI FLOORING INC**

b EIN **20-3571198** **c** Dollar amount contributed by employer **341083**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **READY TILE LLC**

b EIN **20-3907231** **c** Dollar amount contributed by employer **291537**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **C.E. KORSGARD CO.**

b EIN **36-1337560** **c** Dollar amount contributed by employer **290032**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

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 **KINGSTON TILE**

b EIN **36-3303956**

c Dollar amount contributed by employer **255118**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **TROSTRUD MOSAIC & TILE CO**

b EIN **36-2358988**

c Dollar amount contributed by employer **254515**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **REGENCY TILE INC**

b EIN **20-1810775**

c Dollar amount contributed by employer **205739**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer **JOHN CARETTI & COMPANY**

b EIN **36-2358988**

c Dollar amount contributed by employer **183230**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2026**

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) **6.78**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	0
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	0
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b	The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	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: 43 % Investment-Grade Debt: 18 % High-Yield Debt: 0 % Real Estate: 10 % Other: 29 %

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

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

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

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ 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 _____

CHICAGO TILE INSTITUTE PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022

CHICAGO TILE INSTITUTE PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

DECEMBER 31, 2022 AND 2021

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Chicago Tile Institute Pension Fund

Opinion

We have audited the financial statements of Chicago Tile Institute Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year 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 Chicago Tile Institute Pension Fund as of December 31, 2022, and the changes in its net assets available for benefits for the year 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 audit 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 audit. We believe that the audit evidence that we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As discussed in Note 5 to the financial statements, the present value of accumulated plan benefits as of January 1, 2021 was restated to exclude the effect of plan amendments adopted subsequent to that date. Our opinion is not modified with respect to this matter.

Other Matter - 2021 Financial Statements

The financial statements of Chicago Tile Institute Pension Fund as of and for the year ended December 31, 2021, were audited by other auditors whose report dated October 10, 2022, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibility for the Audit of 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 judgement 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 financial statements; and
- Conclude whether, in our judgement, 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.

Auditors' Responsibility for the Audit of Financial Statements (continued)

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

Chicago, Illinois

October 10, 2023

CHICAGO TILE INSTITUTE PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
U.S. Government and Government		
Agency obligations	\$ 10,924,947	\$ 14,780,362
State and municipal bonds	50,606	65,204
Corporate bonds and notes	10,804,947	12,203,603
Corporate stocks	1,632,918	1,401,856
Registered investment companies	6,179,389	46,928,195
Pooled investment funds	24,839,637	28,470,133
Pooled separate accounts	902,450	1,099,250
Limited partnerships	26,691,119	27,319,940
Collective investment funds	51,753,079	21,248,290
Short-term investments	1,254,961	865,782
Group annuity contract	406,531	475,920
Total investments	<u>135,440,584</u>	<u>154,858,535</u>
RECEIVABLES		
Contractor contributions	804,722	696,156
Reciprocal contributions	16,917	39,203
Accrued interest and dividends	134,075	118,769
Other	<u>2,203</u>	<u>2,470</u>
Total receivables	<u>957,917</u>	<u>856,598</u>
PROPERTY AND EQUIPMENT - net	<u>925</u>	<u>3,055</u>
PREPAID EXPENSES	<u>10,357</u>	<u>10,357</u>
CASH	<u>1,013,450</u>	<u>769,199</u>
Total assets	<u>137,423,233</u>	<u>156,497,744</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	69,765	78,874
Due to broker - net	-	1,865,919
Due to CTI Welfare Fund	21,502	41,186
Reciprocal contributions payable	<u>34,157</u>	<u>31,262</u>
Total liabilities	<u>125,424</u>	<u>2,017,241</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 137,297,809</u>	<u>\$ 154,480,503</u>

See accompanying notes to financial statements.

CHICAGO TILE INSTITUTE PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (19,909,512)	\$ 17,428,808
Dividends, interest and other investment income	<u>2,171,769</u>	<u>3,162,870</u>
	(17,737,743)	20,591,678
Less investment expenses	<u>(392,531)</u>	<u>(762,493)</u>
Net investment income (loss)	(18,130,274)	19,829,185
Contractor contributions	6,773,905	6,849,133
Liquidated damages	<u>32,589</u>	<u>32,900</u>
	<u>(11,323,780)</u>	<u>26,711,218</u>
DEDUCTIONS		
Benefits paid to participants	5,460,602	5,333,800
Death benefits	147,033	125,000
Administrative expenses	<u>251,279</u>	<u>252,093</u>
Total deductions	<u>5,858,914</u>	<u>5,710,893</u>
NET INCREASE (DECREASE)	(17,182,694)	21,000,325
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>154,480,503</u>	<u>133,480,178</u>
End of year	<u>\$ 137,297,809</u>	<u>\$ 154,480,503</u>

See accompanying notes to financial statements.

CHICAGO TILE INSTITUTE PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

Chicago Tile Institute Pension Fund (the Plan) was established as a result of collective bargaining agreements between the local union and participating contractors to provide retirement benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended

Under current provisions of the Plan, a participant is eligible for a normal pension if the participant has attained age 65. The Plan also permits early retirement at age 60 and completion of 15 years of vested service. Participants may also retire early at age 60 provided they meet all requirements for an early retirement pension and have 35 or more years of benefit credit. Participants are credited with a year of vesting service for each calendar year in which they worked 1,000 hours or more in covered employment. Participants are considered 100% vested when they have worked 1,000 hours or more each year for any five years. If a participant terminates before rendering five years of service, they forfeit the right to receive any portion of their accumulated plan benefits, unless the participant returns to work before a break in service as defined by the Plan.

The Plan also provides death benefits to eligible spouses of participants. When an active participant with at least five years of vested service dies, the spouse is entitled to a death benefit, to begin on the earliest day the participant could have elected to receive a retirement benefit. This benefit is equal to 50% of the retirement benefit accrued to the date of death and is paid to the eligible spouse for life. If the participant is eligible for immediate payment of a pension and dies prior to retirement, the spouse is entitled to a death benefit to begin the first day of the month following the participant's death. The benefit provides the spouse with 50% of the reduced payments for life that the participant would have received if the participant had retired on the date of death with the Automatic Survivor Pension in effect. If the participant did not have an eligible spouse, the named beneficiary will receive a death benefit of ten annual payments equal to three times the monthly retirement benefit accrued at the time of death, or as a lump sum equal to the actuarial equivalent of this amount.

The Plan also provides a disability pension for active participants, with ten years of service, who become totally and permanently disabled. The disability benefit is reduced 1/12 of 1% for each month until the first month following age 65. In no event will the disability benefit be reduced more than 20%. The payments will remain the same over the remaining lifetime of the participant.

The Plan also provides for a lump-sum death benefit of a determined amount to designated beneficiaries of active and retired participants who meet the requirements stated in the Plan. Beneficiaries of disabled participants are also eligible for a death benefit provided the requirements stated in the Plan have been met.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments 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 in fair value of investments 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.

Contributions Receivable - Contractor contributions due and not paid prior to the year end are recorded as contributions receivable. Delinquencies and payroll compliance audit deficiencies are recognized when collection is considered probable. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment 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 to ten years. Depreciation expense was \$2,130 and \$2,411 for the years ended December 31, 2022 and 2021, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum payments, that are attributable under the Plan's provisions to the service 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 contractor contributions is recognized in the period in which covered work is performed, based on the number of hours worked and the contribution rates set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose as described in Note 1 within a jurisdiction primarily located in the state of Illinois.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local union) may be temporarily employed within the territory of another local union (reciprocating local union). When a participant of the home local union works in the territory of a reciprocating local union, the latter is to make contributions to the former's benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local union benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other contractor contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Contractor contributions included reciprocal contributions of approximately \$427,900 and \$272,500 for the years ended December 31, 2022 and 2021, respectively, from various pension plans under the terms of reciprocity agreements. The Plan remitted approximately \$186,000 and \$193,500 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended December 31, 2022 and 2021, respectively.

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.

Reclassifications - Certain reclassification have been made to prior year amounts to conform to the current year presentation.

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 were evaluated through October 10, 2023, which is the date the financial statements were available to be issued.

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 assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, participants and their beneficiaries. 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 that 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's 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 for while other benefits may not be provided at all.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated March 23, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of 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 the determination letter. The Trustees of the Plan and the 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. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by tax authorities. The Plan was subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. ACTUARIAL INFORMATION

The actuarial valuation of the Plan was made by Ted Windsor & Associates as of December 31, 2021. Information in the report included the following:

Vested benefits	
Participants currently receiving payments	\$ 45,397,949
Other	<u>70,328,019</u>
Total vested benefits	115,725,968
Non-vested benefits	<u>1,190,413</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 116,916,381</u>

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

Actuarial present value of accumulated plan benefits		
at beginning of year - as restated		\$ 111,393,179
Increase (decrease) during the year attributable to		
Benefits accumulated, net experience gain or loss,		
change in data	2,906,046	
Interest	7,054,569	
Plan amendment	716,265	
Changes in actuarial assumptions	180,122	
Benefits paid	<u>(5,333,800)</u>	
Net increase		<u>5,523,202</u>
Actuarial present value of accumulated plan		
benefits at end of year		<u>\$ 116,916,381</u>

The actuarial present value of accumulated plan benefits as of the beginning of the year has been restated to exclude plan amendments adopted after that benefit information date. The effect of this restatement was a decrease of \$716,265 to the actuarial present value of accumulated plan benefit at December 31, 2020.

The actuarial valuation was prepared using the Entry Age Normal Actuarial Cost Method. Some of the more significant actuarial assumptions used in the valuation were as follows:

Mortality rates:

Healthy - RP-2014 Blue Collar Sex-Distinct Mortality Tables projected for years beyond 2014 using Projection Scale MP-2021

Disabled - RP-2014 Disabled Retiree Sex-Distinct Mortality Tables projected for years beyond 2014 using Scale MP-2021

Retirement rates - Retirement age varies depending on the participant's years of service.

Interest rate - 6.50%, net of administrative expenses of 0.2%

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

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.

Mortality assumptions were updated from projection scale of MP-2020 to MP-2021.

Since information on the accumulated plan benefits at December 31, 2022, and the 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 changes in its financial status for the year then ended, but 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.

For the Plan year beginning January 1, 2023, the Plan's actuary has certified that the Plan continues to be in neither critical nor endangered status (green zone), as defined by the Pension Protection Act of 2006, as amended.

NOTE 6. FUNDING POLICY

Employer contributions to the Plan are made under negotiated collective bargaining and participation agreements. Contribution rates were as follows for the years ended December 31, 2022 and 2021, respectively:

<u>Effective Date</u>	<u>Hourly Rate</u>
June 1, 2020	\$6.10
June 1, 2021	\$6.28
June 1, 2022	\$6.78

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

NOTE 7. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board 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 methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following 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. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 12/31/22 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs Level 3
	<u>Total</u>			
U.S. Government and				
Government Agency obligations	\$ 10,924,947	\$ 4,528,637	\$ 6,396,310	\$ -
Other government bonds	50,606	-	50,606	-
Corporate bonds and notes	10,804,947	-	10,804,947	-
Corporate stocks	1,632,918	1,632,918	-	-
Registered investment companies	6,179,389	6,179,389	-	-
Short-term investments	1,254,961	1,254,961	-	-
Group annuity contract	406,531	-	406,531	-
	<u>31,254,299</u>	<u>\$ 13,595,905</u>	<u>\$ 17,658,394</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	24,839,637			
Pooled separate accounts	902,450			
Limited partnerships	26,691,119			
Collective investment funds	51,753,079			
Total	<u>\$ 135,440,584</u>			
		Fair Value Measurements at 12/31/21 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs Level 3
	<u>Total</u>			
U.S. Government and				
Government Agency obligations	\$ 14,780,362	\$ 7,837,075	\$ 6,943,287	\$ -
Other government bonds	65,204	-	65,204	-
Corporate bonds and notes	12,203,603	-	12,203,603	-
Corporate stocks	1,401,856	1,401,856	-	-
Registered investment companies	46,928,195	46,928,195	-	-
Short-term investments	865,782	865,782	-	-
Group annuity contract	475,920	-	475,920	-
	<u>76,720,922</u>	<u>\$ 57,032,908</u>	<u>\$ 19,688,014</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	28,470,133			
Pooled separate accounts	1,099,250			
Limited partnerships	27,319,940			
Collective investment funds	21,248,290			
Total	<u>\$ 154,858,535</u>			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

U.S. Government securities and corporate stocks 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 registered investment companies are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income 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.

Short-term investments represent shares held in registered investment companies.

Level 2 Measurements

U.S. Government and Government Agency obligations, other government bonds, and corporate bonds and notes are valued using 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 includes 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.

The group annuity contract represents an insurance company general account for which premiums and other guaranteed amounts are credited. The contract is carried at cost, which approximates fair value. This account is subject to minimum balance requirements to cover the cost of the guaranteed payments.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share (or its equivalent), used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The Plan's investments in pooled investment funds, pooled separate accounts and collective investment funds are direct filing entities (DFEs) that file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the investment strategies of DFE investments. Redemptions of the pooled investments funds are available monthly with notice periods from 5 to 30 days. Redemptions of the pooled separate accounts are restricted to half of the value, as they are part of a benefit arrangement and amounts are required to support guaranteed benefit payments. Redemptions of the collective investment funds are available daily or quarterly. Notice periods range from one day to 45 days.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on net asset value per share other than DFEs as of December 31, 2022 and 2021.

	Fair Value		Underlying Assets/Strategy	Redemption	
	2022	2021		Frequency	Notice Period
Limited partnership	\$ 9,377,326	\$ 10,517,416	Master-feeder fund which pursues its objectives through investment in collective investment vehicles and individually managed accounts	Quarterly	100 days
Limited partnership	\$ 7,618,096	\$ 6,887,411	Invests in holding companies who in turn invest in infrastructure-related assets located in member countries of the Organization for Economic Development, with a primary focus in US, Canada, Western Europe and Australia	March 31 and September 30	90 days
Limited partnership	\$ 6,916,857	\$ 7,362,035	Public or private credit instruments	Quarterly	65 days
Limited partnership	\$ 2,778,840	\$ 2,553,078	Master fund that invests directly in real estate investments	Quarterly	45 days

NOTE 8. CONCENTRATION OF INVESTMENTS

As of December 31, 2022, the Plan held units in the BNY Mellon AFL-CIO SL Large Cap Stock Index Fund with a fair value of \$36,814,021 (approximately 27% of net assets available for benefits). This fund seeks to track the performance of the Russell 1000 Index. As of December 31, 2021, the Plan did not hold any individually significant investments.

NOTE 9. RISKS AND UNCERTAINTIES

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.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

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 10. MAJOR CONTRACTORS

Contributions from three contractors accounted for approximately 23 and 25% of total contractor contributions for the years ended December 31, 2022 and 2021, respectively.

NOTE 11. RELATED ORGANIZATIONS

The Plan shares payroll and certain common office and management expenses with Chicago Tile Institute Welfare Fund (Welfare Fund). Total common office and management expenses were \$124,101 and \$120,001 for the years ended December 31, 2022 and 2021, respectively. The Plan reimburses the Welfare Fund for audit and legal costs associated with payroll compliance audits. These expenses totaled \$8,007 and \$10,542 for the years ended December 31, 2022 and 2021, respectively. The Plan reimbursed the Welfare Fund for legal fees of \$4,570 in 2022 and \$11,885 in 2021. The Plan also reimbursed the Welfare Fund for conference expenses of \$2,412 and \$6,367 for the years ended December 31, 2022 and 2021, respectively. Amounts due to the Welfare Fund of \$21,502 and \$41,186 at December 31, 2022 and 2021, respectively, were the result of the differences between actual expenses and estimated payments.

Valuation Method and Actuarial Assumptions

- | | |
|----------------------------|---|
| 1. Cost method | Entry Age Normal. |
| 2. Valuation date | January 1, 2022. |
| 3. Valuation interest rate | 6.5% per annum. |
| 4. Assets valuation method | Actuarial value equal to: <ul style="list-style-type: none">• prior year actuarial value of assets plus,• contributions less,• expenses plus,• interest and dividends, plus• one-fifth of the market value realized and unrealized gains and losses for each of the last five years, plus• one-tenth of the market value realized and unrealized losses experience in the year ended December 31, 2008 |
| 5. Mortality | |
| a. Non-disabled employees | Base Tables

RP 2014 Blue Collar Sex Distinct Mortality Tables projected for years beyond 2014 using Projection Scale MP2021

Separate rates for pre and post commencement of benefits

Future mortality improvement based on Projection Scale MP2021 |
| b. Current liability | RP-2014 Mortality Tables projected per IRS regulations |
| c. Disabled employees | RP 2014 Disabled Retiree Sex Distinct Mortality Tables projected for years beyond 2014 using projection scale MP2021 |
| 6. Retirement age | Rates as shown in the table below: |
| 7. Disabilities | Rates as shown in the table below: |
| 8. Terminations | Rates as shown in the table below: |
| 9. Percent married | 90%. |

Chicago Tile Institute Pension Fund

FEIN: 36-6033202; Plan: 001

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

10. Age of spouse Males are assumed to be 3 years older than their spouses.

11. Expected administrative \$280,000
 expenses

12. Service after the Intensity for service and benefit accruals is equal to the
 valuation date (Intensity) hours worked in the prior year.

Retirement Rate in Percent

Attained Age	Age at Entry into Service							
	Less than 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59
60	75%	75%	75%	75%				
61	75	75	75	75				
62	50	50	50	40	40%	40%	40%	
63	50	50	50	50	20	20	20	
64	50	50	50	50	20	20	20	
65	100	100	100	100	100	100	100	100%

Entry into service at age 60 or greater assumed to retire after completion of 5 years of Vesting Service.

Withdrawal Rates in Percent

Years of Service	Age at Entry into Service					
	Less than 25	25-29	30-34	35-39	40-44	45-49
0	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
1	5.7	5.7	5.7	5.7	5.7	5.7
2	5.5	5.5	5.5	5.5	5.5	5.5
3	5.2	5.2	5.2	5.2	5.2	5.2
4	4.5	4.5	4.5	4.5	4.5	
5	4.3	4.3	4.3	4.3	4.3	
6	4.2	4.2	4.2	4.2	4.2	
7	4.1	4.1	4.1	4.1	4.1	
8	3.9	3.9	3.9	3.9	3.9	
9	3.5	3.5	3.5	3.5		
10	2.7	2.7	2.6	2.5		
11	1.9	1.9	1.8	1.6		
12	0.9	0.9	0.8	0.6		

Chicago Tile Institute Pension Fund

FEIN: 36-6033202; Plan: 001

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

Chicago Tile Institute Pension Fund

FEIN: 36-6033202; Plan: 001

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

Disability Rates in Percent

Attained Age	Age at Entry into Service
	Less than age 49*
27	0.060%
28	0.060
29	0.060
30	0.060
31	0.060
32	0.060
33	0.060
34	0.060
35	0.070
36	0.080
37	0.095
38	0.110
39	0.120
40	0.135
41	0.150
42	0.170
43	0.200
44	0.225
45	0.250
46	0.300
47	0.340
48	0.375
49	0.410
50	0.455
51	0.510
52	0.570
53	0.650
54	0.725
55	0.825
56	0.925
57	1.025
58	1.150
59	1.350

*Rates applied if vesting service is 10 or more and age is less than 60.

Chicago Tile Institute Pension Fund
FEIN: 36-6033202; Plan: 001
Schedule MB, line 6 – Statement of Plan Provisions

Plan Summary

1. Effective date of plan January 2, 1973.
2. Participation The plan covers each employee who satisfies the following conditions:
 - An employer is obligated to make contributions to the Trust Fund on the employee's behalf.
 - The completion of 1000 hours of service during 12 consecutive months.
3. Plan Year Calendar year.
4. Past service credit Covered employment prior to January 1, 1970.
5. Future service credits
 - a. 1/1/70 to 12/31/79 - 1 year for 160 covered days; 1/4 year for 40 covered days.
 - b. 1/1/80 to 12/31/97 - 1/4 year for each full 375 hours with a maximum of 1 year credited in a single year.
 - c. 1/1/98 to 12/31/2003- 1/4 year for each full 320 hours with a maximum of 1.5 years credited in a single year.
 - c. On and after 1/1/2004 - 1/4 year after 400 hours and an additional 1/4 year for each full 320 hours after the initial 400 hours with a maximum of 1.5 years credited in a single year.
6. Vesting service One year for 1,000 hours in a Plan Year.
7. Monthly service benefit (accrued benefit) Sum of the Month Service Pension earned during each Period of Accrual based on the Benefit Credit earned during each Period of Accrual and the benefit rate in effect on the last day of each Period of Accrual.

For Benefit Credit earned after the valuation date the benefit rate is \$100 (effective 1/1/2021).
8. Normal retirement
 - a. Eligibility Attainment of age 65 or 5 years or more Vesting Service
 - b. Benefit Monthly service benefit.

Chicago Tile Institute Pension Fund
FEIN: 36-6033202; Plan: 001
Schedule MB, line 6 – Statement of Plan Provisions

9. Early retirement

a. Eligibility

- Age 60 and 20 years of Benefit Credit or 15 years of Vesting Service

b. Benefit

Reduced monthly service benefit is determined as follows:

- Monthly service benefit earned prior to 1/1/1980 reduced $\frac{1}{2}$ of 1% for each month between the Participant's annuity starting date and age 62.
- Monthly service benefit earned after 1/1/1980 reduced $\frac{1}{4}$ of 1% for each of the first 36 months and $\frac{1}{2}$ or 1% for each additional month between the Participant's annuity starting date and Normal Retirement Age.

On or after 1/1/1998 if the Participant has 30 or more years of Vesting service.

- Monthly service benefit earned prior to 1/1/1980 reduced $\frac{1}{2}$ of 1% for each month between the Participant's annuity starting date and age 62.
- Monthly service benefit earned after 1/1/1980 no reduction

On or after 6/1/2003 if the Participant has 35 or more years of Vesting service.

- Monthly service benefit reduced $\frac{1}{2}$ of 1% for each month between the Participant's annuity starting date and age 61.

On or after 1/1/2008 if the Participant has 35 or more years of Benefit Credit.

- No reduction

Chicago Tile Institute Pension Fund
FEIN: 36-6033202; Plan: 001
Schedule MB, line 6 – Statement of Plan Provisions

- | | |
|---|--|
| 10. Disability retirement | |
| a. Eligibility | Total and permanent disability, 10 years of Benefit Credit or 10 years of Vesting Service. |
| b. Benefit | Monthly Service Benefit reduced 1/12 of 1% for each month between the Participant's annuity starting date and Normal Retirement Age but the reduction shall not be greater than 20%. |
| c. Unreduced disability benefit | 30 or more Benefit Credits – No reduction to disability benefit amount |
| 11. Deferred vested retirement | |
| a. Eligibility | 5 years of vesting service |
| b. Benefit | Monthly Service Benefit payable at 65 or a reduced as per Early Retirement if eligible. |
| 12. Pre-retirement spouse death benefit | |
| a. Eligibility | 5 years of vesting service. |
| b. Benefit | 50% of the benefit the participant would have received had the participant terminated employment on the date of death, lived until first date of eligibility for retirement, retired on the first date of retirement eligibility and elected the 50% joint and survivor benefit. |
| 13. Benefit forms | Benefits are based on the 5- year certain and life form. Actuarially equivalent benefits are also available in the 50% joint and survivor, 75% joint and survivor and 100% joint and survivor with and without the pop-up provision |

Chicago Tile Institute Pension Fund
FEIN: 36-6033202; Plan: 001
Schedule MB, line 6 – Statement of Plan Provisions

14. Lump sum death benefit
- Active Participant's with:
- 1,320 contribution hours made within the 12 months prior to the month of death and
- Death of participant
- \$25,000 payable to named beneficiary
- Death of spouse or dependent child 21 years of age or younger
- \$10,000 payable to active participant
- Retired Participant's with:
- 5,000 contribution hours made within the last 7 years of employment
- \$10,000
- Disabled Participant's:
- Disabled prior to age 60 and
 - Remained disabled until death
- \$10,000

Attachment to 2021 Form 5500

Schedule MB, line 6g - Estimated Rate of Investment Return (Actuarial Value)

Plan Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

PN: 001

Show both the actuary's estimate of the rate of return and the actuary's calculations of that rate.

Rate of return = 10.20% = $(2 * 12,848,763 / (125,245,811 + 139,222,031 - 12,848,763))$

Attachment to 2021 Form 5500

Schedule MB, line 6h - Esitmated Rate of Investment Return (Current Value)

Plan Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

PN: 001

Show both the actuary's estimate of the rate of return and the actuary's calculations of that rate.

Rate of return = 14.80%= $(2 * 19,872,868 / (133,480,178 + 154,480,503 - 19,872,868))$

Attachment to 2022 Form 5500

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

Plan Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,022	677,332	124,108	4,628,674	5,430,114
2,023	1,216,678	177,087	4,501,566	5,895,331
2,024	1,692,582	214,823	4,370,723	6,278,128
2,025	2,096,558	336,010	4,227,927	6,660,495
2,026	2,705,988	516,773	4,113,225	7,335,986
2,027	3,102,554	651,864	4,006,336	7,760,754
2,028	3,499,749	777,976	3,876,618	8,154,343
2,029	4,083,360	899,006	3,754,322	8,736,688
2,030	4,677,684	971,030	3,616,138	9,264,852
2,031	5,239,157	1,100,096	3,478,178	9,817,431
2,032	5,787,207	1,219,000	3,340,605	10,346,812
2,033	6,373,073	1,354,697	3,203,500	10,931,270
2,034	7,007,135	1,467,807	3,066,871	11,541,813
2,035	7,626,264	1,608,803	2,930,676	12,165,743
2,036	7,999,910	1,718,477	2,794,888	12,513,275
2,037	8,488,272	1,730,777	2,659,488	12,878,537
2,038	8,901,019	1,762,062	2,524,458	13,187,539
2,039	9,457,429	1,770,623	2,389,756	13,617,808
2,040	9,928,151	1,769,218	2,255,371	13,952,740
2,041	10,356,480	1,770,195	2,121,333	14,248,008
2,042	10,938,654	1,798,214	1,987,714	14,724,582
2,043	11,297,142	1,851,350	1,854,699	15,003,191
2,044	11,641,572	1,878,974	1,722,529	15,243,075
2,045	11,862,166	1,851,472	1,591,543	15,305,181
2,046	12,056,208	1,825,234	1,462,144	15,343,586
2,047	12,096,489	1,785,711	1,334,830	15,217,030
2,048	12,168,069	1,712,694	1,210,204	15,090,967

Attachment to 2022 Form 5500

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

Plan Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

PN: 001

Plan Year	Expected Annual Benefit Payment			
	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2,049	12,265,363	1,661,960	1,088,978	15,016,301
2,050	12,337,971	1,602,044	971,968	14,911,983
2,051	12,406,802	1,522,767	860,002	14,789,571
2,052	12,324,292	1,441,524	753,964	14,519,780
2,053	12,383,018	1,364,214	654,661	14,401,893
2,054	12,546,182	1,280,216	562,815	14,389,213
2,055	12,430,028	1,200,398	478,970	14,109,396
2,056	12,326,802	1,117,009	403,462	13,847,273
2,057	12,051,690	1,034,364	336,393	13,422,447
2,058	11,771,599	952,830	277,645	13,002,074
2,059	11,437,572	877,014	226,889	12,541,475
2,060	11,031,769	799,770	183,636	12,015,175
2,061	10,698,543	725,631	147,276	11,571,450
2,062	10,284,181	654,854	117,120	11,056,155
2,063	9,834,974	587,801	92,438	10,515,213
2,064	9,370,260	524,564	72,485	9,967,309
2,065	8,898,518	465,648	56,539	9,420,705
2,066	8,435,105	410,985	43,919	8,890,009
2,067	7,968,714	360,570	34,013	8,363,297
2,068	7,506,550	314,330	26,287	7,847,167
2,069	7,052,125	272,152	20,289	7,344,566
2,070	6,606,743	233,923	15,643	6,856,309
2,071	6,171,903	199,505	12,051	6,383,459
2,072	5,756,695	168,758	9,275	5,934,728

Chicago Tile Institute Pension Fund

Attachment to 2022 Form 5500

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

Plan Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2,022	6,120,891	0	6,120,891
2,023	7,415,394	0	7,415,394
2,024	7,415,394	0	7,415,394
2,025	7,415,394	0	7,415,394
2,026	7,415,394	0	7,415,394
2,027	7,415,394	0	7,415,394
2,028	7,415,394	0	7,415,394
2,029	7,415,394	0	7,415,394
2,030	7,415,394	0	7,415,394
2,031	7,415,394	0	7,415,394

Attachment to 2022 Form 5500
Schedule MB, line 8b(2) - Schedule of Active Participant Data

Plan Name: Chicago Tile Institute Pension Fund
Plan Sponsor's Name: Chicago Tile Institute Pension Fund

EIN: 36-6033202
PN: 001

[illegible]

Table K

Chicago Tile Institute Pension Fund

Calculation of Funding Standard Account Amortization Payments and Balances With 5 Year Amortization Extension

<u>Description</u>	<u>Initial Information</u>			<u>1/1/21 Balance</u>	<u>1/1/22 Information</u>		
	<u>Inception</u>	<u>Balance</u>	<u>Period</u>		<u>Balance</u>	<u>Period</u>	<u>Payment</u>
1. Charges							
a. Combined charge bases pre1/1/2010	1/1/2010	\$30,047,278	12	* \$13,630,955	\$11,701,246	5	\$2,815,724
b. Experience loss	1/1/2012	3,710,192	15	* 2,589,081	2,420,648	10	336,723
c. Experience loss	1/1/2013	2,206,205	15	1,286,867	1,135,877	6	234,636
d. Experience loss	1/1/2014	4,928,807	15	3,191,677	2,874,944	7	524,192
e. Plan change	1/1/2014	336,017	15	217,590	195,997	7	35,736
f. Assumption change	1/1/2014	1,802,850	15	1,167,445	1,051,591	7	191,738
g. Increase in accrual rate to \$61	1/1/2015	1,681,579	15	1,190,381	1,088,916	8	178,841
h. Increase in retiree death benefit	1/1/2015	932,738	15	660,282	604,001	8	99,199
i. Experience loss	1/1/2016	1,972,149	15	1,507,810	1,396,075	9	209,744
j. Assumption change RP 2014	1/1/2016	3,419,145	15	2,614,114	2,420,395	9	363,635
k. Experience loss	1/1/2017	3,513,782	15	2,873,399	2,686,470	10	373,701
l. Increase in accrual rate to \$71 & lump sum death benefit upon death of spouse	1/1/2017	2,234,392	15	1,827,175	1,708,307	10	237,634
m. Increase in accrual rate to \$81 service after 1/1/2018	1/1/2018	2,203,285	15	1,911,797	1,801,739	11	234,326
n. Experience loss	1/1/2018	405,454	15	351,815	331,562	11	43,121
o. Experience loss	1/1/2019	778,722	15	712,225	675,701	12	82,819
p. Increase in accrual rate to \$91 service after 1/1/2020	1/1/2020	1,989,419	15	1,907,151	1,819,536	13	211,580
q. Increase in accrual rate to \$100 service after 1/1/2021	1/1/2021	1,821,330	15	1,821,330	1,746,012	14	193,703
r. 13th & 14th checks	1/1/2021	716,265	1	716,265	0	0	0
s. Change in assumptions	1/1/2022	198,789	15		198,789	15	21,142
t. Total charges				\$40,177,359	\$35,857,806		\$6,388,194

Table K

Chicago Tile Institute Pension Fund

Calculation of Funding Standard Account Amortization Payments and Balances With 5 Year Amortization Extension

	Initial Information			1/1/21	1/1/22 Information		
2. Credits							
a. Combined credits bases pre1/1/2010	1/1/2010	11,351,656	12	1,306,435	0	0	0
b. Pension Relief Act - adjustment	1/1/2010	836,324	15	304,709	235,570	3	88,946
c. Experience gain	1/1/2011	1,413,782	15	624,846	515,101	4	150,359
d. Change in asset method	1/1/2014	5,631,166	10	2,074,608	1,426,136	2	783,322
e. Experience gain	1/1/2015	169,901	15	120,272	110,021	8	18,070
f. Change in funding method	1/1/2015	255,037	10	121,535	93,959	3	35,477
g. Change in assumptions	1/1/2020	2,194,127	15	2,103,393	2,006,763	13	233,352
h. Experience gain	1/1/2020	776,445	15	744,337	710,142	13	82,577
i. Change in assumptions	1/1/2021	352,066	15	352,066	337,507	14	37,443
j. Experience gain	1/1/2021	6,954,382	15	6,954,382	6,666,799	14	739,618
k. Experience gain	1/1/2022	10,466,323	15		10,466,323	15	1,113,123
l. Total credits				\$14,706,583	\$22,568,321		\$3,282,287
3. Credit balance					\$18,137,775		
4. Unfunded accrued liability as of 1/1/22 [#1 - #2 - #3]					(\$4,848,290)		

* Original amortization periods extended by 5 years effective January 1, 2012

Attachment to 2021 Form 5500

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

Plan Name: Chicago Tile Institute Pension Fund

Plan Sponsor's Name: Chicago Tile Institute Pension Fund

Justify any change in actuarial assumptions for the current plan year

The projected mortality improvement scale was changed from MP-2020 to MP-2021 to better reflect anticipated mortality improvement for future years.

EIN: 36-6033202

PN: 001

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
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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 Chicago Tile Institute Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chicago Tile Institute Pension Fund	D Employer Identification Number (EIN) 36-6033202

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>	
b Assets	
(1) Current value of assets.....	1b(1) 154,480,503
(2) Actuarial value of assets for funding standard account	1b(2) 139,222,031
c (1) Accrued liability for plan using immediate gain methods	1c(1) 134,373,741
(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) 116,916,381
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) 225,915,113
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 9,020,139
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 5,430,114
(3) Expected plan disbursements for the plan year.....	1d(3) 5,430,114

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		09/29/2023
Signature of actuary		Date
Ted W. Windsor		23-04110
Type or print name of actuary		Most recent enrollment number
Ted Windsor & Associates		(847) 501-3193
Firm name		Telephone number (including area code)
435 N Michigan Ave Unit 307 Chicago IL 60611		
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 ☐

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

Schedule MB (Form 5500) 2022 v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	154,480,503
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	411	67,200,587
(2) For terminated vested participants	337	34,146,462
(3) For active participants:		
(a) Non-vested benefits		16,239,164
(b) Vested benefits		108,328,900
(c) Total active	738	124,568,064
(4) Total	1,486	225,915,113
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.38 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2022	6,773,905				
Totals ▶			3(b)	6,773,905	3(c)

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	119.1 %
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	2.12 %
	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)	6MP
(2) Females	6c(2)	6FP
d Valuation liability interest rate	6d	6.50 %
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)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	9.6%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.9%
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)	280,000
(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
4	198,789	
1	-10,466,323	

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)	5
(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	0

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	3,337,922

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	35,857,806	6,388,194
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 98,312**e** Total charges. Add lines 9a through 9d..... **9e** 9,824,428**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 18,137,775**g** Employer contributions. Total from column (b) of line 3..... **9g** 6,773,905**h** Amortization credits as of valuation date..... **9h** 22,568,321 3,282,287**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 1,378,467**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9j(1)	17,258,995	
9j(2)	68,235,723	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

(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

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
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

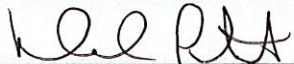
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2022 or fiscal plan year beginning		01/01/2022	and ending 12/31/2022
A This return/report is for:	☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan	☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description) _____		
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐		

Part II Basic Plan Information—enter all requested information			
1a Name of plan CHICAGO TILE INSTITUTE PENSION FUND		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan 01/01/1952	
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) BOARD OF TRUSTEES - CHICAGO TILE INSTITUTE PENSION FUND 660 N. INDUSTRIAL DRIVE, SUITE 102 ELMHURST IL 60126		2b Employer Identification Number (EIN) 36-6033202	
		2c Plan Sponsor's telephone number (630) 924-4990	
		2d Business code (see instructions) 238300	

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		10-11-23	MICHAEL PETRAKIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/23	BRIAN D. CASTRO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,486
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) 738
a(2) Total number of active participants at the end of the plan year	6a(2) 652
b Retired or separated participants receiving benefits.....	6b 349
c Other retired or separated participants entitled to future benefits	6c 366
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 1,367
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 91
f Total. Add lines 6d and 6e.....	6f 1,458
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 77

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Chicago Tile Institute Pension Fund

We have audited the financial statements of Chicago Tile Institute Pension Fund (the Plan) as of December 31, 2022 and our report thereon dated October 10, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audit was conducted for the purpose of forming an opinion on the financial statement 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 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 2022 information in the accompanying schedules is fairly stated, in all material respects, in relation to the 2022 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.

The financial statements of Chicago Tile Institute Pension Fund as of and for the year ended December 31, 2021, were audited by other auditors whose report dated October 10, 2022, expressed an unmodified opinion on those statements. Their report on the 2021 ERISA-required supplemental schedules stated that the information was fairly stated, in all material respects, in relation to the 2021 financial statements as a whole.

Legacy Professionals LLP

Chicago, Illinois

October 10, 2023

Supplemental Schedule 1

Chicago Title Institute Pension Fund
Investments Held Summary
EIN # 36-6033202 PLAN: 001
Y/E 12/31/2022

		Statement Balance	Adjustments	Market Value	Cost Value
U.S. Government Securities					
BMO Harris Page 20 - U.S. Government Treasury and Agency Obligations		\$ 10,924,947	\$ -	\$ 10,924,947	See Attached
Corporate Debt Securities (Total)					
BMO Harris Page 34 - Non-Government Obligations		9,996,428	-	9,996,428	See Attached
BMO Harris Page 35 - Foreign Obligations		808,519	-	808,519	See Attached
		<u>10,804,947</u>	<u>-</u>	<u>10,804,947</u>	
Corporate stocks (Common)					
	<u>Shares</u>				
AT&T	12,218	224,935	-	224,935	264,435
Comcast	2,350	82,194	-	82,194	35,946
Constellation Energy	2,931	252,704	-	252,704	1,646
Duke Energy	4,006	412,587	-	412,587	194,626
Enbridge	4,297	168,013	-	168,013	70,323
Exelon	8,992	388,732	-	388,732	236,462
Verizon	1,855	73,084	-	73,084	152,118
Vodafone	382	3,869	-	3,869	1,377
Warner Brothers Discovery	2,827	26,800	-	26,800	16,679
		<u>1,632,918</u>	<u>-</u>	<u>1,632,918</u>	<u>973,612</u>
Partnership/joint venture interests					
BMO Harris Page 10 - JP Morgan IIF ERISA Hedged LP		7,242,221	375,875	7,618,096	See Attached
BMO Harris Page 36 - Corbin ERISA Opportunity Fund LP		6,897,887	18,970	6,916,857	See Attached
BMO Harris Page 36 - Ta Realty Core Property Fund LP		2,943,303	(164,463)	2,778,840	See Attached
		<u>17,083,411</u>	<u>230,382</u>	<u>17,313,793</u>	<u>A</u>
Value of interest in common/collective trusts					
BMO Harris Page 10 - New Tower Multi Employer Property Trust		9,945,715	(603,968)	9,341,747	See Attached
BMO Harris Page 36 - BNYM Mellon AFL-CIO SL Broad Market Stock Index Fund		36,814,021	-	36,814,021	See Attached
BMO Harris Page 37 - Wellington International Small Cap Research Equity		5,597,311	-	5,597,311	See Attached
		<u>52,357,047</u>	<u>(603,968)</u>	<u>51,753,079</u>	
Value of interest in pooled separate accounts					
Aetna Separate Account 002		546,121	-	546,121	837,418
Aetna Separate Account 076		356,329	-	356,329	329,527
		<u>902,450</u>	<u>-</u>	<u>902,450</u>	
Value of interest in 103-12 investment entities					
BMO Harris Page 36 - ULLICO Diversified International Equity Fund		11,623,760	(155,374)	11,468,386	See Attached
BMO Harris Page 36 - Parametric Defense Equity Fund		13,625,515	(254,264)	13,371,251	See Attached
		<u>25,249,275</u>	<u>(409,638)</u>	<u>24,839,637</u>	
Value of interest in registered investment companies					
	<u>Shares</u>				
BMO Harris Page 37 - Goldman Financial Square Govt Fund		834,626	-	834,626	See Attached
BMO Harris Page 37 - Goldman Financial Square Govt Fund		419,749	-	419,749	See Attached
Goldman Financial Square Treasury Obligation -A - Fd #468	586	586	-	586	586
Vanguard Wellington Fund - Admiral	93,161	6,179,389	-	6,179,389	6,431,587
		<u>7,434,350</u>	<u>-</u>	<u>7,434,350</u>	
Value of funds held in insurance company general account (unallocated contracts)					
Aetna Fixed Income - Regular Account Fund		406,531	-	406,531	406,531
Other					
BMO Harris Page 21 - State and Municipal Obligations		50,606	-	50,606	See Attached
BMO Harris Page 36 - Pinhurst Institutional Ltd.		9,297,501	79,825	9,377,326	<u>A</u> See Attached
		<u>9,348,107</u>	<u>79,825</u>	<u>9,427,932</u>	
		<u>\$ 136,143,983</u>	<u>\$ (703,399)</u>	<u>\$ 135,440,584</u>	

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Equity										
Closely Held										
05	- Newtower Trust Company Multi Employer Property Trust Last Priced 10/01/2022 65319A908	604.128	57.86	4,332,479.33 7,171.459	9,945,715.42 16,462.927	5,613,236.09	7.82			
Total Closely Held			57.86	4,332,479.33	9,945,715.42	5,613,236.09	7.82	0.00	0.00	.00%
Equity Funds										
Other										
05	- JPMorgan lif ERISA LP Last Priced 11/01/2022 CF1038508	8,625,474.380	42.14	8,207,654.13 0.952	7,242,220.51 0.839	- 965,433.62	5.70			
Total Other			42.14	8,207,654.13	7,242,220.51	- 965,433.62	5.70	0.00	0.00	.00%
Total Equity Funds			42.14	8,207,654.13	7,242,220.51	- 965,433.62	5.70	0.00	0.00	.00%
Total Equity			100.00	12,540,133.46	17,187,935.93	4,647,802.47	13.52	0.00	0.00	.00%
Fixed Income										
Treasury and Federal Agencies										
Short (Less Than 5 Years)										
04	- Federal Natl Mtg Assn 1.875% Dtd 09/27/2016 Due 09/24/2026 3135G0Q22	110,000.000	.47	109,303.70 99.367	101,527.80 92.298	- 7,775.90	.08	555.72	2,062.00 0.01875	2.03%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AH0149 4.000% Dtd 11/01/2010 Due 11/01/2025 IPD24 3138A1EX5	1,651.350	.01	1,740.11 105.375	1,626.70 98.507	- 113.41	.00	5.50	66.00 0.04000	4.06%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AH0150 4.000% Dtd 11/01/2010 Due 10/01/2025 IPD24 3138A1EY3	628.680	.00	661.30 105.189	619.29 98.507	- 42.01	.00	2.09	25.00 0.04000	4.06%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AH0151 4.000% Dtd 11/01/2010 Due 11/01/2025 IPD24 3138A1EZ0	1,302.890	.01	1,367.00 104.921	1,283.29 98.496	- 83.71	.00	4.34	52.00 0.04000	4.06%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AH5881 3.500% Dtd 02/01/2011 Due 02/01/2026 IPD24 3138A7RB6	14,649.100	.07	14,733.80 100.578	14,380.73 98.168	- 353.07	.01	42.72	512.00 0.03500	3.57%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AO4900 3.000% Dtd 05/01/2012 Due 06/01/2027 IPD24 3138LVNS8	14,729.890	.07	15,309.86 103.937	14,216.55 96.515	- 1,093.31	.01	36.82	441.00 0.03000	3.11%
04	- US Treasury Note 0.375% Dtd 01/31/2021 Due 01/31/2026 91282CBH3	1,000,000.000	4.09	968,401.78 96.840	889,890.00 88.989	- 78,511.78	.70	1,569.29	3,750.00 0.00375	.42%
04	- US Treasury Note 0.375% Dtd 04/15/2021 Due 04/15/2024 91282CBV2	1,150,000.000	5.00	1,150,941.35 100.082	1,088,371.50 94.641	- 62,569.85	.86	924.10	4,312.00 0.00375	.40%
04	- US Treasury Note 2.375% Dtd 05/15/2017 Due 05/15/2027 912828X88	575,000.000	2.46	562,821.71 97.882	536,210.50 93.254	- 26,611.21	.42	1,773.04	13,656.00 0.02375	2.55%
Total Short (Less Than 5 Years)			12.16	2,825,280.61	2,648,126.36	- 177,154.25	2.08	4,913.62	24,876.00	.94%
Intermediate (5-10 Years)										

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AE7008 4.000% Dtd 10/01/2010 Due 10/01/2030 IPD24 31419HYE6	14,621.660	.06	15,567.51 106.469	14,153.33 96.797	- 1,414.18	.01	48.73	584.00 0.04000	4.13%
04	- US Treasury Note 2.625% Dtd 02/15/2019 Due 02/15/2029 9128286B1	450,000.000	1.91	460,724.46 102.383	416,007.00 92.446	- 44,717.46	.33	4,461.78	11,812.00 0.02625	2.84%
Total Intermediate (5-10 Years)			1.97	476,291.97	430,160.33	- 46,131.64	.34	4,510.51	12,396.00	2.88%
Long (Over 10 Years)										
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZI9558 4.500% Dtd 08/01/2018 Due 12/01/2039 IPD24 3131WNTP9	8,178.210	.04	8,210.14 100.390	8,107.30 99.133	- 102.84	.01	30.66	368.00 0.04500	4.54%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZI9654 4.500% Dtd 08/01/2018 Due 01/01/2040 IPD24 3131WNWP5	32,585.700	.15	32,784.25 100.609	32,115.81 98.558	- 668.44	.03	122.19	1,466.00 0.04500	4.57%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZI9751 4.500% Dtd 08/01/2018 Due 02/01/2040 IPD24 3131WNZQ0	22,306.940	.10	22,387.13 100.359	22,113.54 99.133	- 273.59	.02	83.65	1,003.00 0.04500	4.54%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZI9763 4.500% Dtd 08/01/2018 Due 02/01/2040 IPD24 3131WNZ49	1,912.490	.01	1,922.36 100.516	1,880.51 98.328	- 41.85	.00	7.17	86.00 0.04500	4.58%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZI9767 4.500% Dtd 08/01/2018 Due 02/01/2040 IPD24 3131WNZ80	14,311.900	.06	14,356.62 100.312	14,105.52 98.558	- 251.10	.01	53.66	644.00 0.04500	4.57%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZJ0774 4.000% Dtd 08/01/2018 Due 12/01/2040 IPD24 3131WQ2F3	1,368.440	.01	1,408.42 102.922	1,323.84 96.741	- 84.58	.00	4.56	54.00 0.04000	4.13%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZL0907 5.000% Dtd 09/01/2018 Due 01/01/2035 IPD24 3131XGAG3	33,204.142	.15	36,638.70 110.344	32,927.22 99.166	- 3,711.48	.03	138.35	1,660.00 0.05000	5.04%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZL1124 5.000% Dtd 10/01/2018 Due 03/01/2036 IPD24 3131XGG93	30,200.500	.14	33,371.54 110.500	30,001.78 99.342	- 3,369.76	.02	125.83	1,510.00 0.05000	5.03%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZL3348 3.500% Dtd 10/01/2018 Due 07/01/2042 IPD24 3131XJWH1	1,540.280	.01	1,622.84 105.360	1,441.78 93.605	- 181.06	.00	4.49	53.00 0.03500	3.74%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZL3366 3.500% Dtd 10/01/2018 Due 07/01/2042 IPD24 3131XJW32	6,494.530	.03	6,847.68 105.438	6,075.11 93.542	- 772.57	.00	18.94	227.00 0.03500	3.74%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZL3929 3.000% Dtd 10/01/2018 Due 10/01/2042 IPD24 3131XKLJ6	44,112.970	.18	46,515.09 105.445	40,111.04 90.928	- 6,404.05	.03	110.28	1,323.00 0.03000	3.30%
04	- Federal Home Ln Mtg Corp Partn CTF Group #ZS2117 5.000% Dtd 09/01/2018 Due 04/01/2038 IPD24 3132A2K68	4,348.320	.02	4,382.31 100.782	4,417.24 101.585	34.93	.00	18.11	217.00 0.05000	4.92%
04	- Federal Home Ln Mtg Corp Partn Gold Group #Q63812 3.500% Dtd 05/01/2019 Due 05/01/2049 IPD14 3132VQGW0	47,930.920	.20	48,777.19 101.766	44,188.95 92.193	- 4,588.24	.03	139.79	1,677.00 0.03500	3.80%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Home Ln Mtg Corp Partn CTF Group #QE0994 3.500% Dtd 04/01/2022 Due 04/01/2052 IPD24 3133BAC74	531,782.230	2.22	530,785.14 99.813	483,661.26 90.951	- 47,123.88	.38	1,551.03	18,612.00 0.03500	3.85%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA3733 2.000% Dtd 09/01/2020 Due 10/01/2050 IPD24 3133KKEE5	357,350.900	1.34	370,416.53 103.656	292,391.65 81.822	- 78,024.88	.23	595.58	7,147.00 0.02000	2.44%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4019 1.500% Dtd 01/01/2021 Due 01/01/2051 IPD24 3133KKPC7	215,344.640	.76	217,228.91 100.875	166,155.62 77.158	- 51,073.29	.13	269.18	3,230.00 0.01500	1.94%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4020 2.000% Dtd 01/01/2021 Due 01/01/2051 IPD24 3133KKPD5	472,682.570	1.77	491,294.44 103.937	386,318.74 81.729	- 104,975.70	.30	787.80	9,453.00 0.02000	2.45%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4503 2.000% Dtd 01/01/2021 Due 02/01/2051 IPD24 3133KLAC1	194,223.095	.73	201,476.11 103.734	158,647.25 81.683	- 42,828.86	.12	323.70	3,884.00 0.02000	2.45%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4598 2.000% Dtd 02/01/2021 Due 02/01/2051 IPD24 3133KLDB0	187,203.870	.70	194,311.77 103.797	152,788.31 81.616	- 41,523.46	.12	312.00	3,744.00 0.02000	2.45%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4745 2.000% Dtd 02/01/2021 Due 03/01/2051 IPD24 3133KLHW0	215,129.167	.81	218,994.77 101.797	175,687.39 81.666	- 43,307.38	.14	358.54	4,302.00 0.02000	2.45%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4872 2.500% Dtd 03/01/2021 Due 04/01/2051 IPD24 3133KLMV6	205,769.670	.80	212,682.23 103.359	174,743.72 84.922	- 37,938.51	.14	428.68	5,144.00 0.02500	2.94%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA4927 2.000% Dtd 03/01/2021 Due 03/01/2051 IPD24 3133KLPL5	206,316.260	.77	209,185.33 101.391	168,422.15 81.633	- 40,763.18	.13	343.86	4,126.00 0.02000	2.45%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA5197 2.500% Dtd 04/01/2021 Due 05/01/2051 IPD24 3133KLX28	209,854.902	.82	219,003.29 104.359	178,212.98 84.922	- 40,790.31	.14	437.19	5,246.00 0.02500	2.94%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA5571 2.500% Dtd 06/01/2021 Due 07/01/2051 IPD24 3133KMFL4	183,871.284	.72	191,254.87 104.016	156,108.56 84.901	- 35,146.31	.12	383.06	4,596.00 0.02500	2.94%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA5621 2.500% Dtd 07/01/2021 Due 08/01/2051 IPD24 3133KMG66	231,877.802	.90	242,819.54 104.719	196,866.57 84.901	- 45,952.97	.15	483.07	5,796.00 0.02500	2.94%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA7146 3.500% Dtd 03/01/2022 Due 04/01/2052 IPD24 3133KN5F6	559,209.995	2.33	559,646.88 100.078	508,551.16 90.941	- 51,095.72	.40	1,631.02	19,572.00 0.03500	3.85%
04	- Federal Home Ln Mtg Corp Partn CTF Group #RA7162 3.500% Dtd 03/01/2022 Due 04/01/2052 IPD24 3133KN5X7	248,708.270	1.04	251,195.36 101.000	226,205.15 90.952	- 24,990.21	.18	725.39	8,704.00 0.03500	3.85%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #255221 5.500% Dtd 03/01/04 Due 04/01/2034 IPD24 31371LPE3	738.800	.00	714.81 96.753	737.03 99.760	22.22	.00	3.38	40.00 0.05500	5.51%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #255538 5.500% Dtd 10/01/04 Due 11/01/2034 IPD24 31371LZB8	1,147.680	.01	1,105.71 96.343	1,133.62 98.775	27.91	.00	5.26	63.00 0.05500	5.57%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #256059 5.500% Dtd 12/01/2005 Due 01/01/2036 IPD24 31371MMG9	1,316.040	.01	1,365.81 103.782	1,362.26 103.512	- 3.55	.00	6.03	72.00 0.05500	5.31%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AH3218 4.500% Dtd 01/01/2011 Due 01/01/2041 IPD24 3138A4SG1	8,813.550	.04	9,542.04 108.266	8,737.05 99.132	- 804.99	.01	33.05	396.00 0.04500	4.54%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AK8316 3.500% Dtd 11/01/2012 Due 12/01/2042 IPD24 3138EDG21	7,889.810	.03	8,427.32 106.813	7,372.48 93.443	- 1,054.84	.01	23.01	276.00 0.03500	3.75%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AS6603 3.500% Dtd 01/01/16 Due 02/01/2046 IPD24 3138WGKR4	24,800.682	.11	25,409.06 102.453	23,056.20 92.966	- 2,352.86	.02	72.33	868.00 0.03500	3.76%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AZ1451 3.500% Dtd 06/01/2015 Due 07/01/2045 IPD24 3138YSTH9	23,527.930	.10	24,215.40 102.922	21,960.73 93.339	- 2,254.67	.02	68.62	823.00 0.03500	3.75%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AZ2544 4.500% Dtd 09/01/2015 Due 08/01/2045 IPD24 3138YTZJ6	21,293.752	.10	23,160.30 108.766	20,710.94 97.263	- 2,449.36	.02	79.85	958.00 0.04500	4.63%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BR1037 2.500% Dtd 05/01/2021 Due 05/01/2051 IPD24 3140KYEK6	230,524.620	.90	241,402.49 104.719	195,743.07 84.912	- 45,659.42	.15	480.25	5,763.00 0.02500	2.94%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #BT7932 5.500% Dtd 10/01/2022 Due 10/01/2052 IPD24 3140LWY68	99,804.620	.47	100,256.87 100.453	101,574.16 101.773	1,317.29	.08	457.43	5,489.00 0.05500	5.40%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #BV3840 3.500% Dtd 04/01/2022 Due 04/01/2052 IPD24 3140MHHS1	260,014.320	1.09	259,567.42 99.828	236,459.62 90.941	- 23,107.80	.19	758.37	9,100.00 0.03500	3.85%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #CA8811 2.000% Dtd 01/01/2021 Due 01/01/2051 IPD24 3140QGYH4	180,310.172	.68	186,212.49 103.273	147,365.70 81.729	- 38,846.79	.12	300.51	3,606.00 0.02000	2.45%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #CA9048 2.000% Dtd 02/01/2021 Due 02/01/2051 IPD24 3140QHBS3	167,661.910	.63	173,936.15 103.742	136,952.95 81.684	- 36,983.20	.11	279.43	3,353.00 0.02000	2.45%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #CB0437 2.500% Dtd 04/01/2021 Due 05/01/2051 IPD24 3140QKPX0	217,212.737	.85	226,410.34 104.234	184,439.68 84.912	- 41,970.66	.15	452.52	5,430.00 0.02500	2.94%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #CB3231 3.500% Dtd 03/01/2022 Due 04/01/2052 IPD24 3140QNSV5	857,772.930	3.58	880,892.61 102.695	780,153.06 90.951	- 100,739.55	.61	2,501.83	30,022.00 0.03500	3.85%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #CB3797 4.000% Dtd 05/01/2022 Due 06/01/2052 IPD24 3140QPGF8	249,881.291	1.08	250,994.05 100.445	234,451.12 93.825	- 16,542.93	.18	832.93	9,995.00 0.04000	4.26%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #736934 5.000% Dtd 09/01/2003 Due 09/01/2033 IPD24 31402SV38	1,058.210	.00	1,090.29 103.032	1,080.63 102.119	- 9.66	.00	4.40	52.00 0.05000	4.90%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #931239 5.000% Dtd 05/01/2009 Due 05/01/2039 IPD24 31412PS44	7,114.380	.03	7,348.94 103.297	7,165.11 100.713	- 183.83	.01	29.64	355.00 0.05000	4.96%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #991101 5.000% Dtd 12/01/2008 Due 12/01/2038 IPD24 31415WAA1	1,733.150	.01	1,774.32 102.375	1,735.51 100.136	- 38.81	.00	7.22	86.00 0.05000	4.99%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AA3409 5.000% Dtd 02/01/2009 Due 03/01/2039 IPD24 31416LYF7	22,729.490	.11	23,288.84 102.461	23,171.35 101.944	- 117.49	.02	94.70	1,136.00 0.05000	4.90%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB0133 5.000% Dtd 05/01/2009 Due 01/01/2039 IPD24 31416VEF7	40,857.840	.19	45,109.61 110.406	41,726.07 102.125	- 3,383.54	.03	170.24	2,042.00 0.05000	4.90%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AB4662 4.500% Dtd 02/01/2012 Due 08/01/2041 IPD24 31417BFC6	40,792.347	.18	43,749.81 107.250	39,261.82 96.248	- 4,487.99	.03	152.97	1,835.00 0.04500	4.68%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AC3028 4.500% Dtd 10/01/2009 Due 10/01/2039 IPD24 31417MLJ0	29,145.880	.13	30,029.38 103.031	28,799.34 98.811	- 1,230.04	.02	109.29	1,311.00 0.04500	4.55%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AC9079 6.000% Dtd 12/01/2009 Due 01/01/2039 IPD24 31417WCR0	32,731.310	.15	37,518.25 114.625	33,322.11 101.805	- 4,196.14	.03	163.65	1,963.00 0.06000	5.89%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AE8027 4.000% Dtd 11/01/2010 Due 11/01/2040 IPD24 31419J4M7	6,035.680	.03	6,246.93 103.500	5,808.74 96.240	- 438.19	.00	20.11	241.00 0.04000	4.16%
04	- Federal Natl Mtg Assn Gtd Passthru CTF Pool #AE8783 4.000% Dtd 12/01/2010 Due 12/01/2040 IPD24 31419KXM2	24,798.670	.11	25,562.02 103.078	23,815.15 96.034	- 1,746.87	.02	82.66	991.00 0.04000	4.17%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #AE9903 4.000% Dtd 11/01/2010 Due 10/01/2040 IPD24 31419MAD3	1,549.900	.01	1,602.74 103.409	1,493.62 96.369	- 109.12	.00	5.16	61.00 0.04000	4.15%
04	- Federal Natl Mtg Assn Gtd Passthr CTF Pool #AE9904 4.000% Dtd 11/01/2010 Due 10/01/2040 IPD24 31419MAE1	6,483.730	.03	6,687.86 103.148	6,248.37 96.370	- 439.49	.00	21.61	259.00 0.04000	4.15%
04	- GNMA II Passthr CTF Pool #BB4172 4.00% Dtd 02/01/2018 Due 02/20/2048 IPD19 3617AUT59	47,390.630	.21	48,775.30 102.922	45,193.13 95.363	- 3,582.17	.04	157.96	1,895.00 0.04000	4.19%
04	- GNMA II Passthr CTF Pool #AO8829 4.00% Dtd 11/01/2015 Due 11/20/2045 IPD19 3617A9Y27	35,730.275	.16	38,080.65 106.578	34,521.16 96.616	- 3,559.49	.03	119.10	1,429.00 0.04000	4.14%
04	- GNMA II Passthr CTF Pool #MA0859 7.00% Dtd 03/01/2013 Due 11/20/2038 IPD19 36179M5U0	7,717.410	.04	9,128.26 118.281	8,019.86 103.919	- 1,108.40	.01	45.01	540.00 0.07000	6.74%
04	- GNMA Gtd Passthr CTF Pool #AM9042 4.00% Dtd 09/01/2015 Due 08/15/2045 IPD14 36185CBK9	78,342.984	.35	83,973.88 107.187	75,836.01 96.800	- 8,137.87	.06	261.14	3,133.00 0.04000	4.13%
04	- GNMA II Passthr CTF Pool #004411 4.50% Dtd 04/01/2009 Due 04/20/2039 IPD19 36202E3U1	30,884.640	.14	32,940.42 106.656	30,598.65 99.074	- 2,341.77	.02	115.81	1,389.00 0.04500	4.54%
04	- GNMA Gtd Passthr CTF Pool #753579 4.00% Dtd 12/01/2010 Due 11/15/2040 IPD14 36230M6Q5	9,403.960	.04	9,777.19 103.969	9,131.34 97.101	- 645.85	.01	31.34	376.00 0.04000	4.12%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- GNMA II Passthr CTF Pool #626986 3.50% Dtd 09/01/2015 Due 09/20/2045 IPD19 36291FRF7	70,525.216	.30	74,216.80 105.234	65,794.38 93.292	- 8,422.42	.05	205.69	2,468.00 0.03500	3.75%
04	- US Treasury Bond 2.75% Dtd 11/15/2012 Due 11/15/2042 912810QY7	730,000.000	2.69	661,385.71 90.601	585,825.00 80.250	- 75,560.71	.46	2,606.42	20,075.00 0.02750	3.43%
04	- US Treasury Bond 3.00% Dtd 11/15/2015 Due 11/15/2045 912810RP5	530,000.000	2.00	596,690.94 112.583	436,486.80 82.356	- 160,204.14	.34	2,064.36	15,900.00 0.03000	3.64%
04	- US Treasury Bond 3.00% Dtd 05/15/2017 Due 05/15/2047 912810RX8	200,000.000	.75	207,057.44 103.529	163,798.00 81.899	- 43,259.44	.13	779.00	6,000.00 0.03000	3.66%
04	- US Treasury Bond 3.00% Dtd 02/15/2018 Due 02/15/2048 912810SA7	215,000.000	.81	214,020.00 99.544	176,368.80 82.032	- 37,651.20	.14	2,436.27	6,450.00 0.03000	3.66%
04	- US Treasury Bond 2.25% Dtd 08/15/2019 Due 08/15/2049 912810SJ8	335,000.000	1.08	344,421.51 102.812	235,679.20 70.352	- 108,742.31	.19	2,847.04	7,537.00 0.02250	3.20%
Total Long (Over 10 Years)			36.03	9,333,609.40	7,846,659.97	- 1,486,949.43	6.17	28,373.37	267,622.00	3.41%
Total Treasury and Federal Agencies			50.16	12,635,181.98	10,924,946.66	- 1,710,235.32	8.59	37,797.50	304,894.00	2.79%
State and Municipal Short (Less Than 5 Years)										
04	- Massachusetts ST College Bldg Proj Rev Bds 2010b Taxable 5.788% Dtd 12/17/2010 Due 05/01/2025 Callable 575832R28	50,000.000	.23	50,000.00 100.000	50,606.50 101.213	606.50	.04	482.33	2,894.00 0.05788	5.72%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Short (Less Than 5 Years)			.23	50,000.00	50,606.50	606.50	.04	482.33	2,894.00	5.72%
Total State and Municipal			.23	50,000.00	50,606.50	606.50	.04	482.33	2,894.00	5.72%
Non-Government Obligations Short (Less Than 5 Years)										
04	- American Elec Pwr Inc H 3.20% Dtd 11/13/2017 Due 11/13/2027 Callable 025537AJ0	55,000.000	.23	54,906.50 99.830	50,502.65 91.823	- 4,403.85	.04	234.66	1,760.00 0.03200	3.48%
04	- Americredit Auto Rec Tr Ser 2021 1 CI D 1.21% Dtd 03/10/2021 Due 12/18/2026 03063FAF1	110,000.000	.45	109,964.68 99.968	98,422.40 89.474	- 11,542.28	.08	44.36	1,331.00 0.01210	1.35%
04	- Americredit Auto Rec Tr Ser 2019 2 CI C Zero Cpn Dtd 06/12/2019 Due 04/18/2025 03066KAG5	63,079.280	.29	63,068.19 99.982	62,453.17 99.007	- 615.02	.05	62.90	1,728.00 0.02740	2.77%
04	- Americredit Auto Rec Tr Ser 2019 3 CI B 2.13% Dtd 09/18/2019 Due 07/18/2025 03066NAE4	17,495.110	.08	17,492.89 99.987	17,469.78 99.855	- 23.11	.01	14.61	372.00 0.02130	2.13%
04	- Apple Inc Sr Gbl NT 2.45% Dtd 08/04/2016 Due 08/04/2026 Callable 037833BZ2	100,000.000	.43	91,767.00 91.767	92,738.00 92.738	971.00	.07	1,000.41	2,450.00 0.02450	2.64%
04	- Apple Inc Sr Gbl NT 3.35% Dtd 02/09/2017 Due 02/09/2027 Callable 037833CJ7	150,000.000	.66	150,000.00 100.000	143,418.00 95.612	- 6,582.00	.11	1,982.08	5,025.00 0.03350	3.50%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Baker Hughes Hldgs LLC Baker Sr NT 2.061% Dtd 12/09/2021 Due 12/15/2026 Callable <i>05724BAD1</i>	55,000.000	.23	55,000.00 <i>100.000</i>	49,294.85 <i>89.627</i>	- 5,705.15	.04	50.38	1,133.00 <i>0.02061</i>	2.30%
04	- Bank Amer Corp Fr Var Rate Dtd 01/23/2018 Due 01/23/2026 Callable <i>06051GGZ6</i>	185,000.000	.81	186,618.00 <i>100.875</i>	176,393.80 <i>95.348</i>	- 10,224.20	.14	2,733.00	6,227.00 <i>0.03366</i>	3.53%
04	- Bank Amer Corp Fr Var Rate Dtd 04/23/2019 Due 04/23/2027 Callable <i>06051GHT9</i>	75,000.000	.32	75,000.00 <i>100.000</i>	70,265.25 <i>93.687</i>	- 4,734.75	.06	504.19	2,669.00 <i>0.03559</i>	3.80%
04	- Berkshire Hathaway Inc Del Sr NT 2.75% Dtd 03/15/2016 Due 03/15/2023 Callable <i>084670BR8</i>	30,000.000	.14	29,918.40 <i>99.728</i>	29,871.60 <i>99.572</i>	- 46.80	.02	242.91	825.00 <i>0.02750</i>	2.76%
04	- Berkshire Hathaway Inc Del Sr NT 3.125% Dtd 03/15/2016 Due 03/15/2026 Callable <i>084670BS6</i>	30,000.000	.13	29,971.80 <i>99.906</i>	28,747.80 <i>95.826</i>	- 1,224.00	.02	276.04	937.00 <i>0.03125</i>	3.26%
04	- Carmax Auto Owner Tr Ser 2019 4 Cl C 2.60% Dtd 10/23/2019 Due 09/15/2025 <i>14315WAG5</i>	150,000.000	.67	149,966.51 <i>99.978</i>	145,028.67 <i>96.685</i>	- 4,937.84	.11	173.33	3,900.00 <i>0.02600</i>	2.69%
04	- Caterpillar Finl Svcs Mtns Fr 1.10% Dtd 09/14/2020 Due 09/14/2027 Callable <i>14913R2G1</i>	95,000.000	.37	94,814.75 <i>99.805</i>	81,010.30 <i>85.274</i>	- 13,804.45	.06	310.59	1,045.00 <i>0.01100</i>	1.29%
04	- Citigroup Inc Sr NT 3.20% Dtd 10/21/2016 Due 10/21/2026 Callable <i>172967KY6</i>	135,000.000	.57	134,919.35 <i>99.940</i>	124,896.60 <i>92.516</i>	- 10,022.75	.10	840.00	4,320.00 <i>0.03200</i>	3.46%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Citigroup Inc Sr NT Var Rate Dtd 05/22/2018 Due 06/01/2024 Callable 172967LZ2	125,000.000	.57	125,000.00 100.000	124,167.50 99.334	- 832.50	.10	421.25	5,055.00 0.04044	4.07%
04	- Dowdupont Inc Sr NT 4.493% Dtd 11/28/2018 Due 11/15/2025 Callable 26078JAC4	85,000.000	.38	85,000.00 100.000	83,584.75 98.335	- 1,415.25	.07	487.98	3,819.00 0.04493	4.57%
04	- Exelon Corp Sr Gbl NT 3.95% Dtd 12/15/2015 Due 06/15/2025 Callable 30161NAN1	100,000.000	.45	104,019.00 104.019	97,659.00 97.659	- 6,360.00	.08	175.55	3,950.00 0.03950	4.04%
04	- Exeter Auto Recv Tr Ser 2022 5 Cl B 5.79% Dtd 10/19/2022 Due 03/15/2027 30167FAD4	125,000.000	.57	124,687.88 99.750	124,758.09 99.806	70.21	.10	331.66	7,462.00 0.05970	5.98%
04	- F M C Corp Sr Gbl 3.20% Dtd 09/20/2019 Due 10/01/2026 Callable 302491AT2	90,000.000	.38	89,909.10 99.899	83,718.00 93.020	- 6,191.10	.07	720.00	2,880.00 0.03200	3.44%
04	- Ford CR Auto Lease Tr Ser 2021 A Cl C 1.21% Dtd 01/25/2021 Due 09/15/2025 34532QAF5	55,000.000	.25	54,995.08 99.991	53,872.27 97.949	- 1,122.81	.04	19.06	429.00 0.00780	.80%
04	- GM Fin Auto Lease Tr Ser 2020 3 Cl C 1.11% Dtd 09/29/2020 Due 10/21/2024 362569AF2	60,000.000	.27	59,988.99 99.982	59,399.00 98.998	- 589.99	.05	20.35	666.00 0.01110	1.12%
04	- GM Fin Cons Atmb Rec Tr Ser 2019 3 Cl C Zero Cpn Dtd 07/24/2019 Due 01/16/2025 36257PAG3	75,000.000	.34	74,987.78 99.984	74,574.62 99.432	- 413.16	.06	81.87	1,965.00 0.02620	2.63%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- General Mtrs Finl Co Inc Sr Gbl 2.70% Dtd 08/20/2020 Due 08/20/2027 Callable 37045XDA1	60,000.000	.24	61,645.80 102.743	52,449.00 87.415	- 9,196.80	.04	589.50	1,620.00 0.02700	3.09%
04	- Gilead Sciences Inc Sr NT 1.20% Dtd 09/30/2020 Due 10/01/2027 Callable 375558BX0	125,000.000	.49	124,891.25 99.913	106,006.25 84.805	- 18,885.00	.08	375.00	1,500.00 0.01200	1.42%
04	- Goldman Sachs Group Inc Sr Gbl NT Var Rate Dtd 09/29/2017 Due 09/29/2025 Callable 38141GWQ3	105,000.000	.46	102,378.50 97.503	101,181.15 96.363	- 1,197.35	.08	877.98	3,435.00 0.03272	3.40%
04	- Goldman Sachs Group Inc Sr NT Var Rate Dtd 10/21/2021 Due 10/21/2027 Callable 38141GYM0	95,000.000	.38	95,000.00 100.000	83,067.05 87.439	- 11,932.95	.07	359.83	1,850.00 0.01948	2.23%
04	- Intercontinental Exchange Inc Sr NT 4.00% Dtd 05/23/2022 Due 09/15/2027 Callable 45866FAU8	150,000.000	.67	149,602.50 99.735	144,877.59 96.585	- 4,724.91	.11	1,766.66	6,000.00 0.04000	4.14%
04	- JPMorgan Chase & Co NT 2.95% Dtd 7/21/2016 Due 10/01/2026 Callable 46625HRV4	50,000.000	.21	49,892.00 99.784	46,631.50 93.263	- 3,260.50	.04	368.74	1,475.00 0.02950	3.16%
04	- JPMorgan Chase & Co NT Var Rate Dtd 06/01/2017 Due 03/01/2025 Callable 46647PAH9	160,000.000	.71	161,844.00 101.153	155,510.40 97.194	- 6,333.60	.12	1,717.33	5,152.00 0.03220	3.31%
04	- Lockheed Martin Corp NT 3.55% Dtd 11/23/2015 Due 01/15/2026 Callable 539830BH1	21,000.000	.09	20,837.88 99.228	20,399.40 97.140	- 438.48	.02	343.75	745.00 0.03550	3.65%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Microsoft Corp Sr Gbl NT 2.875% Dtd 02/06/2017 Due 02/06/2024 Callable 594918BX1	80,000.000	.36	79,417.60 99.272	78,581.60 98.227	- 836.00	.06	926.38	2,300.00 0.02875	2.93%
04	- Midamerican Energy Co 1m Gbl 3.10% Dtd 02/01/2017 Due 05/01/2027 Callable 595620AQ8	50,000.000	.21	48,181.00 96.362	46,811.00 93.622	- 1,370.00	.04	258.33	1,550.00 0.03100	3.31%
04	- Nextera Energy Cap Hldgs Inc Sr NT 3.55% Dtd 04/28/2017 Due 05/01/2027 Callable 65339KAT7	60,000.000	.26	59,829.60 99.716	56,527.20 94.212	- 3,302.40	.04	355.00	2,130.00 0.03550	3.77%
04	- Oracle Corp NT 2.65% Dtd 07/07/2016 Due 07/15/2026 Callable 68389XBM6	100,000.000	.42	98,772.00 98.772	91,912.00 91.912	- 6,860.00	.07	1,221.94	2,650.00 0.02650	2.88%
04	- Pioneer Nat Res Co Sr NT 1.125% Dtd 01/29/2021 Due 01/15/2026 Callable 723787AT4	50,000.000	.20	49,990.50 99.981	44,565.50 89.131	- 5,425.00	.04	259.37	562.00 0.01125	1.26%
04	- Santander Drive Auto Ser 2021 4 Cl D Fltg Rate Dtd 10/27/2021 Due 10/15/2027 80285VAF6	210,000.000	.89	209,933.54 99.968	193,420.65 92.105	- 16,512.89	.15	155.86	3,507.00 0.01670	1.81%
04	- Southwestern Elec Pwr Co Sr Gbl K NT 2.75% Dtd 09/29/2016 Due 10/01/2026 Callable 845437BP6	60,000.000	.25	59,937.60 99.896	55,215.60 92.026	- 4,722.00	.04	412.49	1,650.00 0.02750	2.99%
04	- Tsmc Ariz Corp Sr NT 1.75% Dtd 10/25/2021 Due 10/25/2026 Callable 872898AA9	200,000.000	.82	199,952.00 99.976	178,424.00 89.212	- 21,528.00	.14	641.66	3,500.00 0.01750	1.96%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Toyota Motor Credit Corp Fr 2.70% Dtd 01/11/2018 Due 01/11/2023 Callable 89236TEL5	85,000.000	.39	84,952.40 99.944	84,958.35 99.951	5.95	.07	1,083.75	2,295.00 0.02700	2.70%
04	- Visa Inc Sr Gbl NT 3.15% Dtd 12/14/2015 Due 12/14/2025 Callable 92826CAD4	100,000.000	.44	96,840.00 96.840	96,407.00 96.407	- 433.00	.08	148.75	3,150.00 0.03150	3.27%
04	- Wec Energy Group Inc Sr NT 1.375% Dtd 10/09/2020 Due 10/15/2027 Callable 92939UAD8	65,000.000	.25	64,948.00 99.920	55,133.65 84.821	- 9,814.35	.04	188.68	893.00 0.01375	1.62%
04	- Wells Fargo & Co New Sr NT 3.00% Dtd 10/25/2016 Due 10/23/2026 Non-Callable 949746SH5	50,000.000	.21	49,884.50 99.769	46,211.00 92.422	- 3,673.50	.04	283.33	1,500.00 0.03000	3.25%
04	- Wells Fargo & Co Fr Var Rate Dtd 02/11/2020 Due 02/11/2026 Callable 95000U2K8	210,000.000	.90	210,000.00 100.000	195,768.30 93.223	- 14,231.70	.15	1,767.26	4,544.00 0.02164	2.32%
Total Short (Less Than 5 Years)			17.48	4,040,726.57	3,806,304.29	- 234,422.28	2.99	24,828.77	111,956.00	2.94%
Intermediate (5-10 Years)										
04	- Abbott Laboratories Gbl NT 1.15% Dtd 06/24/2020 Due 01/30/2028 Callable 002824BP4	40,000.000	.16	39,748.00 99.370	33,996.00 84.990	- 5,752.00	.03	192.94	460.00 0.01150	1.35%
04	- Amazon Com Inc Sr NT 1.65% Dtd 05/12/2021 Due 05/12/2028 Callable 023135BY1	130,000.000	.51	129,923.30 99.941	111,605.00 85.850	- 18,318.30	.09	291.95	2,145.00 0.01650	1.92%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- American Honda Fin Corp MTN Fr 2.00% Dtd 03/24/2021 Due 03/24/2028 Callable <i>02665WDW8</i>	85,000.000	.34	84,856.35 <i>99.831</i>	73,230.90 <i>86.154</i>	- 11,625.45	.06	458.05	1,700.00 <i>0.02000</i>	2.32%
04	- Automatic Data Processing Inc Sr NT 1.70% Dtd 05/14/2021 Due 05/15/2028 Callable <i>053015AG8</i>	90,000.000	.36	89,728.20 <i>99.698</i>	78,127.20 <i>86.808</i>	- 11,601.00	.06	195.50	1,530.00 <i>0.01700</i>	1.96%
04	- Bk of America Corp Fr Var Rate Dtd 04/22/2021 Due 04/22/2032 Callable <i>06051GJT7</i>	145,000.000	.53	145,000.00 <i>100.000</i>	116,055.10 <i>80.038</i>	- 28,944.90	.09	746.76	3,896.00 <i>0.02687</i>	3.36%
04	- Bk of America Corp Fr Var Rate Dtd 06/14/2021 Due 06/14/2029 Callable <i>06051GJZ3</i>	90,000.000	.35	90,000.00 <i>100.000</i>	75,734.10 <i>84.149</i>	- 14,265.90	.06	88.69	1,878.00 <i>0.02087</i>	2.48%
04	- Bk of America Corp Sr NT Var Rate Dtd 04/27/2022 Due 04/27/2028 Callable <i>06051GKP3</i>	450,000.000	1.98	450,000.00 <i>100.000</i>	430,344.00 <i>95.632</i>	- 19,656.00	.34	3,500.80	19,692.00 <i>0.04376</i>	4.58%
04	- Bank New York Mellon Corp Fr 1.65% Dtd 04/26/2021 Due 07/14/2028 Callable <i>06406RAU1</i>	110,000.000	.43	109,710.70 <i>99.737</i>	92,687.10 <i>84.261</i>	- 17,023.60	.07	841.95	1,815.00 <i>0.01650</i>	1.96%
04	- Bank New York Mellon Corp Fr 1.90% Dtd 10/25/2021 Due 01/25/2029 Callable <i>06406RAZ0</i>	220,000.000	.84	219,868.00 <i>99.940</i>	183,902.40 <i>83.592</i>	- 35,965.60	.14	1,811.33	4,180.00 <i>0.01900</i>	2.27%
04	- Becton Dickinson & Co Sr NT 1.957% Dtd 02/11/2021 Due 02/11/2031 Callable <i>075887CL1</i>	70,000.000	.25	70,000.00 <i>100.000</i>	55,356.00 <i>79.080</i>	- 14,644.00	.04	532.73	1,369.00 <i>0.01957</i>	2.47%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Berkshire Hathaway Fin Corp Sr NT 1.45% Dtd 10/15/2020 Due 10/15/2030 Callable 084664CW9	160,000.000	.58	159,673.60 99.796	127,252.80 79.533	- 32,420.80	.10	489.77	2,320.00 0.01450	1.82%
04	- Broadcom Inc Sr Gbl NT 4.75% Dtd 04/15/2020 Due 04/15/2029 Callable 11135FBA8	65,000.000	.28	73,317.40 112.796	61,913.80 95.252	- 11,403.60	.05	651.80	3,087.00 0.04750	4.99%
04	- Brunswick Corp Sr NT 4.40% Dtd 03/29/2022 Due 09/15/2032 Callable 117043AU3	220,000.000	.85	219,674.40 99.852	185,710.80 84.414	- 33,963.60	.15	2,850.22	9,680.00 0.04400	5.21%
04	- CVS Health Corp Sr NT 4.30% Dtd 03/09/2018 Due 03/25/2028 Callable 126650CX6	9,000.000	.04	8,873.46 98.594	8,705.16 96.724	- 168.30	.01	103.20	387.00 0.04300	4.45%
04	- Coca Cola Co Sr NT 1.00% Dtd 09/18/2020 Due 03/15/2028 Callable 191216DD9	90,000.000	.35	89,928.90 99.921	75,235.50 83.595	- 14,693.40	.06	265.00	900.00 0.01000	1.20%
04	- Deere John Capital Corp Sr NT 4.85% Dtd 10/11/2022 Due 10/11/2029 Non-Callable 24422EWN5	120,000.000	.55	119,894.40 99.912	120,116.40 100.097	222.00	.09	1,293.33	5,820.00 0.04850	4.85%
04	- Duke Energy Progress Inc 1m Gbl 3.40% Dtd 03/17/2022 Due 04/01/2032 Callable 26442UAN4	135,000.000	.55	134,644.95 99.737	119,310.30 88.378	- 15,334.65	.09	1,147.50	4,590.00 0.03400	3.85%
04	- Fidelity Natl Information Svcs Sr Gbl NT 1.65% Dtd 03/02/2021 Due 03/01/2028 Callable 31620MBS4	60,000.000	.23	59,653.80 99.423	49,670.40 82.784	- 9,983.40	.04	330.00	990.00 0.01650	1.99%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Fiserv Inc Sr NT 3.50% Dtd 06/24/2019 Due 07/01/2029 Callable 337738AU2	70,000.000	.29	78,754.90 112.507	63,064.40 90.092	- 15,690.50	.05	1,225.00	2,450.00 0.03500	3.88%
04	- Fortune Brands Home & Security Sr NT 4.00% Dtd 03/25/2022 Due 03/25/2032 Callable 34964CAF3	110,000.000	.44	109,892.20 99.902	95,374.40 86.704	- 14,517.80	.08	1,173.33	4,400.00 0.04000	4.61%
04	- Goldman Sachs Group Inc Sr Gbl NT Var Rate Dtd 01/27/2021 Due 01/27/2032 Callable 38141GXR0	25,000.000	.09	25,000.00 100.000	19,045.50 76.182	- 5,954.50	.01	213.03	498.00 0.01992	2.61%
04	- Hp Inc NT 4.00% Dtd 03/31/2022 Due 04/15/2029 Callable 40434LAK1	95,000.000	.40	94,778.65 99.767	86,716.00 91.280	- 8,062.65	.07	802.22	3,800.00 0.04000	4.38%
04	- JPMorgan Chase & Co Sr NT 2.58% Dtd 04/22/2021 Due 04/22/2032 46647PCC8	140,000.000	.51	140,000.00 100.000	112,145.60 80.104	- 27,854.40	.09	692.29	3,612.00 0.02580	3.22%
04	- JPMorgan Chase & Co Sr NT 2.069% Dtd 06/01/2021 Due 06/01/2029 46647PCJ3	90,000.000	.35	90,000.00 100.000	75,167.10 83.519	- 14,832.90	.06	155.17	1,862.00 0.02069	2.48%
04	- JPMorgan Chase & Co Sr NT Var Rate Dtd 04/26/2022 Due 04/26/2028 Callable 46647PDA1	135,000.000	.59	135,000.00 100.000	128,923.65 95.499	- 6,076.35	.10	1,053.73	5,836.00 0.04323	4.53%
04	- Kla Corp Sr NT 4.65% Dtd 06/23/2022 Due 07/15/2032 Callable 482480AL4	180,000.000	.81	179,893.80 99.941	176,310.00 97.950	- 3,583.80	.14	4,371.00	8,370.00 0.04650	4.75%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Lowes Cos Inc Sr Gbl 1.30% Dtd 10/22/2020 Due 04/15/2028 Callable 548661DX2	85,000.000	.32	84,939.65 99.929	70,635.00 83.100	- 14,304.65	.06	233.27	1,105.00 0.01300	1.56%
04	- PNC Finl Svcs Group Inc Sr NT Var Rate Dtd 04/23/2021 Due 04/23/2032 Callable 693475BA2	290,000.000	1.08	290,000.00 100.000	234,592.60 80.894	- 55,407.40	.18	1,263.72	6,690.00 0.02307	2.85%
04	- Public Storage Sr NT 1.85% Dtd 04/23/2021 Due 05/01/2028 Callable 74460WAD9	65,000.000	.26	64,953.20 99.928	55,760.90 85.786	- 9,192.30	.04	200.41	1,202.00 0.01850	2.16%
04	- Raytheon Technologies Corp Sr Gbl NT 2.25% Dtd 05/18/2020 Due 07/01/2030 Callable 75513EAD3	100,000.000	.38	99,872.00 99.872	83,214.00 83.214	- 16,658.00	.07	1,125.00	2,250.00 0.02250	2.70%
04	- Santander Dr At Rec Tr Ser 2022 2 Cl 3.76% Dtd 03/30/2022 Due 07/16/2029 80286MAE8	175,000.000	.77	174,973.35 99.985	167,187.91 95.535	- 7,785.44	.13	292.44	6,580.00 0.03760	3.94%
04	- Take Two Interactive Software Sr NT 4.00% Dtd 04/14/2022 Due 04/14/2032 Callable 874054AH2	85,000.000	.35	84,909.90 99.894	75,236.05 88.513	- 9,673.85	.06	727.22	3,400.00 0.04000	4.52%
04	- Tapestry Inc Sr NT 3.05% Dtd 12/01/2021 Due 03/15/2032 Callable 876030AA5	100,000.000	.36	100,578.20 100.578	77,831.00 77.831	- 22,747.20	.06	898.05	3,050.00 0.03050	3.92%
04	- Target Corp Sr NT 4.50% Dtd 09/13/2022 Due 09/15/2032 Callable 87612EBP0	190,000.000	.85	189,665.60 99.824	184,402.60 97.054	- 5,263.00	.15	2,565.00	8,550.00 0.04500	4.64%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Texas Instrs Inc Sr Gbl NT 3.65% Dtd 08/16/2022 Due 08/16/2032 Callable 882508BP8	95,000.000	.40	94,723.55 99.709	88,024.15 92.657	- 6,699.40	.07	1,300.31	3,467.00 0.03650	3.94%
04	- Thermo Fisher Scientific Inc Sr NT 1.75% Dtd 08/23/2021 Due 10/15/2028 Callable 883556CK6	85,000.000	.33	84,959.20 99.952	71,986.50 84.690	- 12,972.70	.06	314.02	1,487.00 0.01750	2.07%
04	- Toyota Mtr CR Corp Fr 4.45% Dtd 06/30/2022 Due 06/29/2029 Callable 89236TKD6	215,000.000	.97	214,974.20 99.988	210,500.05 97.907	- 4,474.15	.17	53.15	9,567.00 0.04450	4.55%
04	- Verizon Communications Inc NT 2.10% Dtd 03/22/2021 Due 03/22/2028 Callable 92343VGH1	95,000.000	.38	94,957.25 99.955	82,448.60 86.788	- 12,508.65	.06	548.62	1,995.00 0.02100	2.42%
04	- Walmart Inc NT 1.50% Dtd 09/22/2021 Due 09/22/2028 Callable 931142ES8	115,000.000	.45	114,878.10 99.894	98,549.25 85.695	- 16,328.85	.08	474.37	1,725.00 0.01500	1.75%
04	- Walmart Inc Sr NT 4.15% Dtd 09/09/2022 Due 09/09/2032 Callable 931142EY5	140,000.000	.63	139,568.80 99.692	136,379.60 97.414	- 3,189.20	.11	1,807.55	5,810.00 0.04150	4.26%
04	- Zimmer Biomet Holdings Inc Sr NT 2.60% Dtd 11/24/2021 Due 11/24/2031 Callable 98956PAV4	110,000.000	.41	109,971.40 99.974	89,113.20 81.012	- 20,858.20	.07	293.94	2,860.00 0.02600	3.21%
Total Intermediate (5-10 Years)			20.58	5,091,739.41	4,481,561.02	- 610,178.39	3.52	37,574.36	157,005.00	3.50%
Long (Over 10 Years)										

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Advanced Micro Devices Inc Sr NT 4.393% Dtd 06/09/2022 Due 06/01/2052 Callable 007903BG1	225,000.000	.91	225,000.00 100.000	197,583.75 87.815	- 27,416.25	.16	823.68	9,884.00 0.04393	5.00%
04	- Amgen Inc Sr NT 4.40% Dtd 05/01/2015 Due 05/01/2045 Callable 031162BZ2	50,000.000	.19	45,553.00 91.106	41,891.00 83.782	- 3,662.00	.03	366.66	2,200.00 0.04400	5.25%
04	- Amgen Inc Sr NT 4.20% Dtd 02/22/2022 Due 02/22/2052 Callable 031162DF4	25,000.000	.09	24,860.50 99.442	19,825.00 79.300	- 5,035.50	.02	376.25	1,050.00 0.04200	5.30%
04	- Anheuser Busch Inbev Wldw Inc Fr 4.60% Dtd 04/04/2018 Due 04/15/2048 Callable 035240AN0	37,000.000	.15	33,578.61 90.753	32,151.15 86.895	- 1,427.46	.03	359.31	1,702.00 0.04600	5.29%
04	- Apple Inc Sr Glbl NT 4.65% Dtd 02/23/2016 Due 02/23/2046 Callable 037833BX7	100,000.000	.43	129,906.00 129.906	94,673.00 94.673	- 35,233.00	.07	1,653.33	4,650.00 0.04650	4.91%
04	- Berkshire Hathaway Fin Corp Sr NT 3.85% Dtd 03/15/2022 Due 03/15/2052 Callable 084664DB4	240,000.000	.88	239,152.80 99.647	191,292.00 79.705	- 47,860.80	.15	2,720.66	9,240.00 0.03850	4.83%
04	- Bristol Myers Squibb Co Sr NT 3.55% Dtd 03/02/2022 Due 03/15/2042 Callable 110122DV7	150,000.000	.56	149,487.00 99.658	121,747.50 81.165	- 27,739.50	.10	1,567.91	5,325.00 0.03550	4.37%
04	- CVS Health Corp Sr NT 4.78% Dtd 03/09/2018 Due 03/25/2038 Callable 126650CY4	45,000.000	.19	44,106.30 98.014	40,991.85 91.093	- 3,114.45	.03	573.60	2,151.00 0.04780	5.25%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Citigroup Inc Sr NT Var Rate Dtd 05/24/2022 Due 05/24/2033 Callable 172967NU1	45,000.000	.19	45,000.00 100.000	42,139.35 93.643	- 2,860.65	.03	227.08	2,209.00 0.04910	5.24%
04	- Comcast Corp New NT 4.20% Dtd 08/12/2014 Due 08/15/2034 Callable 20030NBM2	100,000.000	.42	120,071.00 120.071	92,321.00 92.321	- 27,750.00	.07	1,586.66	4,200.00 0.04200	4.55%
04	- Consolidated Edison Co N Y Inc 2019 A 4.125% Dtd 05/09/2019 Due 05/15/2049 Callable 209111FV0	85,000.000	.32	85,577.50 100.679	69,077.80 81.268	- 16,499.70	.05	448.02	3,506.00 0.04125	5.08%
04	- Duke Energy Corp New Sr Gbl NT 3.75% Dtd 08/12/2016 Due 09/01/2046 Callable 26441CAT2	115,000.000	.39	110,902.10 96.437	85,326.55 74.197	- 25,575.55	.07	1,437.50	4,312.00 0.03750	5.05%
04	- Kinder Morgan Energy Partners L P NT 6.95% Dtd 06/21/2007 Due 01/15/2038 Callable 494550AW6	50,000.000	.24	57,552.00 115.104	52,901.00 105.802	- 4,651.00	.04	1,602.36	3,475.00 0.06950	6.57%
04	- Metlife Inc Sr NT 5.00% Dtd 07/11/2022 Due 07/15/2052 Callable 59156RCC0	35,000.000	.15	34,940.15 99.829	33,318.25 95.195	- 1,621.90	.03	826.38	1,750.00 0.05000	5.25%
04	- Morgan Stanley Sr I Var Rate Dtd 07/20/2022 Due 07/20/2033 Callable 61747YEU5	35,000.000	.15	35,000.00 100.000	32,883.20 93.952	- 2,116.80	.03	765.26	1,711.00 0.04889	5.20%
04	- Nextera Energy Cap Hldgs Inc Gbl Deb 3.00% Dtd 12/13/2021 Due 01/15/2052 Callable 65339KCA6	100,000.000	.30	99,781.00 99.781	65,285.00 65.285	- 34,496.00	.05	1,383.33	3,000.00 0.03000	4.60%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

Asset and Liability Positions
12/31/22

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Pepsico Inc Sr NT 4.20% Dtd 07/18/2022 Due 07/18/2052 Callable 713448FN3	335,000.000	1.40	334,601.35 99.881	304,977.30 91.038	- 29,624.05	.24	6,370.58	14,070.00 0.04200	4.61%
04	- Sherwin Williams Co Sr NT 4.50% Dtd 05/16/2017 Due 06/01/2047 Callable 824348AX4	50,000.000	.19	44,922.00 89.844	41,959.00 83.918	- 2,963.00	.03	187.50	2,250.00 0.04500	5.36%
04	- Texas Instrs Inc Sr Gbl 4.10% Dtd 08/16/2022 Due 08/16/2052 Callable 882508BQ6	115,000.000	.47	113,513.05 98.707	102,091.25 88.775	- 11,421.80	.08	1,768.12	4,715.00 0.04100	4.62%
04	- Tyson Foods Inc Sr Gbl 5.10% Dtd 09/28/2018 Due 09/28/2048 Callable 902494BH5	50,000.000	.21	52,932.50 105.865	46,128.50 92.257	- 6,804.00	.04	658.74	2,550.00 0.05100	5.53%
Total Long (Over 10 Years)			7.84	2,026,436.86	1,708,563.45	- 317,873.41	1.34	25,702.93	83,950.00	4.91%
Total Non-Government Obligations			45.90	11,158,902.84	9,996,428.76	- 1,162,474.08	7.86	88,106.06	352,911.00	3.53%
Foreign Obligations Short (Less Than 5 Years)										
04	- Bank of Montreal Fr Var Rate Dtd 01/22/2021 Due 01/22/2027 Callable 06368EDC3	130,000.000	.53	130,000.00 100.000	114,775.70 88.289	- 15,224.30	.09	544.88	1,233.00 0.00949	1.07%
04	- Toronto Dominion Bank Fr 2.65% Dtd 06/12/2019 Due 06/12/2024 Non-Callable 89114QCA4	65,000.000	.29	64,990.90 99.986	62,878.40 96.736	- 2,112.50	.05	90.90	1,722.00 0.02650	2.74%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
04	- Toronto Dominion Bank Sr Coco 1.15% Dtd 06/12/2020 Due 06/12/2025 Callable 89114QCH9	70,000.000	.29	69,996.50 99.995	63,858.20 91.226	- 6,138.30	.05	42.48	805.00 0.01150	1.26%
04	- Toronto Dominion Bank Fr 1.20% Dtd 06/03/2021 Due 06/03/2026 Callable 89114TZD7	100,000.000	.40	99,995.00 99.995	88,177.00 88.177	- 11,818.00	.07	93.33	1,200.00 0.01200	1.36%
04	- Westpac Bkg Corp Sr Gbl NT 3.65% Dtd 05/15/2018 Due 05/15/2023 Non-Callable 961214DZ3	100,000.000	.46	100,054.00 100.054	99,553.00 99.553	- 501.00	.08	466.38	3,650.00 0.03650	3.67%
Total Short (Less Than 5 Years)			1.97	465,036.40	429,242.30	- 35,794.10	.34	1,237.97	8,610.00	2.01%
Intermediate (5-10 Years)										
04	- Canadian Imp Bk Comm Sr Coco 3.60% Dtd 04/07/2022 Due 04/07/2032 Callable 13607HR53	100,000.000	.40	99,642.00 99.642	88,126.00 88.126	- 11,516.00	.07	840.00	3,600.00 0.03600	4.09%
04	- Toronto Dominion Bank Sr NT 3.20% Dtd 03/10/2022 Due 03/10/2032 Callable 89114TZV7	155,000.000	.61	154,697.75 99.805	133,450.35 86.097	- 21,247.40	.10	1,529.33	4,960.00 0.03200	3.72%
04	- Westpac Bkg Corp Sr Gbl NT 2.15% Dtd 06/03/2021 Due 06/03/2031 Non-Callable 961214ET6	190,000.000	.72	190,476.90 100.251	157,700.00 83.000	- 32,776.90	.12	317.72	4,085.00 0.02150	2.59%
Total Intermediate (5-10 Years)			1.74	444,816.65	379,276.35	- 65,540.30	.30	2,687.05	12,645.00	3.33%
Total Foreign Obligations			3.71	909,853.05	808,518.65	- 101,334.40	.64	3,925.02	21,255.00	2.63%

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Fixed Income			100.00	24,753,937.87	21,780,500.57	- 2,973,437.30	17.13	130,310.91	681,954.00	3.13%
Real Estate										
05	- Ta Realty Core Property Fund LP Last Priced 12/01/2022 <i>RE1117978</i>	1.000	100.00	2,100,000.00 <i>2,100,000.000</i>	2,943,302.65 <i>2,943,302.650</i>	843,302.65	2.31			
Total Real Estate			100.00	2,100,000.00	2,943,302.65	843,302.65	2.31	0.00	0.00	.00%
Other Assets										
Limited Partnerships										
05	- Bnym Mellon Afl-Cio SL Broad Market Stock Index <i>05562A908</i>	3,212,392.722	47.04	38,030,000.00 <i>11.839</i>	36,814,020.59 <i>11.460</i>	- 1,215,979.41	28.95			
05	- Corbin ERISA Opportunity Fund L.P. Last Priced 12/01/2022 <i>16715A919</i>	1.000	8.81	4,750,000.00 <i>4,750,000.000</i>	6,897,886.88 <i>6,897,886.880</i>	2,147,886.88	5.42			
05	- Parametric Defensive Equity Fund LLC Last Priced 12/01/2022 <i>18688A900</i>	1,000.000	17.41	9,000,000.00 <i>9,000.000</i>	13,625,515.00 <i>13,625.515</i>	4,625,515.00	10.72			
05	- Ullico Diversified International Equity Fund Last Priced 12/01/2022 <i>90374A908</i>	649,430.684	14.85	7,910,164.24 <i>12.180</i>	11,623,760.41 <i>17.898</i>	3,713,596.17	9.14			
Total Limited Partnerships			88.12	59,690,164.24	68,961,182.88	9,271,018.64	54.23	0.00	0.00	.00%
Other										
05	- Pinehurst Institutional LTD. Series Last Priced 12/01/2022 <i>MA1422009</i>	5,107.076	11.88	6,296,390.60 <i>1,232.876</i>	9,297,501.00 <i>1,820.513</i>	3,001,110.40	7.31			

Chicago Tile Institute Pension Fund

Statement Period: 01/01/22 through 12/31/22

**Asset and Liability Positions
12/31/22**

Account ID	Asset Description <i>Asset ID (CUSIP) / Ticker</i>	Shares / Par	% of Asset Category at Mrkt	Total Cost / Unit Price	Total Market / Unit Price	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income Rate	Market Yield
Total Other			11.88	6,296,390.60	9,297,501.00	3,001,110.40	7.31	0.00	0.00	.00%
Total Other Assets			100.00	65,986,554.84	78,258,683.88	12,272,129.04	61.55	0.00	0.00	.00%
Cash Equivalent										
04	- Cash	0.000	.00	0.00	0.00	0.00	.00			
05	- Cash	0.000	.00	0.00	0.00	0.00	.00			
05	- Wellington International Small Cap Research Equity CF1031222	345,513.026	81.69	5,523,373.17 15.986	5,597,311.02 16.199	73,937.85	4.40			
04	- GS Fin Sq Gov #466 38141W265 / FOAXX	834,626.160	12.18	834,626.16 1.000	834,626.16 1.000	0.00	.66	2,436.84	32,621.00 0.03908	3.91%
05	- GS Fin Sq Gov #466 38141W265 / FOAXX	419,749.270	6.13	419,749.27 1.000	419,749.27 1.000	0.00	.33	1,323.41	16,406.00 0.03908	3.91%
Total Cash Equivalent			100.00	6,777,748.60	6,851,686.45	73,937.85	5.39	3,760.25	49,027.00	.72%
Accruals Interest				134,071.16	134,071.16	0.00	.11			
Total Accrued Income				134,071.16	134,071.16	0.00	.11			
Total Assets and Accruals				112,292,445.93	127,156,180.64	14,863,734.71	100.00	134,071.16	730,981.00	.57%

SUPPLEMENTAL SCHEDULE 2

CHICAGO TILE INSTITUTE PENSION FUND

EIN: 36-6033202

PN: 001

SCHEDULE SUPPORTING FORM 5500 FOR 2022

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
GS Financial Square Government Fd #466 (167 purchases)		\$ 43,819,099	\$ -	\$ -	\$ -	\$ 43,819,099	\$ 43,819,099	
GS Financial Square Government Fd #466 (49 sales)		\$ -	\$ 43,865,818	\$ -	\$ -	\$ 43,865,818	\$ 43,865,818	\$ -
BNYM Mellon AFL-CIO SL Broad Market Stock Index (2 purchases)		\$ 38,030,000	\$ -	\$ -	\$ -	\$ 38,030,000	\$ 38,030,000	
Vanguard Institutional Index Fd #94 (5 purchases)		\$ 519,368	\$ -	\$ -	\$ -	\$ 519,368	\$ 519,368	\$ -
Vanguard Institutional Index Fd #94 (1 sale)		\$ -	\$ 29,425,372	\$ -	\$ -	\$ 15,800,014	\$ 15,800,014	\$ 13,625,358