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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                               |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                     |
| <b>1a</b> Name of plan<br><u>SERVICE EMPLOYEES INTL UNION LOCAL 2000 PENSION FUND</u>                                                                                                                                                                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ▶                    | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SEIU LOCAL 2000 PENSION FUND</u><br><br><u>5585 PERSHING, SUITE 170</u><br><u>SUITE 170</u><br><u>ST. LOUIS, MO 63112-4621</u> | <b>1c</b> Effective date of plan<br><u>01/01/1992</u>       | <b>2b</b> Employer Identification Number (EIN)<br><u>36-2435849</u> |
| <b>2c</b> Plan Sponsor's telephone number<br><u>314-533-3633</u>                                                                                                                                                                                                                                                                                                                                   | <b>2d</b> Business code (see instructions)<br><u>316990</u> |                                                                     |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/26/2023 | LISA GOULD                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/26/2023 | MICHAEL E. MURPHY                                            |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                       |  |                                                                                 |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                   |      |
|                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                      |      |
|                                                                                                                                                                                                                                       |  |                                                                                 |      |
| <b>4</b> 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: |  | <b>4b</b> EIN                                                                   |      |
| <b>a</b> Sponsor's name                                                                                                                                                                                                               |  | <b>4d</b> PN                                                                    |      |
| <b>c</b> Plan Name                                                                                                                                                                                                                    |  |                                                                                 |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                               |  | <b>5</b>                                                                        | 1134 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                      |  |                                                                                 |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                               |  | <b>6a(1)</b>                                                                    | 165  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                     |  | <b>6a(2)</b>                                                                    | 166  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                   |  | <b>6b</b>                                                                       |      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                     |  | <b>6c</b>                                                                       | 900  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                           |  | <b>6d</b>                                                                       | 1066 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                            |  | <b>6e</b>                                                                       |      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                               |  | <b>6f</b>                                                                       | 1066 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                        |  | <b>6g</b>                                                                       | 1006 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                             |  | <b>6h</b>                                                                       | 1    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                  |  | <b>7</b>                                                                        | 3    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2C                                                                    |  |                                                                                 |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                           |  |                                                                                 |      |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                             |  | <b>9b</b> Plan benefit arrangement (check all that apply)                       |      |
| (1) <input type="checkbox"/> Insurance                                                                                                                                                                                                |  | (1) <input type="checkbox"/> Insurance                                          |      |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                               |  | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts         |      |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                         |  | (3) <input checked="" type="checkbox"/> Trust                                   |      |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                            |  | (4) <input type="checkbox"/> General assets of the sponsor                      |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                     |  |                                                                                 |      |
| <b>a Pension Schedules</b>                                                                                                                                                                                                            |  | <b>b General Schedules</b>                                                      |      |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                        |  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |      |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                        |  | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |      |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                      |  | (3) <input type="checkbox"/> <b>A</b> (Insurance Information)                   |      |
|                                                                                                                                                                                                                                       |  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |      |
|                                                                                                                                                                                                                                       |  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |      |
|                                                                                                                                                                                                                                       |  | (6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>SERVICE EMPLOYEES INTL UNION LOCAL 2000 PENSION FUND                     | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SEIU LOCAL 2000 PENSION FUND     | D Employer Identification Number (EIN)<br>36-2435849 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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**(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

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**(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

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

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

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

EKON BENEFITS

43-1317863

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 51675                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 16 50               | NONE                                                                                              | 43505                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEIU LOCAL 2000 H & W FUND

43-1598128

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 99                  | AFFILIATE                                                                                         | 38893                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AMALGA TRUST

36-6228122

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28 51               | NONE                                                                                              | 35288                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HAMMOND AND SHINNERS PC

43-1164305

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 8654                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHILTON CAPITAL MANAGEMENT LLC

76-0488937

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28 51               | NONE                                                                                              | 6513                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>SERVICE EMPLOYEES INTL UNION LOCAL 2000 PENSION FUND</u>                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SEIU LOCAL 2000 PENSION FUND</u>                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><u>36-2435849</u>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>       | 103833                | 309672          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 10933                 | 9860            |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 21912                 | 79557           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 236353                | 95946           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 1672345               | 986636          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 718507                | 625432          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 5273288               | 3210964         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8037171               | 5318067         |

**Liabilities**

|                                                                           |           |        |       |
|---------------------------------------------------------------------------|-----------|--------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 247631 | 27847 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 36985  | 34195 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 284616 | 62042 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7752555 | 5256025 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 131818     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 131818    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 2089       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 29104      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 23307      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 54500     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 67229      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 67229     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 7124355    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 6720487    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 403868    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -1788541   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -1788541  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 3399      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -1127727  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1157912    |           |
| (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)  |            | 1157912   |
| 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)  | 91454      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 41801      |           |
| (4) Other .....                                                                                 | 2i(4)  | 77636      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 210891    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1368803   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -2496530  |
| 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: **ANDERS MINKLER HUBER & HELM, LLP**

(2) EIN: **43-0831507**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SERVICE EMPLOYEES INTL UNION LOCAL 2000 PENSION FUND                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SEIU LOCAL 2000 PENSION FUND                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-2435849                                            |

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

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

|   |                                                                                                                                                                                                                                                                                                                       |   |     |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|
| 1 | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                          | 1 |     |
| 2 | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>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 | 103 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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                           | 141678                                 |                                         |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                 | 6b                           | 141678                                 |                                         |
|                                                      | 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                           | 0                                      |                                         |
| 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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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?.....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock?.....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

**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): \_\_\_\_\_

**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): \_\_\_\_\_

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**SEIU LOCAL 2000 PENSION FUND**  
**FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION**  
**AND ADDITIONAL INFORMATION**  
**AND**  
**INDEPENDENT AUDITORS' REPORT**  
**YEARS ENDED DECEMBER 31, 2022 AND 2021**

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## **Independent Auditors' Report**

Board of Trustees  
SEIU Local 2000 Pension Fund  
St. Louis, Missouri

### ***Opinion***

We have audited the accompanying financial statements of SEIU Local 2000 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of 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' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

### ***Supplementary Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

### ***Report on Additional Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 our opinion, the additional information is fairly stated, in all material respects, in relation to the financial statements as a whole.

A handwritten signature in blue ink that reads "Anders Minkler Huber & Helms LLP". The signature is written in a cursive, flowing style.

July 18, 2023

**SEIU Local 2000 Pension Fund**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2022 and 2021**

| <b>Assets</b>                     |  | <u>2022</u>         | <u>2021</u>         |
|-----------------------------------|--|---------------------|---------------------|
| Cash                              |  | \$ 309,672          | \$ 103,833          |
| Investments, at Fair Value        |  | <u>4,918,978</u>    | <u>7,900,493</u>    |
| Receivables                       |  |                     |                     |
| Employer contributions            |  | 9,860               | 10,933              |
| Dividends and interest            |  | 12,717              | 11,323              |
| Due from related fund             |  | <u>54,443</u>       | <u>-</u>            |
| Total Receivables                 |  | <u>77,020</u>       | <u>22,256</u>       |
| Prepaid Expenses                  |  | <u>12,397</u>       | <u>10,589</u>       |
| Total Assets                      |  | <u>5,318,067</u>    | <u>8,037,171</u>    |
| <b>Liabilities</b>                |  |                     |                     |
| Accounts Payable                  |  | 6,871               | 13,787              |
| Accrued Expenses                  |  | 27,324              | 19,800              |
| Due to Related Fund               |  | <u>-</u>            | <u>3,398</u>        |
| Total Liabilities                 |  | <u>34,195</u>       | <u>36,985</u>       |
| Net Assets Available for Benefits |  | <u>\$ 5,283,872</u> | <u>\$ 8,000,186</u> |

**SEIU Local 2000 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 To Net Assets Attributed To:                       |                     |                     |
| Investment income (loss)                                     |                     |                     |
| Interest                                                     | \$ 54,500           | \$ 44,068           |
| Dividends                                                    | 67,229              | 68,983              |
| Net appreciation (depreciation) in fair value of investments | <u>(1,384,673)</u>  | <u>1,152,735</u>    |
|                                                              | (1,262,944)         | 1,265,786           |
| Less investment expenses                                     | <u>41,801</u>       | <u>50,110</u>       |
| Net Investment Income (Loss)                                 | (1,304,745)         | 1,215,676           |
| Employers' contributions                                     | 131,818             | 157,349             |
| Other income                                                 | <u>3,399</u>        | <u>-</u>            |
| Total Additions (Loss)                                       | <u>(1,169,528)</u>  | <u>1,373,025</u>    |
| Deductions From Net Assets Attributed To:                    |                     |                     |
| Benefits paid directly to participants                       | 1,377,696           | 862,933             |
| Administrative expenses                                      | <u>169,090</u>      | <u>164,479</u>      |
| Total Deductions                                             | <u>1,546,786</u>    | <u>1,027,412</u>    |
| Net Increase (Decrease)                                      | (2,716,314)         | 345,613             |
| Net Assets Available for Benefits, Beginning of Year         | <u>8,000,186</u>    | <u>7,654,573</u>    |
| Net Assets Available for Benefits, End of Year               | <u>\$ 5,283,872</u> | <u>\$ 8,000,186</u> |

**SEIU Local 2000 Pension Fund  
Notes to Financial Statements  
December 31, 2022 and 2021**

**1. Description of the Plan**

The following description of the SEIU Local 2000 Pension Fund, (the "Plan"), provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

**General**

The Plan is a multiemployer defined contribution pension plan. The Plan was established on January 1, 1992 to provide pension benefits to covered employees under the terms of the various collective bargaining agreements ("CBA") with the various contractors (the "Employers") and the Service Employees International Union ("SEIU") Local 2000 (the "Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board of trustees consisting of Union and Employer representatives.

**Eligibility**

Each employee of an Employer is eligible to participate in the Plan on the first day of the month following the date of employment or, if later, the first day of the month following the date specified in the CBA between the Employer and the Union. In no event, however, shall an employee become a participant in the Plan later than the first day of the month following one year of employment.

**Funding Policy**

Contributions to the Plan are in accordance with CBAs with the Employers. Employers pay contributions on behalf of their employees based on various hourly contribution rates for each participant's hours of service. Contributions are made on a monthly basis throughout the year.

**Participant Accounts**

A separate account has been established for each participant. Each participant account maintains the value of contributions made on the participant's behalf. On each valuation date, the value of participant accounts is adjusted for a proportional share of the net investment income, less administrative expenses. The amount allocated to each account is based on the account balances as of the valuation date before allocation of the income (loss).

**Vesting and Forfeitures**

Effective January 1, 2009, each participant who was employed under a CBA on or after that date shall be entitled to 100% of their participant account after completion of three years of vesting service.

**SEIU Local 2000 Pension Fund  
Notes to Financial Statements  
December 31, 2022 and 2021**

If a participant separates from service prior to being completely vested in his account, the nonvested portion of his account is forfeited on the date on which the participant incurs five consecutive one year breaks in service. Such forfeitures shall be allocated to each participant eligible to receive an employer contribution in proportion that the value of such participant's account bears to the total value of all participants' accounts. For the years ended December 31, 2022 and 2021, \$21,704 and \$23,150, respectively, was forfeited and allocated to participants' accounts.

**Pension Benefits**

Upon attainment of normal retirement age, early retirement, death or disability retirement dates, the amount credited to a participant's account is payable to the participant, in accordance with the terms of the Plan. Benefit payments may be in the form of a lump sum or annuity. A participant who terminates employment before his normal retirement date shall be entitled, on his normal retirement date, to his vested participant account. A participant may also elect to receive his benefit under the Plan as of his early retirement date or disability date if he has reached his early retirement age or qualifies for disability.

**2. Summary of Significant Accounting Policies**

**Basis of Presentation**

The financial statements of the Plan have been prepared in accordance with the provisions of Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures. Accordingly, actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (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.

**SEIU Local 2000 Pension Fund  
Notes to Financial Statements  
December 31, 2022 and 2021**

**Fair Value Measurements**

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

**Employer Contributions Receivable**

Employer contributions receivable represent Employer contributions due to the Plan based on hours worked prior to the end of the Plan year. Employer contributions receivable are carried at the reported amount less an estimate made for doubtful receivables based on a review of outstanding amounts. Management determines the allowance for doubtful accounts by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, and current economic conditions. Employer contributions receivable are written off when deemed uncollectible. Employer contributions are due by the 15th of the month following the month hours are worked.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

The Plan permits the payment of Plan expenses from Plan assets. Plan expenses are allocated to participant accounts on a quarterly basis.

**3. Fair Value Measurements**

The framework for measuring fair value establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

|         |                                                                                                                                                                                                                                                                                                                                                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.                                                                                                                                                                                                                                                                |
| Level 2 | Inputs to the valuation methodology to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

**SEIU Local 2000 Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The instruments' fair value measurement levels within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for instruments measured at fair value:

Level 1 investments consist of money market funds, common stocks, and U.S. Treasury obligations. These securities are valued at the closing price reported on the active market on which the individual securities are traded.

Level 2 investments consist of corporate bonds, and government and agency obligations. These securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods described may produce a fair value calculation 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 fair value of investments is measured as of December 31, as follows:

|                                                | 2022                    |                     |                     |             |
|------------------------------------------------|-------------------------|---------------------|---------------------|-------------|
|                                                | Fair Value Measurements |                     |                     |             |
|                                                | Total                   | Level 1             | Level 2             | Level 3     |
| Money market funds                             | \$ 95,946               | \$ 95,946           | \$ -                | \$ -        |
| Common stocks                                  | 3,210,964               | 3,210,964           | -                   | -           |
| Corporate bonds                                | 625,432                 | -                   | 625,432             | -           |
| US Treasury, government and agency obligations | 986,636                 | 246,006             | 740,630             | -           |
| Total investments                              | <u>\$ 4,918,978</u>     | <u>\$ 3,552,916</u> | <u>\$ 1,366,062</u> | <u>\$ -</u> |

**SEIU Local 2000 Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

|                                                | 2021                |                         |                     |             |
|------------------------------------------------|---------------------|-------------------------|---------------------|-------------|
|                                                | Total               | Fair Value Measurements |                     |             |
|                                                |                     | Level 1                 | Level 2             | Level 3     |
| Money market funds                             | \$ 236,353          | \$ 236,353              | \$ -                | \$ -        |
| Common stocks                                  | 5,273,288           | 5,273,288               | -                   | -           |
| Corporate bonds                                | 718,507             | -                       | 718,507             | -           |
| US Treasury, government and agency obligations | 1,672,345           | 1,145,064               | 527,281             | -           |
| Total investments                              | <u>\$ 7,900,493</u> | <u>\$ 6,654,705</u>     | <u>\$ 1,245,788</u> | <u>\$ -</u> |

**4. Related Party Transactions**

The Plan paid SEIU Local 2000 Health and Welfare Fund (the "Welfare Fund") for shared personnel, rent, and administrative services. The Welfare Fund pays for all such expenses and allocates a portion of those expenses to the Plan, based upon common expense studies performed annually. The expenses allocated to the Plan amounted to \$38,893 and \$93,327 during 2022 and 2021, respectively. The Plan remitted reimbursements of \$93,336 and \$92,580 during 2022 and 2021, respectively, of which \$5,890 and \$8,021 was rent expense, respectively. The amount due (from)/to the Welfare Fund at December 31, 2022 and 2021 was \$(54,443) and \$3,398, respectively.

**5. Plan Amendments**

During 2022, the Plan was formally amended to comply with the CARES Act for the 2020 waiver requirement for required minimum distributions.

The summary plan document was amended to approve a third-party recordkeeper for the Plan.

**6. Plan Termination**

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA.

The Plan may also be terminated as the result of (1) cessation of the contractual obligation of all employers to contribute to the Plan, (2) the withdrawal of every employer from the Plan, or (3) an amendment which provides that participants will receive no years of service under the Plan for service with any employer.

If there is a termination or partial termination of the Plan, the rights of all affected participants to benefits accrued to the date of such event shall be nonforfeitable.

**SEIU Local 2000 Pension Fund  
Notes to Financial Statements  
December 31, 2022 and 2021**

On termination of the Plan, the Trustees will direct the allocation and distribution of Plan assets allocable to participants and other persons entitled to benefits under the Plan. Such allocation and distribution will be made only after payment of, or provision for, all expenses and charges of administration applicable to the Plan, and after appropriate adjustment of the participants' accounts as of the date of termination in the manner described in the above termination paragraph. Each affected participant will receive a distribution equal to the value of his respective participant account on the termination date. Distributions under this section shall be made as soon as administratively feasible after the plan termination date.

**7. Tax Status of Plan**

The Internal Revenue Service has determined and informed the Plan by a letter dated September 18, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However the Plan's Trustees and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, the Plan's management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authority. The Plan's management have analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2022 and 2021, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan's management believe it is no longer subject to income tax examinations for years prior to 2017. The Plan is subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

**8. Risks and Uncertainties**

Financial instruments that subject the Plan to concentrations of credit and market risk consist primarily of cash, investments, and receivables. The Plan places all of its cash with major financial institutions. The accounts in those institutions are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000 per participant. At December 31, 2022, all cash balances were fully insured.

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

The majority of receivables are from Employers in the St. Louis area. The Plan generally does not require collateral, but in some cases can require a performance bond.

**SEIU Local 2000 Pension Fund**  
**Notes to Financial Statements**  
**December 31, 2022 and 2021**

**Plan Concentrations**

Two and three Employers accounted for 94 and 95 percent of Employer contributions for the years ended December 31, 2022 and 2021, respectively, and accounted for 100 percent of Employer contribution receivables at December 31, 2022 and 2021.

**9. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, to Form 5500:

|                                                                | <u>2022</u>         | <u>2021</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| Net assets available for benefits per the financial statements | \$ 5,283,872        | \$ 8,000,186        |
| Less: benefits payable at year end                             | <u>(27,847)</u>     | <u>(247,631)</u>    |
| Net assets available for benefits per the Form 5500            | <u>\$ 5,256,025</u> | <u>\$ 7,752,555</u> |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, to Form 5500:

|                                            | <u>2022</u>         |
|--------------------------------------------|---------------------|
| Benefits paid per the financial statements | \$ 1,377,696        |
| Add: benefits payable - current year       | 27,847              |
| Less: benefits payable - prior year        | <u>(247,631)</u>    |
| Total benefits paid per Form 5500          | <u>\$ 1,157,912</u> |

**10. Subsequent Events**

The Plan has evaluated subsequent events through July 18, 2023, the date the financial statements were available to be issued. In June 2023, the Trustees approved an amendment to the Plan that makes the following revisions to the Plan:

- eliminates life annuities as a death benefit option for anyone other than a surviving spouse and provides that minimum required distributions will be made in accordance with the SECURE Act;
- adopts the revised required minimum distribution age as permitted under the SECURE 2.0 Act;
- provides that overpayments will be addressed by the Trustees in accordance with applicable law and subject to the Plan's claim procedures;
- revises the provision regarding the amount and timing of distributions.

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 36-2435849 Plan #001**

| <u>(a)</u> | <u>(b)</u>                                           | <u>(c)</u>                 | <u>(d)</u>        | <u>(e)</u>        |
|------------|------------------------------------------------------|----------------------------|-------------------|-------------------|
|            | Identity of Issue                                    | Description of Investment  | Cost              | Current Value     |
|            | Money Market Funds                                   |                            |                   |                   |
|            | GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 | 4,076 shares               | \$ 4,076          | \$ 4,076          |
|            | GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465              | 91,869 shares              | 91,870            | 91,870            |
|            | Total Money Market Funds                             |                            | <u>95,946</u>     | <u>95,946</u>     |
|            | Common Stocks                                        |                            |                   |                   |
|            | ALEXANDER & BALDWIN INC                              | 1,345 shares, common stock | 24,795            | 25,191            |
|            | AMERICAN ASSETS TR INC                               | 499 shares, common stock   | 16,025            | 13,223            |
|            | AMERICAN HOMES 4 RENT                                | 1,000 shares, common stock | 22,963            | 30,140            |
|            | AMERICAN TOWER CORPORATION                           | 115 shares, common stock   | 18,393            | 24,363            |
|            | AMERICOLD REALTY TRUST AMERICOLD RLTY TR INC         | 925 shares, common stock   | 26,911            | 26,186            |
|            | ARMADA HOFFLER PPTYS                                 | 783 shares, common stock   | 10,682            | 9,004             |
|            | AVALONBAY COMMUNITIES INC                            | 250 shares, common stock   | 49,280            | 40,380            |
|            | CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST     | 245 shares, common stock   | 20,361            | 27,410            |
|            | CROWN CASTLE INC                                     | 390 shares, common stock   | 45,436            | 52,899            |
|            | CTO RLTY GROWTH INC NEW                              | 821 shares, common stock   | 13,431            | 15,007            |
|            | DIGITAL REALTY TRUST INC                             | 218 shares, common stock   | 20,823            | 21,858            |
|            | EASTGROUP PROPERTIES                                 | 159 shares, common stock   | 24,427            | 23,541            |
|            | EQUINIX INC                                          | 43 shares, common stock    | 20,639            | 28,166            |
|            | EQUITY RESIDENTIAL PPTYS TRUST                       | 285 shares, common stock   | 21,197            | 16,815            |
|            | INVENTRUST PROPERTIES CORP                           | 900 shares, common stock   | 20,902            | 21,303            |
|            | INVITATION HOMES                                     | 1,150 shares, common stock | 27,853            | 34,086            |
|            | LIFE STORAGE INC                                     | 250 shares, common stock   | 19,369            | 24,625            |
|            | PLYMOUTH INDUSTRIAL REIT INC                         | 1,100 shares, common stock | 15,996            | 21,098            |
|            | PROLOGIS IN                                          | 520 shares, common stock   | 38,859            | 58,619            |
|            | PUBLIC STORAGE                                       | 122 shares, common stock   | 34,048            | 34,183            |
|            |                                                      |                            | <u>\$ 492,390</u> | <u>\$ 548,097</u> |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 36-2435849 Plan # 001**

| <u>(a)</u> | <u>(b)</u>                | <u>(c)</u>                | <u>(d)</u>          | <u>(e)</u>          |
|------------|---------------------------|---------------------------|---------------------|---------------------|
|            | Identity of Issue         | Description of Investment | Cost                | Fair Value          |
|            | Common Stocks (Continued) |                           |                     |                     |
|            | SBA COMMUNICATIONS CORP   | 160 shares, common stock  | \$ 38,667           | \$ 44,849           |
|            | SITE CTRS CORP COM NEW    | 1830 shares, common stock | 28,861              | 24,997              |
|            | SUN COMMUNITIES INC       | 178 shares, common stock  | 26,970              | 25,454              |
|            | VENTAS INC                | 820 shares, common stock  | 34,723              | 36,941              |
|            | WELLTOWER INC             | 570 shares, common stock  | 37,435              | 37,363              |
|            | ABBVIE INC                | 557 shares, common stock  | 58,902              | 90,016              |
|            | ACCENTURE PLC             | 215 shares, common stock  | 41,521              | 57,370              |
|            | AKAMAI TECHNOLOGIES       | 296 shares, common stock  | 29,010              | 24,952              |
|            | ALPHABET INC CL A         | 1090 shares, common stock | 55,334              | 96,170              |
|            | AMAZON.COM                | 762 shares, common stock  | 73,249              | 64,008              |
|            | AMGEN INC                 | 266 shares, common stock  | 54,186              | 69,862              |
|            | APPLE INC                 | 1464 shares, common stock | 35,082              | 190,217             |
|            | AUTOZONE INC              | 11 shares, common stock   | 14,977              | 27,127              |
|            | BERRY GLOBAL GROUP INC    | 786 shares, common stock  | 45,435              | 47,497              |
|            | BROADCOM INC              | 155 shares, common stock  | 46,463              | 86,665              |
|            | CBOE GOLBAL MARKETS INC   | 509 shares, common stock  | 64,504              | 63,864              |
|            | CDW CORP                  | 208 shares, common stock  | 27,360              | 37,144              |
|            | CISCO SYSTEMS INC         | 734 shares, common stock  | 35,689              | 34,967              |
|            | COMCAST CORP              | 1017 shares, common stock | 35,983              | 35,564              |
|            | COSTCO WHOLESALE CORP     | 164 shares, common stock  | 51,972              | 74,866              |
|            | DANAHER CORP              | 178 shares, common stock  | 9,582               | 47,244              |
|            | DROPBOX INC               | 2496 shares, common stock | 57,160              | 55,860              |
|            | EXPEDITORS INTL WASH INC  | 292 shares, common stock  | 26,162              | 30,344              |
|            | FASTENAL CO               | 495 shares, common stock  | 21,904              | 23,423              |
|            | HOME DEPOT INC            | 179 shares, common stock  | 24,025              | 56,538              |
|            | HP INC                    | 999 shares, common stock  | 37,867              | 26,843              |
|            |                           |                           | <u>\$ 1,013,023</u> | <u>\$ 1,410,145</u> |

See independent auditors' report.

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| <u>(a)</u> | <u>(b)</u>                      | <u>(c)</u>                | <u>(d)</u>   | <u>(e)</u>    |
|------------|---------------------------------|---------------------------|--------------|---------------|
|            | Identity of Issue               | Description of Investment | Cost         | Current Value |
|            | Common Stocks (Continued)       |                           |              |               |
|            | ILLINOIS TOOL WORKS INC         | 185 shares, common stock  | \$ 24,372    | \$ 40,755     |
|            | INTUIT                          | 66 shares, common stock   | 26,717       | 25,688        |
|            | JOHNSON & JOHNSON               | 320 shares, common stock  | 44,464       | 56,528        |
|            | KEURIG DR PEPPER INC            | 2051 shares, common stock | 70,495       | 73,138        |
|            | KEYSIGHT TECHNOLOGIES INC       | 186 shares, common stock  | 27,680       | 31,819        |
|            | LEIDOS HOLDINGS INC             | 533 shares, common stock  | 52,553       | 56,066        |
|            | MARSH & MCLENNAN COMPANIES INC  | 451 shares, common stock  | 27,289       | 74,631        |
|            | MASTERCARD INC                  | 127 shares, common stock  | 20,177       | 44,161        |
|            | META PLATFORMS INC              | 310 shares, common stock  | 54,721       | 37,305        |
|            | MICROSOFT CORP                  | 635 shares, common stock  | 37,204       | 152,285       |
|            | ORACLE CORP                     | 705 shares, common stock  | 35,651       | 57,626        |
|            | PEPSICO INC                     | 232 shares, common stock  | 39,763       | 41,913        |
|            | REPUBLIC SERVICES INC           | 365 shares, common stock  | 42,150       | 47,081        |
|            | S&P GLOBAL INC                  | 116 shares, common stock  | 39,761       | 38,853        |
|            | SYNOPSYS INC                    | 113 shares, common stock  | 25,137       | 36,079        |
|            | TEXAS INSTRUMENTS INC           | 303 shares, common stock  | 51,382       | 50,061        |
|            | TJX COS INC                     | 824 shares, common stock  | 40,309       | 65,590        |
|            | TRACTOR SUPPLY COMPANY          | 237 shares, common stock  | 35,592       | 53,317        |
|            | UNION PACIFIC CORP              | 245 shares, common stock  | 44,808       | 50,732        |
|            | UNITEDHEALTH GROUP INC          | 205 shares, common stock  | 50,364       | 108,686       |
|            | VERISK ANALYTICS, INC           | 293 shares, common stock  | 39,665       | 51,691        |
|            | VERIZON COMMUNICATIONS SERIES B | 363 shares, common stock  | 18,073       | 14,302        |
|            | VISA INC CLASS A                | 130 shares, common stock  | 26,664       | 27,038        |
|            | WALT DISNEY CO                  | 200 shares, common stock  | 27,679       | 17,377        |
|            |                                 |                           | 902,670      | 1,252,722     |
|            | Total Common Stock              |                           | \$ 2,408,083 | \$ 3,210,964  |

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| (b)                                      | (c)                       | (d)           | (e)        |            |               |
|------------------------------------------|---------------------------|---------------|------------|------------|---------------|
| Identity of Issue                        | Description of Investment |               |            | Cost       | Current Value |
|                                          | Face Value                | Interest Rate | Due Date   |            |               |
| Corporate Bonds                          |                           |               |            |            |               |
| AMERICAN EXPRESS CO                      | 20000                     | 0.980%        | 3/4/2025   | \$ 20,000  | \$ 19,987     |
| AMGEN INC                                | 50000                     | 1.650%        | 8/15/2028  | 45,909     | 41,747        |
| BALTIMORE GAS & ELECTRIC CO              | 20000                     | 2.400%        | 8/15/2026  | 20,722     | 18,471        |
| BANK OF AMERICA CORP VARIABLE            | 70000                     | 2.087%        | 6/14/2029  | 70,019     | 59,026        |
| BROADCOM INC                             | 40000                     | 4.300%        | 11/15/2032 | 44,550     | 35,382        |
| CITIGROUP INC                            | 20000                     | 1.462%        | 6/9/2027   | 18,971     | 17,369        |
| COMMONWEALTH EDISON CO                   | 20000                     | 3.700%        | 8/15/2028  | 21,037     | 18,857        |
| CONSOLIDATED EDISON CO OF NY INC         | 20000                     | 3.350%        | 4/1/2030   | 21,240     | 18,037        |
| DUKE ENERGY CAROLINAS                    | 60000                     | 3.950%        | 11/15/2028 | 60,772     | 57,681        |
| GOLDMAN SACHS GROUP INC                  | 20000                     | 4.482%        | 8/23/2028  | 19,554     | 19,230        |
| GOLDMAN SACHS GROUP INC                  | 20000                     | 3.615%        | 3/15/2028  | 19,447     | 18,612        |
| HOME DEPOT INC                           | 30000                     | 5.875%        | 12/16/2036 | 32,085     | 32,242        |
| IBM CORP                                 | 30000                     | 3.500%        | 5/15/2029  | 31,594     | 27,601        |
| JPMORGAN CHASE CO VARIABLE               | 70000                     | 2.069%        | 6/1/2029   | 66,158     | 58,571        |
| MORGAN STANLEY                           | 20000                     | 2.475%        | 1/21/2028  | 20,007     | 17,796        |
| NSTAR ELECTRIC CO                        | 10000                     | 3.950%        | 4/1/2030   | 9,839      | 9,424         |
| ORACLE CORP                              | 60000                     | 3.950%        | 3/25/2051  | 66,729     | 43,018        |
| 3M COMPANY                               | 10000                     | 2.375%        | 8/26/2029  | 10,180     | 8,504         |
| UNITEDHEALTH GROUP INC                   | 10000                     | 5.300%        | 2/15/2030  | 9,985      | 10,328        |
| UNITEDHEALTH GROUP INC                   | 30000                     | 4.000%        | 5/15/2029  | 29,891     | 28,663        |
| VIRGINIA ELECTRIC & POWER CO             | 10000                     | 3.500%        | 3/15/2027  | 9,961      | 9,464         |
| VIRGINIA ELECTRIC & POWER CO             | 20000                     | 3.750%        | 3/15/2027  | 19,937     | 19,095        |
| WELLS FARGO & COMPANY                    | 20000                     | 2.393%        | 6/2/2028   | 20,000     | 17,678        |
| WELLS FARGO & COMPANY VARIABLE RATE BOND | 20000                     | 2.164%        | 2/11/2026  | 20,069     | 18,649        |
| Total Corporate Bonds                    |                           |               |            | \$ 708,656 | \$ 625,432    |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| (a) | (b)                                            | (c)                       |               |            | (d)        | (e)           |
|-----|------------------------------------------------|---------------------------|---------------|------------|------------|---------------|
|     | Identity of Issue                              | Description of Investment |               |            | Cost       | Current Value |
|     |                                                | Face Value                | Interest Rate | Due Date   |            |               |
|     | US Treasury, Government and Agency Obligations |                           |               |            |            |               |
|     | U.S. TREASURY BONDS                            | \$ 10,000.00              | 2.000%        | 2/15/2050  | \$ 9,761   | \$ 6,668      |
|     | U.S. TREASURY NOTES                            | 30,000.00                 | 0.625%        | 3/31/2027  | 27,493     | 26,073        |
|     | U.S. TREASURY NOTES                            | 35,000.00                 | 0.750%        | 1/31/2028  | 34,351     | 29,815        |
|     | U.S. TREASURY NOTES                            | 30,000.00                 | 1.250%        | 9/30/2028  | 29,043     | 25,821        |
|     | U.S. TREASURY NOTES                            | 85,000.00                 | 1.500%        | 8/15/2041  | 72,238     | 58,599        |
|     | U.S. TREASURY NOTES                            | 20,000.00                 | 2.125%        | 5/15/2025  | 19,428     | 19,019        |
|     | U.S. TREASURY NOTES                            | 30,000.00                 | 2.500%        | 2/28/2026  | 31,943     | 28,524        |
|     | U.S. TREASURY NOTES                            | 15,000.00                 | 2.750%        | 4/30/2027  | 14,085     | 14,235        |
|     | U.S. TREASURY NOTES                            | 40,000.00                 | 2.750%        | 5/31/2029  | 38,549     | 37,248        |
|     | FFCB CALL 08/22/22@100                         | 20000                     | 2.130%        | 4/19/2034  | 16,816     | 15,590        |
|     | FFCB CALL 08/26/22@100                         | 30000                     | 2.230%        | 3/12/2035  | 23,290     | 22,506        |
|     | FFCB CALL 08/30/22@100                         | 10000                     | 1.730%        | 10/26/2035 | 7,707      | 7,271         |
|     | FHLB CALL 12/24/21@100                         | 30000                     | 1.150%        | 12/17/2029 | 28,955     | 24,234        |
|     | FEDERAL FARM CREDIT BANK CALL 02/02/23@100.00  | 40000                     | 2.750%        | 2/2/2037   | 33,940     | 30,997        |
|     | FEDERAL FARM CREDIT BANK CALL 11/29/22@100     | 50000                     | 2.350%        | 11/29/2033 | 49,975     | 40,386        |
|     | FEDERAL FARM CREDIT BANK CALL 11/30/22@100.00  | 10000                     | 1.540%        | 11/30/2026 | 10,004     | 8,994         |
|     | FHLMC POOL #A87957                             | 2142.76                   | 5.000%        | 8/1/2039   | 2,217      | 2,156         |
|     | FHLMC POOL #G08006                             | 1328.83                   | 6.000%        | 8/1/2034   | 1,374      | 1,376         |
|     | FHLMC POOL #G08706                             | 11662.83                  | 3.500%        | 5/1/2046   | 12,315     | 10,950        |
|     | FHLMC POOL #SB8025                             | 25567.4                   | 2.000%        | 11/1/2034  | 25,267     | 22,899        |
|     | FREDDIE MAC POOL FR SD1565                     | 9751.92                   | 3.000%        | 7/1/2052   | 8,641      | 8,609         |
|     | FNMA POOL #555531                              | 1243.55                   | 5.500%        | 6/1/2033   | 1,252      | 1,280         |
|     | FNMA POOL #735036                              | 4330.82                   | 5.500%        | 12/1/2034  | 4,298      | 4,473         |
|     | FNMA POOL #748613                              | 1585.31                   | 5.500%        | 1/1/2034   | 1,612      | 1,591         |
|     | FNMA POOL #826305                              | 772.06                    | 5.000%        | 7/1/2035   | 767        | 789           |
|     | FNMA POOL #AD8529                              | 6369.7                    | 4.500%        | 8/1/2040   | 6,488      | 6,232         |
|     |                                                |                           |               |            | \$ 511,809 | \$ 456,335    |

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| <u>(b)</u>                                                 | <u>(c)</u>                |               |           | <u>(d)</u>   | <u>(e)</u>    |
|------------------------------------------------------------|---------------------------|---------------|-----------|--------------|---------------|
| Identity of Issue                                          | Description of Investment |               |           | Cost         | Current Value |
|                                                            | Face Value                | Interest Rate | Due Date  |              |               |
| US Treasury, Government and Agency Obligations (Continued) |                           |               |           |              |               |
| FNMA POOL #AI1915                                          | 3398.29                   | 4.000%        | 4/1/2026  | \$ 3,541     | \$ 3,318      |
| FNMA POOL #AO4136                                          | 6915.02                   | 3.500%        | 6/1/2042  | 7,265        | 6,482         |
| FNMA POOL #AO5472                                          | 3620.58                   | 3.500%        | 7/1/2042  | 3,859        | 3,393         |
| FNMA POOL #AS8056                                          | 18700.98                  | 3.000%        | 10/1/2046 | 19,362       | 16,753        |
| FNMA POOL #BJ1662                                          | 21311.18                  | 3.500%        | 12/1/2047 | 21,512       | 19,776        |
| FNMA POOL #CA0997                                          | 15064.24                  | 3.500%        | 1/1/2048  | 15,073       | 13,979        |
| FNMA POOL #MA2642                                          | 17759.99                  | 3.500%        | 6/1/2046  | 18,730       | 16,518        |
| FNMA POOL #MA3650                                          | 12575.75                  | 3.500%        | 4/1/2029  | 12,987       | 12,045        |
| FNMA POOL #MA3680                                          | 26092.95                  | 3.500%        | 6/1/2029  | 26,800       | 24,994        |
| FNMA POOL CB3233                                           | 95668.19                  | 3.000%        | 4/1/2052  | 90,630       | 84,543        |
| FNMA POOL FN CB2287                                        | 139083.25                 | 2.500%        | 12/1/2051 | 125,577      | 118,763       |
| FNMA POOL# CB2548                                          | 18751.59                  | 2.500%        | 1/1/2052  | 18,745       | 15,933        |
| FNMA POOL# MA3864                                          | 30643.92                  | 2.500%        | 11/1/2034 | 30,823       | 28,266        |
| FNMA POOL#MA4438                                           | 98532.6                   | 2.500%        | 10/1/2051 | 102,304      | 83,704        |
| FNMA POOL#MA4512                                           | 93645.66                  | 2.500%        | 1/1/2052  | 93,949       | 79,605        |
| GNMA POOL #618631                                          | 2169.04                   | 6.000%        | 8/15/2034 | 2,253        | 2,229         |
|                                                            |                           |               |           | 593,410      | 530,301       |
| Total US Treasury, Government and Agency Obligations       |                           |               |           | 1,105,219    | 986,636       |
| Total Investments                                          |                           |               |           | \$ 4,317,904 | \$ 4,918,978  |

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2022  
EIN 43-1598128 Plan #501**

| <u>(a)</u>                                         | <u>(b)</u>                | <u>c</u>       | <u>d</u>      | <u>g</u>      | <u>h</u>                                         | <u>i</u>           |
|----------------------------------------------------|---------------------------|----------------|---------------|---------------|--------------------------------------------------|--------------------|
| Identity<br>of Party<br>Involved                   | Description of Investment | Purchase Price | Selling Price | Cost of Asset | Current Value of<br>Asset on<br>Transaction Date | Net Gain or (Loss) |
| <u>Single Transaction by Issue in Excess of 5%</u> |                           |                |               |               |                                                  |                    |
| Goldman Financial Square Govt-A Fd                 |                           | \$ -           | \$ 411,305    | \$ 411,305    | \$ 411,305                                       | \$ -               |
| <u>Series Transaction by Issue in Excess of 5%</u> |                           |                |               |               |                                                  |                    |
| Goldman Financial Square Govt-A Fd                 |                           | \$ 2,560,196   | \$ -          | \$ 2,560,196  | \$ 2,560,196                                     | \$ -               |
| Goldman Financial Square Govt-A Fd                 |                           |                | 2,699,565     | 2,699,565     | 2,699,565                                        |                    |
| U.S. Treasury Notes 2.75% due 5/31/2029            |                           | 318,849        |               | 318,849       | 318,849                                          |                    |
| U.S. Treasury Notes 2.75% due 5/31/2029            |                           |                | 276,813       | 280,300       | 276,813                                          | (3,487)            |

**SEIU Local 2000 Pension Fund**  
**Schedules of Administrative Expenses**  
**Years Ended December 31, 2022 and 2021**

|                                   | <u>2022</u>       | <u>2021</u>       |
|-----------------------------------|-------------------|-------------------|
| Accounting                        | \$ 28,885         | \$ 20,925         |
| Actuary                           | 6,000             | 9,787             |
| Administrative fees               | 33,003            | 85,306            |
| Administrative fees-recordkeeping | 45,675            | -                 |
| Consulting- QuickBooks assistance | 12,380            | 4,200             |
| Consulting - Brynes software      | 2,362             | 1,013             |
| Insurance                         | 18,240            | 17,163            |
| Legal                             | 8,654             | 12,645            |
| Miscellaneous                     | 5,761             | 5,419             |
| Payroll audit fees                | 2,240             | -                 |
| Rent                              | 5,890             | 8,021             |
|                                   | <u>\$ 169,090</u> | <u>\$ 164,479</u> |

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 36-2435849 Plan #001**

| <u>(a)</u> | <u>(b)</u>                                           | <u>(c)</u>                 | <u>(d)</u>        | <u>(e)</u>        |
|------------|------------------------------------------------------|----------------------------|-------------------|-------------------|
|            | Identity of Issue                                    | Description of Investment  | Cost              | Current Value     |
|            | Money Market Funds                                   |                            |                   |                   |
|            | GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 | 4,076 shares               | \$ 4,076          | \$ 4,076          |
|            | GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465              | 91,869 shares              | 91,870            | 91,870            |
|            | Total Money Market Funds                             |                            | <u>95,946</u>     | <u>95,946</u>     |
|            | Common Stocks                                        |                            |                   |                   |
|            | ALEXANDER & BALDWIN INC                              | 1,345 shares, common stock | 24,795            | 25,191            |
|            | AMERICAN ASSETS TR INC                               | 499 shares, common stock   | 16,025            | 13,223            |
|            | AMERICAN HOMES 4 RENT                                | 1,000 shares, common stock | 22,963            | 30,140            |
|            | AMERICAN TOWER CORPORATION                           | 115 shares, common stock   | 18,393            | 24,363            |
|            | AMERICOLD REALTY TRUST AMERICOLD RLTY TR INC         | 925 shares, common stock   | 26,911            | 26,186            |
|            | ARMADA HOFFLER PPTYS                                 | 783 shares, common stock   | 10,682            | 9,004             |
|            | AVALONBAY COMMUNITIES INC                            | 250 shares, common stock   | 49,280            | 40,380            |
|            | CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST     | 245 shares, common stock   | 20,361            | 27,410            |
|            | CROWN CASTLE INC                                     | 390 shares, common stock   | 45,436            | 52,899            |
|            | CTO RLTY GROWTH INC NEW                              | 821 shares, common stock   | 13,431            | 15,007            |
|            | DIGITAL REALTY TRUST INC                             | 218 shares, common stock   | 20,823            | 21,858            |
|            | EASTGROUP PROPERTIES                                 | 159 shares, common stock   | 24,427            | 23,541            |
|            | EQUINIX INC                                          | 43 shares, common stock    | 20,639            | 28,166            |
|            | EQUITY RESIDENTIAL PPTYS TRUST                       | 285 shares, common stock   | 21,197            | 16,815            |
|            | INVENTRUST PROPERTIES CORP                           | 900 shares, common stock   | 20,902            | 21,303            |
|            | INVITATION HOMES                                     | 1,150 shares, common stock | 27,853            | 34,086            |
|            | LIFE STORAGE INC                                     | 250 shares, common stock   | 19,369            | 24,625            |
|            | PLYMOUTH INDUSTRIAL REIT INC                         | 1,100 shares, common stock | 15,996            | 21,098            |
|            | PROLOGIS IN                                          | 520 shares, common stock   | 38,859            | 58,619            |
|            | PUBLIC STORAGE                                       | 122 shares, common stock   | 34,048            | 34,183            |
|            |                                                      |                            | <u>\$ 492,390</u> | <u>\$ 548,097</u> |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 36-2435849 Plan # 001**

| <u>(a)</u> | <u>(b)</u>                | <u>(c)</u>                | <u>(d)</u>          | <u>(e)</u>          |
|------------|---------------------------|---------------------------|---------------------|---------------------|
|            | Identity of Issue         | Description of Investment | Cost                | Fair Value          |
|            | Common Stocks (Continued) |                           |                     |                     |
|            | SBA COMMUNICATIONS CORP   | 160 shares, common stock  | \$ 38,667           | \$ 44,849           |
|            | SITE CTRS CORP COM NEW    | 1830 shares, common stock | 28,861              | 24,997              |
|            | SUN COMMUNITIES INC       | 178 shares, common stock  | 26,970              | 25,454              |
|            | VENTAS INC                | 820 shares, common stock  | 34,723              | 36,941              |
|            | WELLTOWER INC             | 570 shares, common stock  | 37,435              | 37,363              |
|            | ABBVIE INC                | 557 shares, common stock  | 58,902              | 90,016              |
|            | ACCENTURE PLC             | 215 shares, common stock  | 41,521              | 57,370              |
|            | AKAMAI TECHNOLOGIES       | 296 shares, common stock  | 29,010              | 24,952              |
|            | ALPHABET INC CL A         | 1090 shares, common stock | 55,334              | 96,170              |
|            | AMAZON.COM                | 762 shares, common stock  | 73,249              | 64,008              |
|            | AMGEN INC                 | 266 shares, common stock  | 54,186              | 69,862              |
|            | APPLE INC                 | 1464 shares, common stock | 35,082              | 190,217             |
|            | AUTOZONE INC              | 11 shares, common stock   | 14,977              | 27,127              |
|            | BERRY GLOBAL GROUP INC    | 786 shares, common stock  | 45,435              | 47,497              |
|            | BROADCOM INC              | 155 shares, common stock  | 46,463              | 86,665              |
|            | CBOE GOLBAL MARKETS INC   | 509 shares, common stock  | 64,504              | 63,864              |
|            | CDW CORP                  | 208 shares, common stock  | 27,360              | 37,144              |
|            | CISCO SYSTEMS INC         | 734 shares, common stock  | 35,689              | 34,967              |
|            | COMCAST CORP              | 1017 shares, common stock | 35,983              | 35,564              |
|            | COSTCO WHOLESALE CORP     | 164 shares, common stock  | 51,972              | 74,866              |
|            | DANAHER CORP              | 178 shares, common stock  | 9,582               | 47,244              |
|            | DROPBOX INC               | 2496 shares, common stock | 57,160              | 55,860              |
|            | EXPEDITORS INTL WASH INC  | 292 shares, common stock  | 26,162              | 30,344              |
|            | FASTENAL CO               | 495 shares, common stock  | 21,904              | 23,423              |
|            | HOME DEPOT INC            | 179 shares, common stock  | 24,025              | 56,538              |
|            | HP INC                    | 999 shares, common stock  | 37,867              | 26,843              |
|            |                           |                           | <u>\$ 1,013,023</u> | <u>\$ 1,410,145</u> |

See independent auditors' report.

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2002  
EIN 43-1598128 Plan #501**

| <u>(a)</u> | <u>(b)</u>                      | <u>(c)</u>                | <u>(d)</u>   | <u>(e)</u>    |
|------------|---------------------------------|---------------------------|--------------|---------------|
|            | Identity of Issue               | Description of Investment | Cost         | Current Value |
|            | Common Stocks (Continued)       |                           |              |               |
|            | ILLINOIS TOOL WORKS INC         | 185 shares, common stock  | \$ 24,372    | \$ 40,755     |
|            | INTUIT                          | 66 shares, common stock   | 26,717       | 25,688        |
|            | JOHNSON & JOHNSON               | 320 shares, common stock  | 44,464       | 56,528        |
|            | KEURIG DR PEPPER INC            | 2051 shares, common stock | 70,495       | 73,138        |
|            | KEYSIGHT TECHNOLOGIES INC       | 186 shares, common stock  | 27,680       | 31,819        |
|            | LEIDOS HOLDINGS INC             | 533 shares, common stock  | 52,553       | 56,066        |
|            | MARSH & MCLENNAN COMPANIES INC  | 451 shares, common stock  | 27,289       | 74,631        |
|            | MASTERCARD INC                  | 127 shares, common stock  | 20,177       | 44,161        |
|            | META PLATFORMS INC              | 310 shares, common stock  | 54,721       | 37,305        |
|            | MICROSOFT CORP                  | 635 shares, common stock  | 37,204       | 152,285       |
|            | ORACLE CORP                     | 705 shares, common stock  | 35,651       | 57,626        |
|            | PEPSICO INC                     | 232 shares, common stock  | 39,763       | 41,913        |
|            | REPUBLIC SERVICES INC           | 365 shares, common stock  | 42,150       | 47,081        |
|            | S&P GLOBAL INC                  | 116 shares, common stock  | 39,761       | 38,853        |
|            | SYNOPSYS INC                    | 113 shares, common stock  | 25,137       | 36,079        |
|            | TEXAS INSTRUMENTS INC           | 303 shares, common stock  | 51,382       | 50,061        |
|            | TJX COS INC                     | 824 shares, common stock  | 40,309       | 65,590        |
|            | TRACTOR SUPPLY COMPANY          | 237 shares, common stock  | 35,592       | 53,317        |
|            | UNION PACIFIC CORP              | 245 shares, common stock  | 44,808       | 50,732        |
|            | UNITEDHEALTH GROUP INC          | 205 shares, common stock  | 50,364       | 108,686       |
|            | VERISK ANALYTICS, INC           | 293 shares, common stock  | 39,665       | 51,691        |
|            | VERIZON COMMUNICATIONS SERIES B | 363 shares, common stock  | 18,073       | 14,302        |
|            | VISA INC CLASS A                | 130 shares, common stock  | 26,664       | 27,038        |
|            | WALT DISNEY CO                  | 200 shares, common stock  | 27,679       | 17,377        |
|            |                                 |                           | 902,670      | 1,252,722     |
|            | Total Common Stock              |                           | \$ 2,408,083 | \$ 3,210,964  |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| (b)                                      | (c)                       | (d)           | (e)        |            |               |
|------------------------------------------|---------------------------|---------------|------------|------------|---------------|
| Identity of Issue                        | Description of Investment |               |            | Cost       | Current Value |
|                                          | Face Value                | Interest Rate | Due Date   |            |               |
| Corporate Bonds                          |                           |               |            |            |               |
| AMERICAN EXPRESS CO                      | 20000                     | 0.980%        | 3/4/2025   | \$ 20,000  | \$ 19,987     |
| AMGEN INC                                | 50000                     | 1.650%        | 8/15/2028  | 45,909     | 41,747        |
| BALTIMORE GAS & ELECTRIC CO              | 20000                     | 2.400%        | 8/15/2026  | 20,722     | 18,471        |
| BANK OF AMERICA CORP VARIABLE            | 70000                     | 2.087%        | 6/14/2029  | 70,019     | 59,026        |
| BROADCOM INC                             | 40000                     | 4.300%        | 11/15/2032 | 44,550     | 35,382        |
| CITIGROUP INC                            | 20000                     | 1.462%        | 6/9/2027   | 18,971     | 17,369        |
| COMMONWEALTH EDISON CO                   | 20000                     | 3.700%        | 8/15/2028  | 21,037     | 18,857        |
| CONSOLIDATED EDISON CO OF NY INC         | 20000                     | 3.350%        | 4/1/2030   | 21,240     | 18,037        |
| DUKE ENERGY CAROLINAS                    | 60000                     | 3.950%        | 11/15/2028 | 60,772     | 57,681        |
| GOLDMAN SACHS GROUP INC                  | 20000                     | 4.482%        | 8/23/2028  | 19,554     | 19,230        |
| GOLDMAN SACHS GROUP INC                  | 20000                     | 3.615%        | 3/15/2028  | 19,447     | 18,612        |
| HOME DEPOT INC                           | 30000                     | 5.875%        | 12/16/2036 | 32,085     | 32,242        |
| IBM CORP                                 | 30000                     | 3.500%        | 5/15/2029  | 31,594     | 27,601        |
| JPMORGAN CHASE CO VARIABLE               | 70000                     | 2.069%        | 6/1/2029   | 66,158     | 58,571        |
| MORGAN STANLEY                           | 20000                     | 2.475%        | 1/21/2028  | 20,007     | 17,796        |
| NSTAR ELECTRIC CO                        | 10000                     | 3.950%        | 4/1/2030   | 9,839      | 9,424         |
| ORACLE CORP                              | 60000                     | 3.950%        | 3/25/2051  | 66,729     | 43,018        |
| 3M COMPANY                               | 10000                     | 2.375%        | 8/26/2029  | 10,180     | 8,504         |
| UNITEDHEALTH GROUP INC                   | 10000                     | 5.300%        | 2/15/2030  | 9,985      | 10,328        |
| UNITEDHEALTH GROUP INC                   | 30000                     | 4.000%        | 5/15/2029  | 29,891     | 28,663        |
| VIRGINIA ELECTRIC & POWER CO             | 10000                     | 3.500%        | 3/15/2027  | 9,961      | 9,464         |
| VIRGINIA ELECTRIC & POWER CO             | 20000                     | 3.750%        | 3/15/2027  | 19,937     | 19,095        |
| WELLS FARGO & COMPANY                    | 20000                     | 2.393%        | 6/2/2028   | 20,000     | 17,678        |
| WELLS FARGO & COMPANY VARIABLE RATE BOND | 20000                     | 2.164%        | 2/11/2026  | 20,069     | 18,649        |
| Total Corporate Bonds                    |                           |               |            | \$ 708,656 | \$ 625,432    |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| (a) | (b)                                           | (c)                       |               |            | (d)               | (e)               |
|-----|-----------------------------------------------|---------------------------|---------------|------------|-------------------|-------------------|
|     |                                               | Description of Investment |               |            | Cost              | Current Value     |
|     | Identity of Issue                             | Face Value                | Interest Rate | Due Date   |                   |                   |
|     | Government Obligations                        |                           |               |            |                   |                   |
|     | U.S. TREASURY BONDS                           | \$ 10,000.00              | 2.000%        | 2/15/2050  | \$ 9,761          | \$ 6,668          |
|     | U.S. TREASURY NOTES                           | 30,000.00                 | 0.625%        | 3/31/2027  | 27,493            | 26,073            |
|     | U.S. TREASURY NOTES                           | 35,000.00                 | 0.750%        | 1/31/2028  | 34,351            | 29,815            |
|     | U.S. TREASURY NOTES                           | 30,000.00                 | 1.250%        | 9/30/2028  | 29,043            | 25,821            |
|     | U.S. TREASURY NOTES                           | 85,000.00                 | 1.500%        | 8/15/2041  | 72,238            | 58,599            |
|     | U.S. TREASURY NOTES                           | 20,000.00                 | 2.125%        | 5/15/2025  | 19,428            | 19,019            |
|     | U.S. TREASURY NOTES                           | 30,000.00                 | 2.500%        | 2/28/2026  | 31,943            | 28,524            |
|     | U.S. TREASURY NOTES                           | 15,000.00                 | 2.750%        | 4/30/2027  | 14,085            | 14,235            |
|     | U.S. TREASURY NOTES                           | 40,000.00                 | 2.750%        | 5/31/2029  | 38,549            | 37,248            |
|     | FFCB CALL 08/22/22@100                        | 20000                     | 2.130%        | 4/19/2034  | 16,816            | 15,590            |
|     | FFCB CALL 08/26/22@100                        | 30000                     | 2.230%        | 3/12/2035  | 23,290            | 22,506            |
|     | FFCB CALL 08/30/22@100                        | 10000                     | 1.730%        | 10/26/2035 | 7,707             | 7,271             |
|     | FHLB CALL 12/24/21@100                        | 30000                     | 1.150%        | 12/17/2029 | 28,955            | 24,234            |
|     | FEDERAL FARM CREDIT BANK CALL 02/02/23@100.00 | 40000                     | 2.750%        | 2/2/2037   | 33,940            | 30,997            |
|     | FEDERAL FARM CREDIT BANK CALL 11/29/22@100    | 50000                     | 2.350%        | 11/29/2033 | 49,975            | 40,386            |
|     | FEDERAL FARM CREDIT BANK CALL 11/30/22@100.00 | 10000                     | 1.540%        | 11/30/2026 | 10,004            | 8,994             |
|     | FHLMC POOL #A87957                            | 2142.76                   | 5.000%        | 8/1/2039   | 2,217             | 2,156             |
|     | FHLMC POOL #G08006                            | 1328.83                   | 6.000%        | 8/1/2034   | 1,374             | 1,376             |
|     | FHLMC POOL #G08706                            | 11662.83                  | 3.500%        | 5/1/2046   | 12,315            | 10,950            |
|     | FHLMC POOL #SB8025                            | 25567.4                   | 2.000%        | 11/1/2034  | 25,267            | 22,899            |
|     | FREDDIE MAC POOL FR SD1565                    | 9751.92                   | 3.000%        | 7/1/2052   | 8,641             | 8,609             |
|     | FNMA POOL #555531                             | 1243.55                   | 5.500%        | 6/1/2033   | 1,252             | 1,280             |
|     | FNMA POOL #735036                             | 4330.82                   | 5.500%        | 12/1/2034  | 4,298             | 4,473             |
|     | FNMA POOL #748613                             | 1585.31                   | 5.500%        | 1/1/2034   | 1,612             | 1,591             |
|     | FNMA POOL #826305                             | 772.06                    | 5.000%        | 7/1/2035   | 767               | 789               |
|     | FNMA POOL #AD8529                             | 6369.7                    | 4.500%        | 8/1/2040   | 6,488             | 6,232             |
|     |                                               |                           |               |            | <u>\$ 511,809</u> | <u>\$ 456,335</u> |

See independent auditors' report

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

**December 31, 2022  
EIN 43-1598128 Plan #501**

| <u>(b)</u>                         | <u>(c)</u>                |               |           | <u>(d)</u>   | <u>(e)</u>    |
|------------------------------------|---------------------------|---------------|-----------|--------------|---------------|
| Identity of Issue                  | Description of Investment |               |           | Cost         | Current Value |
|                                    | Face Value                | Interest Rate | Due Date  |              |               |
| Government Obligations (Continued) |                           |               |           |              |               |
| FNMA POOL #AI1915                  | 3398.29                   | 4.000%        | 4/1/2026  | \$ 3,541     | \$ 3,318      |
| FNMA POOL #AO4136                  | 6915.02                   | 3.500%        | 6/1/2042  | 7,265        | 6,482         |
| FNMA POOL #AO5472                  | 3620.58                   | 3.500%        | 7/1/2042  | 3,859        | 3,393         |
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| FNMA POOL #MA3680                  | 26092.95                  | 3.500%        | 6/1/2029  | 26,800       | 24,994        |
| FNMA POOL CB3233                   | 95668.19                  | 3.000%        | 4/1/2052  | 90,630       | 84,543        |
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| FNMA POOL# MA3864                  | 30643.92                  | 2.500%        | 11/1/2034 | 30,823       | 28,266        |
| FNMA POOL#MA4438                   | 98532.6                   | 2.500%        | 10/1/2051 | 102,304      | 83,704        |
| FNMA POOL#MA4512                   | 93645.66                  | 2.500%        | 1/1/2052  | 93,949       | 79,605        |
| GNMA POOL #618631                  | 2169.04                   | 6.000%        | 8/15/2034 | 2,253        | 2,229         |
|                                    |                           |               |           | 593,410      | 530,301       |
| Total Government Obligation        |                           |               |           | 1,105,219    | 986,636       |
| Total Investments                  |                           |               |           | \$ 4,317,904 | \$ 4,918,978  |

See independent auditors' report

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 instr.)

**B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_  
☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here ☒

**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

|                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>SERVICE EMPLOYEES INTL UNION</b><br><b>LOCAL 2000 PENSION FUND</b>                                                                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ► <b>001</b><br><b>1c</b> Effective date of plan<br><b>01/01/1992</b>                                                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>SEIU LOCAL 2000 PENSION FUND</b><br><br><b>5585 PERSHING, SUITE 170</b><br><b>SUITE 170</b><br><b>ST. LOUIS MO 63112-4621</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>36-2435849</b><br><b>2c</b> Plan Sponsor's telephone number<br><b>(314) 533-3633</b><br><b>2d</b> Business code (see instructions)<br><b>316990</b> |

**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.

|                  |                                    |                  |                                                              |
|------------------|------------------------------------|------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | <b>07242023</b>  | <b>LISA GOULD</b>                                            |
|                  | Signature of plan administrator    | Date             | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    | <b>7/24/2023</b> | <b>MICHAEL E. MURPHY</b>                                     |
|                  | Signature of employer/plan sponsor | Date             | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |                  |                                                              |
|                  | 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

|                                                                                                          |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                          |              |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                  | <b>5</b>     | 1,134 |
| <b>6</b> 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). |              |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                        | <b>6a(1)</b> | 165   |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                              | <b>6a(2)</b> | 166   |
| <b>b</b> Retired or separated participants receiving benefits                                                                                            | <b>6b</b>    |       |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                             | <b>6c</b>    | 900   |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c                                                                                                           | <b>6d</b>    | 1,066 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                     | <b>6e</b>    |       |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                      | <b>6f</b>    | 1,066 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                | <b>6g</b>    | 1,006 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                     | <b>6h</b>    | 1     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                           | <b>7</b>     | 3     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
**2C**

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**Service Employees International Union  
Local 2000 Pension Fund  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2022  
EIN 43-1598128 Plan #501**

| <u>(a)</u>                                         | <u>(b)</u>                | <u>c</u>       | <u>d</u>      | <u>g</u>      | <u>h</u>                                         | <u>i</u>           |
|----------------------------------------------------|---------------------------|----------------|---------------|---------------|--------------------------------------------------|--------------------|
| Identity<br>of Party<br>Involved                   | Description of Investment | Purchase Price | Selling Price | Cost of Asset | Current Value of<br>Asset on<br>Transaction Date | Net Gain or (Loss) |
| <u>Single Transaction by Issue in Excess of 5%</u> |                           |                |               |               |                                                  |                    |
| Goldman Financial Square Govt-A Fd                 |                           | \$ -           | \$ 411,305    | \$ 411,305    | \$ 411,305                                       | \$ -               |
| <u>Series Transaction by Issue in Excess of 5%</u> |                           |                |               |               |                                                  |                    |
| Goldman Financial Square Govt-A Fd                 |                           | \$ 2,560,196   | \$ -          | \$ 2,560,196  | \$ 2,560,196                                     | \$ -               |
| Goldman Financial Square Govt-A Fd                 |                           |                | 2,699,565     | 2,699,565     | 2,699,565                                        |                    |
| U.S. Treasury Notes 2.75% due 5/31/2029            |                           | 318,849        |               | 318,849       | 318,849                                          |                    |
| U.S. Treasury Notes 2.75% due 5/31/2029            |                           |                | 276,813       | 280,300       | 276,813                                          | (3,487)            |

See independent auditors' report