

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2024	LISA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2024	MICHAEL E. MURPHY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1006
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 166 6a(2) 167 6b 10 6c 813 6d 990 6e 54 6f 1044 6g(1) 6g(2) 1044 6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 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:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan 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 SEIU LOCAL 2000 PENSION FUND	D Employer Identification Number (EIN) 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

x

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

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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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	54243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEIU LOCAL 2000 H & W FUND

43-1598128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 99	AFFILIATE	44725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGA TRUST

36-6228122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	37770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	12139	Yes ☒ No ☐	Yes ☐ No ☒	5445	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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 SEIU LOCAL 2000 PENSION FUND		
		D Employer Identification Number (EIN) 36-2435849

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	309672	67620
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9860	9475
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	79557	66179
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	95946	149297
(2) U.S. Government securities	1c(2)	986636	1177744
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	625432	512777
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3210964	3867669
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5318067	5850761
Liabilities			
g Benefit claims payable	1g	27847	51220
h Operating payables	1h	34195	36622
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	62042	87842
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5256025	5762919

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	123080	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		123080
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	60046	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60046
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	63123	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		63123
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4379097	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4045628	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		333469
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	521129	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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		2940
d Total income. Add all income amounts in column (b) and enter total	2d		1103787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	443194	
(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)		443194
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	37770	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4841	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	111088	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		153699
j Total expenses. Add all expense amounts in column (b) and enter total	2j		596893

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		506894
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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan 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 SEIU LOCAL 2000 PENSION FUND		D Employer Identification Number (EIN) 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): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 40
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 132555
b Enter the amount contributed by the employer to the plan for this plan year		6b 132555
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? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

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

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

SEIU LOCAL 2000 PENSION FUND
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2023 AND 2022

Contents

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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, 2023 and 2022, 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, 2023 and 2022, 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.

September 30, 2024

SEIU Local 2000 Pension Fund
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

Assets		<u>2023</u>	<u>2022</u>
Cash		\$ 67,620	\$ 309,672
Investments, at Fair Value		<u>5,707,487</u>	<u>4,918,978</u>
Receivables			
Employer contributions		9,475	9,860
Dividends and interest		18,045	12,717
Due from related fund		<u>38,950</u>	<u>54,443</u>
Total Receivables		<u>66,470</u>	<u>77,020</u>
Prepaid Expenses		<u>9,184</u>	<u>12,397</u>
Total Assets		<u>5,850,761</u>	<u>5,318,067</u>
Liabilities			
Accounts Payable		11,122	6,871
Accrued Expenses		<u>25,500</u>	<u>27,324</u>
Total Liabilities		<u>36,622</u>	<u>34,195</u>
Net Assets Available for Benefits		<u>\$ 5,814,139</u>	<u>\$ 5,283,872</u>

SEIU Local 2000 Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Additions (Reductions) To Net Assets Attributed To:		
Investment income (loss)		
Interest	\$ 60,046	\$ 54,500
Dividends	63,123	67,229
Net appreciation (depreciation) in fair value of investments	<u>854,598</u>	<u>(1,384,673)</u>
	977,767	(1,262,944)
Less investment expenses	<u>37,770</u>	<u>41,801</u>
Net Investment Income (Loss)	939,997	(1,304,745)
Employer contributions	123,080	131,818
Other income	<u>2,940</u>	<u>3,399</u>
Total Additions (Reductions)	<u>1,066,017</u>	<u>(1,169,528)</u>
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	419,821	1,377,696
Administrative expenses	<u>115,929</u>	<u>169,090</u>
Total Deductions	<u>535,750</u>	<u>1,546,786</u>
Net Increase (Decrease)	530,267	(2,716,314)
Net Assets Available for Benefits, Beginning of Year	<u>5,283,872</u>	<u>8,000,186</u>
Net Assets Available for Benefits, End of Year	<u>\$ 5,814,139</u>	<u>\$ 5,283,872</u>

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2023 and 2022**

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's account maintains the value of contributions made on the participant's behalf. On each valuation date, the value of participant's accounts is adjusted for a proportional share of the net investment income (loss), 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, 2023 and 2022**

If a participant separates from service prior to being completely vested in their account, the nonvested portion of their 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, 2023 and 2022, \$12,555 and \$18,283, 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 their normal retirement date shall be entitled, on their normal retirement date, to their vested participant account. A participant may also elect to receive their benefit under the Plan as of his early retirement date or disability date if they have 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 of contingent assets and liabilities. 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, 2023 and 2022**

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 represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, and current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible.

Employer contributions are due by the 15th of the month following the month hours are worked. Contributions not received by the 15th of the month are considered past due.

The Plan's contributions receivables are disaggregated and pooled by aging categories. Accounts past due 90 days or more are evaluated for loss individually on an Employer by Employer basis. For all other aging categories, the risk of loss is assessed over the contractual life of the withdrawal/contribution receivable and the historical loss amounts for each pool are adjusted for current and future conditions based on management's qualitative considerations.

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.

Subsequent Events

The Plan has evaluated subsequent events through September 30, 2024, the date the financial statements were available to be issued.

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2023 and 2022**

3. Change in Accounting Principle

Effective January 1, 2023, the Plan adopted ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended. FASB ASC 326 replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss ("CECL") methodology. CECL requires an estimate of future credit losses for the remaining estimated lives of financial assets based on relevant information about historical experience, current conditions, and reasonable and supportable financial forecasts that affect the collectability of the reported amounts. The measurement of expected credit losses under CECL is applicable to financial assets measured at amortized cost. Such assets are presented at the net amount expected to be collected over their remaining contractual lives using an allowance for credit losses. The adoption of FASB ASC 326 resulted in no change in the allowance from credit losses.

4. 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.
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.

SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2023 and 2022

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:

	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market funds	\$ 149,297	\$ 149,297	\$ -	\$ -
Common stocks	3,867,669	3,867,669	-	-
Corporate bonds	512,777	-	512,777	-
US Treasury, government and agency obligations	1,177,744	294,646	883,098	-
Total investments	<u>\$ 5,707,487</u>	<u>\$ 4,311,612</u>	<u>\$ 1,395,875</u>	<u>\$ -</u>

	2022			
	Total	Fair Value Measurements		
		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, 2023 and 2022**

5. Related Party Transactions

The Plan paid SEIU Local 2000 Health and Welfare Fund (the "Welfare Fund") for shared personnel and rent. The Welfare Fund pays for all such expenses and allocates a portion of those expenses to the Plan, based upon time spent and space provided annually. The expenses allocated to the Plan amounted to \$5,775 and \$38,893 during 2023 and 2022, respectively. The Plan remitted reimbursements of \$44,725 and \$93,336 during 2023 and 2022, respectively, of which \$5,890 was rent expense for 2022. During 2023 there was a new service provider providing administrative service and the allocation for rent was not necessary for 2023. The amount due from the Welfare Fund at December 31, 2023 and 2022 was \$38,950 and \$54,443, respectively.

6. Plan Amendments

During 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.

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

In 2022 summary plan document was amended to approve a third-party recordkeeper for the Plan.

7. 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, 2023 and 2022**

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.

8. 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. Management believes 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, 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. Management has analyzed the tax positions taken by the Plan and have concluded that as of December 31, 2023 and 2022, there were no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes it is no longer subject to income tax examinations for years prior to 2020. 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.

9. Risks and Uncertainties

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

Plan Concentrations

Two Employers accounted for 93 and 94 percent of Employer contributions for the years ended December 31, 2023 and 2022, respectively.

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2023 and 2022**

10. 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>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 5,814,139	\$ 5,283,872
Less: benefits payable at year end	<u>(51,220)</u>	<u>(27,847)</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,762,919</u>	<u>\$ 5,256,025</u>

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

	<u>2023</u>
Benefits paid per the financial statements	\$ 419,821
Add: benefits payable - current year	51,220
Less: benefits payable - prior year	<u>(27,847)</u>
Total benefits paid per Form 5500	<u>\$ 443,194</u>

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

**December 31, 2023
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	29,864 shares	\$ 29,864	\$ 29,864
	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465	119,433 shares	119,433	119,433
	Total Money Market Funds		<u>149,297</u>	<u>149,297</u>
	Common Stocks			
	HIGHWOOD PROPERTIES INC	842 shares, common stock	18,402	19,332
	NATIONAL RETAIL PROPERTIES	254 shares, common stock	8,897	10,947
	AMERICAN HOMES 4 RENT	941 shares, common stock	21,609	33,838
	AMERICAN TOWER CORPORATION	173 shares, common stock	31,902	37,347
	AMERICOLD REALTY TRUST AMERICOLD RLTY TR INC	830 shares, common stock	23,669	24,488
	ARMADA HOFFLER PTYS	830 shares, common stock	11,160	10,267
	AVALONBAY COMMUNITIES INC	264 shares, common stock	51,415	49,426
	CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST	262 shares, common stock	22,489	26,014
	CROWN CASTLE INC	231 shares, common stock	27,261	26,609
	CTO RLTY GROWTH INC NEW	932 shares, common stock	15,536	16,151
	DIGITAL REALTY TRUST INC	327 shares, common stock	33,326	44,007
	EXTRA SPACE STORAGE INC	191 shares, common stock	16,535	30,623
	EQUINIX INC	50 shares, common stock	26,077	40,270
	EQUITY RESIDENTIAL PPTYS TRUST	360 shares, common stock	26,068	22,018
	INVENTRUST PROPERTIES CORP	1,000 shares, common stock	23,270	25,340
	INVITATION HOMES	1,198 shares, common stock	29,384	40,864
	HEALTHCARE REALTY TRUST INC	964 shares, common stock	14,576	16,610
	PLYMOUTH INDUSTRIAL REIT INC	826 shares, common stock	12,012	19,882
	PROLOGIS IN	421 shares, common stock	35,037	56,119
	PUBLIC STORAGE	140 shares, common stock	39,302	42,700
			<u>487,927</u>	<u>592,852</u>

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

**December 31, 2023
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	215 shares, common stock	\$ 51,717	\$ 54,543
	REXFORD INDUSTRIAL REALTY INC	285 shares, common stock	15,097	15,989
	SUN COMMUNITIES INC	300 shares, common stock	43,715	40,095
	VENTAS INC	900 shares, common stock	38,799	44,856
	WELLTOWER INC	460 shares, common stock	30,292	41,478
	ABBVIE INC	392 shares, common stock	46,681	60,748
	ACCENTURE PLC	139 shares, common stock	31,372	48,776
	AKAMAI TECHNOLOGIES	545 shares, common stock	49,599	64,501
	ALPHABET INC CL A	977 shares, common stock	56,774	136,477
	AMAZON.COM	914 shares, common stock	88,525	138,873
	AMGEN INC	253 shares, common stock	51,538	72,869
	APPLE INC	1143 shares, common stock	27,390	220,062
	AUTOZONE INC	21 shares, common stock	41,337	54,298
	ABBOTT LABORATORIES COMMON STOCK	447 shares, common stock	43,822	49,201
	BROADCOM INC	24 shares, common stock	7,194	26,790
	CBOE GOLBAL MARKETS INC	184 shares, common stock	23,534	32,855
	ADOBE SYSTEMS INC	92 shares, common stock	37,527	54,887
	CISCO SYSTEMS INC	697 shares, common stock	33,891	35,212
	COMCAST CORP	1766 shares, common stock	70,256	77,439
	COSTCO WHOLESALE CORP	137 shares, common stock	47,564	90,431
	AUTODESK INC	249 shares, common stock	52,999	60,627
	DROPBOX INC	2568 shares, common stock	63,697	75,706
	COPART INC	774 shares, common stock	33,904	37,926
	FASTENAL CO	470 shares, common stock	20,798	30,442
	HOME DEPOT INC	170 shares, common stock	22,818	58,914
	HEICO CORP	201 shares, common stock	33,351	35,953
			<u>1,064,192</u>	<u>1,659,948</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, 2023
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)			
	ELI LILLY & CO	116 shares, common stock	\$ 59,887	\$ 67,619
	INTUIT	66 shares, common stock	27,440	41,252
	JOHNSON & JOHNSON	272 shares, common stock	37,795	42,633
	KENVUE INC	2146 shares, common stock	47,891	46,203
	KEYSIGHT TECHNOLOGIES INC	271 shares, common stock	38,913	43,113
	LEIDOS HOLDINGS INC	313 shares, common stock	29,955	33,879
	MARSH & MCLENNAN COMPANIES INC	236 shares, common stock	14,280	44,715
	MASTERCARD INC	165 shares, common stock	35,777	70,374
	NEUROCRINE BIOSCIENCES	465 shares, common stock	55,996	61,269
	MICROSOFT CORP	644 shares, common stock	48,862	242,170
	ORACLE CORP	497 shares, common stock	31,900	52,399
	PEPSICO INC	404 shares, common stock	70,689	68,615
	REPUBLIC SERVICES INC	274 shares, common stock	36,722	45,185
	S&P GLOBAL INC	110 shares, common stock	37,705	48,457
	SYNOPSYS INC	91 shares, common stock	25,493	46,857
	TEXAS INSTRUMENTS INC	288 shares, common stock	48,839	49,092
	TJX COS INC	1050 shares, common stock	68,164	98,501
	OTIS WORLDWIDE CORP	314 shares, common stock	25,622	28,094
	UNION PACIFIC CORP	233 shares, common stock	42,614	57,229
	UNITEDHEALTH GROUP INC	98 shares, common stock	27,614	51,594
	VERISK ANALYTICS, INC	137 shares, common stock	19,718	32,724
	PAYPAL HOLDINGS INC	1135 shares, common stock	71,943	69,701
	VISA INC CLASS A	249 shares, common stock	54,052	64,827
	SERVICENOW INC	84 shares, common stock	37,666	59,345
	WATERS CORPORATION	132 shares, common stock	35,080	43,458
	ZOETIS INC	259 shares, common stock	42,543	51,119
	WALT DISNEY CO	603 shares, common stock	59,156	54,444
			<u>1,132,318</u>	<u>1,614,869</u>
	Total Common Stock		<u>\$ 2,684,437</u>	<u>3,867,670</u>

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

**December 31, 2023
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>			<u>(d)</u>	<u>(e)</u>
		Description of Investment				Current
	Identity of Issue	Face Value	Interest Rate	Due Date	Cost	Value
Corporate Bonds						
	AT&T INC	30000	4.300%	2/15/2030	\$ 28,013	\$ 29,422
	AMGEN INC	50000	1.650%	8/15/2028	45,909	44,259
	BALTIMORE GAS & ELECTRIC CO	20000	2.400%	8/15/2026	20,723	18,882
	BANK OF AMERICA CORP VARIABLE	40000	2.087%	6/14/2029	40,011	35,286
	COMCAST CORP	40000	4.250%	10/15/2030	36,835	39,482
	CITIGROUP INC	30000	6.270%	11/17/2033	29,299	32,157
	COMMONWEALTH EDISON CO	20000	3.700%	8/15/2028	21,037	19,337
	CONSOLIDATED EDISON CO OF NY INC	20000	3.350%	4/1/2030	21,240	18,668
	DUKE ENERGY CAROLINAS	25000	4.950%	1/15/2033	24,729	25,507
	GOLDMAN SACHS GROUP INC VARIABLE	20000	4.223%	5/1/2029	18,600	19,367
	RAYTHEON TECHNOLOGIES	10000	6.100%	3/15/2034	9,981	10,875
	IBM CORP	30000	3.500%	5/15/2029	31,594	28,636
	JPMORGAN CHASE CO VARIABLE	70000	2.069%	6/1/2029	66,158	62,124
	MORGAN STANLEY	20000	2.475%	1/21/2028	20,007	18,581
	NSTAR ELECTRIC CO	10000	3.950%	4/1/2030	9,839	9,552
	UNITEDHEALTH GROUP INC	10000	5.300%	2/15/2030	9,985	10,477
	VIRGINIA ELECTRIC & POWER CO	10000	3.500%	3/15/2027	9,961	9,671
	VIRGINIA ELECTRIC & POWER CO	10000	5.000%	4/1/2033	9,979	10,139
	WELLS FARGO & COMPANY	50000	5.574%	7/25/2029	49,826	51,105
	WELLS FARGO & COMPANY VARIABLE RATE BOND	20000	2.164%	2/11/2026	20,059	19,251
	Total Corporate Bonds				523,784	512,777

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

**December 31, 2023
EIN 43-1598128 Plan #501**

(a)	(b)	(c)			(d)	(e)
	Identity of Issue	Description of Investment				Current
		Face Value	Interest Rate	Due Date	Cost	Value
	US Treasury, Government and Agency Obligations					
	U.S. TREASURY BONDS	\$ 10,000.00	2.000%	2/15/2050	\$ 9,761	\$ 6,615
	U.S. TREASURY NOTES	195,000.00	1.750%	8/15/2041	144,205	136,172
	U.S. TREASURY NOTES	50,000.00	3.750%	5/31/2030	48,936	49,625
	U.S. TREASURY NOTES	100,000.00	4.375%	8/31/2028	99,582	102,234
	FREDDIE MAC POOL SD2269	19058.99	3.000%	1/1/2052	16,580	16,881
	FREDDIE MAC POOL RA7386	83464.48	3.500%	5/1/2052	74,665	76,674
	FHLMC POOL #SD8372	118559.5	5.500%	11/1/2053	117,819	119,139
	FANNIE MAE POOL #BW9776	38852.71	3.000%	6/1/2048	33,663	34,845
	FANNIE MAE POOL #CB3770	18377.85	3.500%	6/1/2052	16,566	16,885
	FANNIE MAE POOL #CS3897	18461.11	3.500%	6/1/2052	16,445	16,960
	FNMA UMBS CONVENTIONAL FANNIE MAE FN #MA5107	19281.94	5.500%	8/1/2053	19,113	19,376
	FEDERAL FARM CREDIT BANK CALL 11/30/22@100.00	10000	1.540%	11/30/2026	10,004	9,238
	FHLMC POOL #A87957	2044.72	5.000%	8/1/2039	2,116	2,072
	FHLMC POOL #G08006	1095.37	6.000%	8/1/2034	1,133	1,147
	FHLMC POOL #G08706	10556.91	3.500%	5/1/2046	11,147	9,878
	FHLMC POOL #SB8025	22384.72	2.000%	11/1/2034	22,122	20,309
	FREDDIE MAC POOL FR SD1565	9364.77	3.000%	7/1/2052	8,298	8,343
	FNMA POOL #555531	1045.79	5.500%	6/1/2033	1,053	1,078
	FNMA POOL #735036	3652.53	5.500%	12/1/2034	3,625	3,764
	FNMA POOL #748613	708.79	5.500%	1/1/2034	721	723
	FNMA POOL #826305	683.57	5.000%	7/1/2035	679	695
	FNMA POOL #AD8529	5648.67	4.500%	8/1/2040	5,754	5,584
					663,987	658,238

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

**December 31, 2023
EIN 43-1598128 Plan #501**

(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 (Continued)					
FNMA POOL #AI1915	2061.87	4.000%	4/1/2026	\$ 2,149	\$ 2,034
FNMA POOL #AO4136	6274.43	3.500%	6/1/2042	6,593	5,938
FNMA POOL #AO5472	3272.88	3.500%	7/1/2042	3,489	3,099
FNMA POOL #AS8056	17199.98	3.000%	10/1/2046	17,809	15,635
FNMA POOL #BJ1662	19435.19	3.500%	12/1/2047	19,619	18,161
FNMA POOL #CA0997	13785.09	3.500%	1/1/2048	13,794	12,881
FNMA POOL #MA2642	15983.29	3.500%	6/1/2046	16,857	14,935
FNMA POOL #MA3650	8912.68	3.500%	4/1/2029	9,205	8,742
FNMA POOL #MA3680	19210.45	3.500%	6/1/2029	19,731	18,775
FNMA POOL #CB3233	89460.35	3.000%	4/1/2052	84,750	79,898
FNMA POOL #CB3168	53716.34	3.000%	3/1/2052	48,068	47,612
FNMA POOL# CB3372	37847.6	3.500%	4/1/2052	33,858	34,772
FNMA POOL# MA3864	26549.36	2.500%	11/1/2034	26,549	24,603
FNMA POOL#MA4438	92032.52	2.500%	10/1/2051	95,556	78,355
FNMA POOL#MA4512	88037.49	2.500%	1/1/2052	88,306	74,952
FNMA POOL#CB6031	57770.33	5.000%	4/1/2053	55,586	57,238
FNMA POOL#MA5245	20000	5.000%	1/1/2054	19,766	19,806
GNMA POOL #618631	2028.22	6.000%	8/15/2034	2,107	2,069
				563,789	519,506
Total US Treasury, Government and Agency Obligations				\$ 1,227,776	\$ 1,177,744
Total Investments				\$ 4,585,294	\$ 5,707,487

Service Employees International Union
Local 2000 Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023
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 of Party Involved	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Series Transaction by Issue in Excess of 5%</u>						
Goldman Financial Square Govt-A Fd		\$ 1,043,175	\$ -	\$ 1,043,175	\$ 1,043,175	\$ -
Goldman Financial Square Govt-A Fd			1,015,612	1,015,612	1,015,612	

SEIU Local 2000 Pension Fund
Schedules of Administrative Expenses
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Accounting	\$ 21,455	\$ 28,885
Actuary	-	6,000
Administrative fees	5,775	33,003
Administrative fees-recordkeeping	54,243	45,675
Consulting- QuickBooks assistance	6,256	12,380
Consulting	-	2,362
Insurance	15,148	18,240
Legal	4,841	8,654
Miscellaneous	5,257	5,761
Payroll audit fees	2,954	2,240
Rent	-	5,890
	<u>\$ 115,929</u>	<u>\$ 169,090</u>

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

**December 31, 2023
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			
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	GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465	119,433 shares	119,433	119,433
	Total Money Market Funds		<u>149,297</u>	<u>149,297</u>
	Common Stocks			
	HIGHWOOD PROPERTIES INC	842 shares, common stock	18,402	19,332
	NATIONAL RETAIL PROPERTIES	254 shares, common stock	8,897	10,947
	AMERICAN HOMES 4 RENT	941 shares, common stock	21,609	33,838
	AMERICAN TOWER CORPORATION	173 shares, common stock	31,902	37,347
	AMERICOLD REALTY TRUST AMERICOLD RLTY TR INC	830 shares, common stock	23,669	24,488
	ARMADA HOFFLER PTYS	830 shares, common stock	11,160	10,267
	AVALONBAY COMMUNITIES INC	264 shares, common stock	51,415	49,426
	CAMDEN PROPERTY TRUST SHARES BENEFICIAL INTEREST	262 shares, common stock	22,489	26,014
	CROWN CASTLE INC	231 shares, common stock	27,261	26,609
	CTO RLTY GROWTH INC NEW	932 shares, common stock	15,536	16,151
	DIGITAL REALTY TRUST INC	327 shares, common stock	33,326	44,007
	EXTRA SPACE STORAGE INC	191 shares, common stock	16,535	30,623
	EQUINIX INC	50 shares, common stock	26,077	40,270
	EQUITY RESIDENTIAL PTYS TRUST	360 shares, common stock	26,068	22,018
	INVENTRUST PROPERTIES CORP	1,000 shares, common stock	23,270	25,340
	INVITATION HOMES	1,198 shares, common stock	29,384	40,864
	HEALTHCARE REALTY TRUST INC	964 shares, common stock	14,576	16,610
	PLYMOUTH INDUSTRIAL REIT INC	826 shares, common stock	12,012	19,882
	PROLOGIS IN	421 shares, common stock	35,037	56,119
	PUBLIC STORAGE	140 shares, common stock	39,302	42,700
			<u>487,927</u>	<u>592,852</u>

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

**December 31, 2023
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	215 shares, common stock	\$ 51,717	\$ 54,543
	REXFORD INDUSTRIAL REALTY INC	285 shares, common stock	15,097	15,989
	SUN COMMUNITIES INC	300 shares, common stock	43,715	40,095
	VENTAS INC	900 shares, common stock	38,799	44,856
	WELLTOWER INC	460 shares, common stock	30,292	41,478
	ABBVIE INC	392 shares, common stock	46,681	60,748
	ACCENTURE PLC	139 shares, common stock	31,372	48,776
	AKAMAI TECHNOLOGIES	545 shares, common stock	49,599	64,501
	ALPHABET INC CL A	977 shares, common stock	56,774	136,477
	AMAZON.COM	914 shares, common stock	88,525	138,873
	AMGEN INC	253 shares, common stock	51,538	72,869
	APPLE INC	1143 shares, common stock	27,390	220,062
	AUTOZONE INC	21 shares, common stock	41,337	54,298
	ABBOTT LABORATORIES COMMON STOCK	447 shares, common stock	43,822	49,201
	BROADCOM INC	24 shares, common stock	7,194	26,790
	CBOE GOLBAL MARKETS INC	184 shares, common stock	23,534	32,855
	ADOBE SYSTEMS INC	92 shares, common stock	37,527	54,887
	CISCO SYSTEMS INC	697 shares, common stock	33,891	35,212
	COMCAST CORP	1766 shares, common stock	70,256	77,439
	COSTCO WHOLESALE CORP	137 shares, common stock	47,564	90,431
	AUTODESK INC	249 shares, common stock	52,999	60,627
	DROPBOX INC	2568 shares, common stock	63,697	75,706
	COPART INC	774 shares, common stock	33,904	37,926
	FASTENAL CO	470 shares, common stock	20,798	30,442
	HOME DEPOT INC	170 shares, common stock	22,818	58,914
	HEICO CORP	201 shares, common stock	33,351	35,953
			<u>1,064,192</u>	<u>1,659,948</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, 2023
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)			
	ELI LILLY & CO	116 shares, common stock	\$ 59,887	\$ 67,619
	INTUIT	66 shares, common stock	27,440	41,252
	JOHNSON & JOHNSON	272 shares, common stock	37,795	42,633
	KENVUE INC	2146 shares, common stock	47,891	46,203
	KEYSIGHT TECHNOLOGIES INC	271 shares, common stock	38,913	43,113
	LEIDOS HOLDINGS INC	313 shares, common stock	29,955	33,879
	MARSH & MCLENNAN COMPANIES INC	236 shares, common stock	14,280	44,715
	MASTERCARD INC	165 shares, common stock	35,777	70,374
	NEUROCRINE BIOSCIENCES	465 shares, common stock	55,996	61,269
	MICROSOFT CORP	644 shares, common stock	48,862	242,170
	ORACLE CORP	497 shares, common stock	31,900	52,399
	PEPSICO INC	404 shares, common stock	70,689	68,615
	REPUBLIC SERVICES INC	274 shares, common stock	36,722	45,185
	S&P GLOBAL INC	110 shares, common stock	37,705	48,457
	SYNOPSYS INC	91 shares, common stock	25,493	46,857
	TEXAS INSTRUMENTS INC	288 shares, common stock	48,839	49,092
	TJX COS INC	1050 shares, common stock	68,164	98,501
	OTIS WORLDWIDE CORP	314 shares, common stock	25,622	28,094
	UNION PACIFIC CORP	233 shares, common stock	42,614	57,229
	UNITEDHEALTH GROUP INC	98 shares, common stock	27,614	51,594
	VERISK ANALYTICS, INC	137 shares, common stock	19,718	32,724
	PAYPAL HOLDINGS INC	1135 shares, common stock	71,943	69,701
	VISA INC CLASS A	249 shares, common stock	54,052	64,827
	SERVICENOW INC	84 shares, common stock	37,666	59,345
	WATERS CORPORATION	132 shares, common stock	35,080	43,458
	ZOETIS INC	259 shares, common stock	42,543	51,119
	WALT DISNEY CO	603 shares, common stock	59,156	54,444
			<u>1,132,318</u>	<u>1,614,869</u>
	Total Common Stock		<u>\$ 2,684,437</u>	<u>3,867,670</u>

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

**December 31, 2023
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		
	Corporate Bonds					
	AT&T INC	30000	4.300%	2/15/2030	\$ 28,013	\$ 29,422
	AMGEN INC	50000	1.650%	8/15/2028	45,909	44,259
	BALTIMORE GAS & ELECTRIC CO	20000	2.400%	8/15/2026	20,723	18,882
	BANK OF AMERICA CORP VARIABLE	40000	2.087%	6/14/2029	40,011	35,286
	COMCAST CORP	40000	4.250%	10/15/2030	36,835	39,482
	CITIGROUP INC	30000	6.270%	11/17/2033	29,299	32,157
	COMMONWEALTH EDISON CO	20000	3.700%	8/15/2028	21,037	19,337
	CONSOLIDATED EDISON CO OF NY INC	20000	3.350%	4/1/2030	21,240	18,668
	DUKE ENERGY CAROLINAS	25000	4.950%	1/15/2033	24,729	25,507
	GOLDMAN SACHS GROUP INC VARIABLE	20000	4.223%	5/1/2029	18,600	19,367
	RAYTHEON TECHNOLOGIES	10000	6.100%	3/15/2034	9,981	10,875
	IBM CORP	30000	3.500%	5/15/2029	31,594	28,636
	JPMORGAN CHASE CO VARIABLE	70000	2.069%	6/1/2029	66,158	62,124
	MORGAN STANLEY	20000	2.475%	1/21/2028	20,007	18,581
	NSTAR ELECTRIC CO	10000	3.950%	4/1/2030	9,839	9,552
	UNITEDHEALTH GROUP INC	10000	5.300%	2/15/2030	9,985	10,477
	VIRGINIA ELECTRIC & POWER CO	10000	3.500%	3/15/2027	9,961	9,671
	VIRGINIA ELECTRIC & POWER CO	10000	5.000%	4/1/2033	9,979	10,139
	WELLS FARGO & COMPANY	50000	5.574%	7/25/2029	49,826	51,105
	WELLS FARGO & COMPANY VARIABLE RATE BOND	20000	2.164%	2/11/2026	20,059	19,251
	Total Corporate Bonds				523,784	512,777

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

**December 31, 2023
EIN 43-1598128 Plan #501**

(a)	(b)	(c)			(d)	(e)
	Identity of Issue	Description of Investment				Current
		Face Value	Interest Rate	Due Date	Cost	Value
	US Treasury, Government and Agency Obligations					
	U.S. TREASURY BONDS	\$ 10,000.00	2.000%	2/15/2050	\$ 9,761	\$ 6,615
	U.S. TREASURY NOTES	195,000.00	1.750%	8/15/2041	144,205	136,172
	U.S. TREASURY NOTES	50,000.00	3.750%	5/31/2030	48,936	49,625
	U.S. TREASURY NOTES	100,000.00	4.375%	8/31/2028	99,582	102,234
	FREDDIE MAC POOL SD2269	19058.99	3.000%	1/1/2052	16,580	16,881
	FREDDIE MAC POOL RA7386	83464.48	3.500%	5/1/2052	74,665	76,674
	FHLMC POOL #SD8372	118559.5	5.500%	11/1/2053	117,819	119,139
	FANNIE MAE POOL #BW9776	38852.71	3.000%	6/1/2048	33,663	34,845
	FANNIE MAE POOL #CB3770	18377.85	3.500%	6/1/2052	16,566	16,885
	FANNIE MAE POOL #CS3897	18461.11	3.500%	6/1/2052	16,445	16,960
	FNMA UMBS CONVENTIONAL FANNIE MAE FN #MA5107	19281.94	5.500%	8/1/2053	19,113	19,376
	FEDERAL FARM CREDIT BANK CALL 11/30/22@100.00	10000	1.540%	11/30/2026	10,004	9,238
	FHLMC POOL #A87957	2044.72	5.000%	8/1/2039	2,116	2,072
	FHLMC POOL #G08006	1095.37	6.000%	8/1/2034	1,133	1,147
	FHLMC POOL #G08706	10556.91	3.500%	5/1/2046	11,147	9,878
	FHLMC POOL #SB8025	22384.72	2.000%	11/1/2034	22,122	20,309
	FREDDIE MAC POOL FR SD1565	9364.77	3.000%	7/1/2052	8,298	8,343
	FNMA POOL #555531	1045.79	5.500%	6/1/2033	1,053	1,078
	FNMA POOL #735036	3652.53	5.500%	12/1/2034	3,625	3,764
	FNMA POOL #748613	708.79	5.500%	1/1/2034	721	723
	FNMA POOL #826305	683.57	5.000%	7/1/2035	679	695
	FNMA POOL #AD8529	5648.67	4.500%	8/1/2040	5,754	5,584
					663,987	658,238

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

**December 31, 2023
EIN 43-1598128 Plan #501**

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment		Current Value
Face Value	Interest Rate	Due Date	Cost	
US Treasury, Government and Agency Obligations (Continued)				
FNMA POOL #AI1915	2061.87	4.000%	4/1/2026	\$ 2,149
FNMA POOL #AO4136	6274.43	3.500%	6/1/2042	\$ 2,034
FNMA POOL #AO5472	3272.88	3.500%	7/1/2042	5,938
FNMA POOL #AS8056	17199.98	3.000%	10/1/2046	3,489
FNMA POOL #BJ1662	19435.19	3.500%	12/1/2047	17,809
FNMA POOL #CA0997	13785.09	3.500%	1/1/2048	15,635
FNMA POOL #MA2642	15983.29	3.500%	6/1/2046	18,161
FNMA POOL #MA3650	8912.68	3.500%	4/1/2029	13,794
FNMA POOL #MA3680	19210.45	3.500%	6/1/2029	16,857
FNMA POOL #CB3233	89460.35	3.000%	4/1/2052	14,935
FNMA POOL #CB3168	53716.34	3.000%	3/1/2052	9,205
FNMA POOL# CB3372	37847.6	3.500%	4/1/2052	8,742
FNMA POOL# MA3864	26549.36	2.500%	11/1/2034	19,731
FNMA POOL#MA4438	92032.52	2.500%	10/1/2051	84,750
FNMA POOL#MA4512	88037.49	2.500%	1/1/2052	79,898
FNMA POOL#CB6031	57770.33	5.000%	4/1/2053	47,612
FNMA POOL#MA5245	20000	5.000%	1/1/2054	34,772
GNMA POOL #618631	2028.22	6.000%	8/15/2034	26,549
			2,107	24,603
			563,789	78,355
Total US Treasury, Government and Agency Obligations			\$ 1,227,776	\$ 1,177,744
Total Investments			\$ 4,585,294	\$ 5,707,487

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

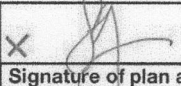
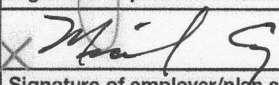
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510 - 0110
1510 - 0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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**1a** Name of plan
SERVICE EMPLOYEES INTL UNION
LOCAL 2000 PENSION FUND**1b** Three-digit plan number (PN) ► **001****1c** Effective date of plan
01/01/1992**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SEIU LOCAL 2000 PENSION FUND**2b** Employer Identification Number (EIN)
36-2435849**2c** Plan Sponsor's telephone number
(314) 533-3633**2d** Business code (see instructions)
316990**5585 PERSHING, SUITE 170**
SUITE 170
ST. LOUIS MO 63112-4621**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

SIGN HERE ☒		☒ 09.30.2024	LISA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE ☒		☒ 9/30/2024	MICHAEL E. MURPHY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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

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

5 Total number of participants at the beginning of the plan year	5	1,006
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	166
a (2) Total number of active participants at the end of the plan year	6a(2)	167
b Retired or separated participants receiving benefits	6b	10
c Other retired or separated participants entitled to future benefits	6c	813
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	990
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	54
f Total. Add lines 6d and 6e	6f	1,044
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1,044
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	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:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Service Employees International Union
Local 2000 Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023
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 of Party Involved	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Series Transaction by Issue in Excess of 5%</u>						
Goldman Financial Square Govt-A Fd		\$ 1,043,175	\$ -	\$ 1,043,175	\$ 1,043,175	\$ -
Goldman Financial Square Govt-A Fd			1,015,612	1,015,612	1,015,612	