

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2025	LISA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1044
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)	167
	6a(2)	120
	6b	13
	6c	861
	6d	994
	6e	
	6f	994
	6g(1)	
6g(2)	994	
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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 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	83394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	40644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) 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	30513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7906	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HAMMOND & SINNERS, P.C.

43-1429257

(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	5093	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	67620	85107
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9475	20975
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	66179	66087
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	149297	32150
(2) U.S. Government securities	1c(2)	1177744	1161386
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	512777	545688
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3867669	4195459
(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	5850761	6106852
Liabilities			
g Benefit claims payable.....	1g	51220	59240
h Operating payables.....	1h	36622	65293
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	87842	124533
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5762919	5982319

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)	125580	
(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)		125580
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)	69206	
(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)		69206
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	63427	
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4445806	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4015833	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	101747	
(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		2030
d Total income. Add all income amounts in column (b) and enter total	2d		791963

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	390766	
(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)		390766
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)	83394	
(4) IQPA audit fees	2i(4)	28675	
(5) Investment advisory and investment management fees	2i(5)	40644	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5093	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	23991	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		181797
j Total expenses. Add all expense amounts in column (b) and enter total	2j		572563

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		219400
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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** **39**

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	127635
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	127635
6 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

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

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, 2024 AND 2023

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, 2024 and 2023, 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, 2024 and 2023, 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.

Supplemental 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.



July 22, 2025

SEIU Local 2000 Pension Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	Assets	
	2024	2023
Cash	\$ 85,107	\$ 67,620
Investments, at Fair Value	5,934,683	5,707,487
Receivables		
Employer contributions	20,975	9,475
Dividends and interest	17,203	18,045
Due from related fund	39,700	38,950
Total Receivables	77,878	66,470
Prepaid Expenses	9,184	9,184
Total Assets	6,106,852	5,850,761
	Liabilities	
Accounts Payable	38,043	11,122
Accrued Expenses	27,250	25,500
Total Liabilities	65,293	36,622
Net Assets Available for Benefits	\$ 6,041,559	\$ 5,814,139

SEIU Local 2000 Pension Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions To Net Assets Attributed To:		
Investment income		
Interest	\$ 69,206	\$ 60,046
Dividends	63,427	63,123
Net appreciation in fair value of investments	531,720	854,598
	664,353	977,767
Less: investment expenses	40,644	37,770
Net Investment Income	623,709	939,997
Employer contributions	125,580	123,080
Other income	2,030	2,940
Total Additions	751,319	1,066,017
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	382,746	419,821
Administrative expenses	141,153	115,929
Total Deductions	523,899	535,750
Net Increase	227,420	530,267
Net Assets Available for Benefits, Beginning of Year	5,814,139	5,283,872
Net Assets Available for Benefits, End of Year	\$ 6,041,559	\$ 5,814,139

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023**

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, 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.

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, 2024 and 2023**

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, 2024 and 2023, \$13,101 and \$12,555, 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 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, 2024 and 2023**

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, 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.

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 July 22, 2025, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
---------	---

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023**

- 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.

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:

	2024			
	Total	Fair Value Measurements		
	Level 1	Level 2	Level 3	
Money market funds	\$ 32,150	\$ 32,150	\$ -	\$ -
Common stocks	4,195,459	4,195,459	-	-
Corporate bonds	545,688	-	545,688	-
US Treasury, government and agency obligations	1,161,386	361,498	799,888	-
Total investments	\$ 5,934,683	\$ 4,589,107	\$ 1,345,576	\$ -

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023**

	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	\$ 5,707,487	\$ 4,311,612	\$ 1,395,875	\$ -

4. Related Party Transactions

The Plan paid SEIU Local 2000 Health and Welfare Fund (the "Welfare Fund") for shared personnel and rent. The Welfare Fund paid for all such expenses and allocated 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 during 2023. The Welfare Fund stopped paying these expenses of the Plan during 2023. The Plan remitted reimbursements of \$44,725 during 2023. The amount due from the Welfare Fund at December 31, 2024 and 2023 was \$39,700 and \$38,950, respectively.

5. 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.

6. Plan Termination

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

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

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

SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

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

7. Tax Status of Plan

The Internal Revenue Service has determined and informed the Plan by a letter dated September 18, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. 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, 2024 and 2023, 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 2021. The Plan is subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

8. Risks and Uncertainties

Financial instruments that subject the Plan to concentrations of credit and market risk consist primarily of investments and receivables.

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.

Plan Concentrations

Two Employers accounted for 93 percent of Employer contributions for the years ended December 31, 2024 and 2023.

**SEIU Local 2000 Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023**

9. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,041,559	\$ 5,814,139
Less: benefits payable at year end	<u>(59,240)</u>	<u>(51,220)</u>
Net assets available for benefits per the Form 5500	<u>\$ 5,982,319</u>	<u>\$ 5,762,919</u>

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

	2024
Benefits paid per the financial statements	\$ 382,746
Add: benefits payable - current year	59,240
Less: benefits payable - prior year	<u>(51,220)</u>
Total benefits paid per Form 5500	<u>\$ 390,766</u>

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

**December 31, 2024
EIN 36-2435849 Plan #001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
Money Market Funds				
GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468	4,027 shares	\$ 4,027	\$ 4,027	
GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465	28,123 shares	28,123	28,123	
Total Money Market Funds		<u>32,150</u>	<u>32,150</u>	
Common Stocks				
ABBOTT LABORATORIES	404 shares, common stock	\$ 39,654	\$ 45,697	
ABBVIE INC	268 shares, common stock	32,068	47,624	
ADOBE SYSTEMS INC	140 shares, common stock	63,534	62,255	
AKAMAI TECHNOLOGIES	883 shares, common stock	82,384	84,459	
ALEXANDRIA REAL ESTATE EQUITY	129 shares, common stock	12,774	12,584	
ALPHABET INC CLA A	1,217 shares, common stock	105,188	230,378	
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APPLIED MATERIALS INC	441 shares, common stock	85,828	71,720	
AUTODESK INC	132 shares, common stock	28,100	39,015	
AUTOZONE INC	19 shares, common stock	37,400	60,838	
AVALONBAY COMMUNITIES INC	200 shares, common stock	38,951	43,994	
BRIXMOR PROPERTY TRUST	1,162 shares, common stock	28,406	32,350	
BROADCOM INC	703 shares, common stock	73,083	162,984	
CAMDEN PROPERTY TRUST	361 shares, common stock	<u>32,568</u>	<u>41,890</u>	
		963,269	1,580,641	

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, 2024
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	
Common Stocks (Continued)				
CBOE GLOBAL MARKETS INC	167 shares, common stock	\$ 21,509	\$ 32,632	
CISCO SYSTEMS INC	901 shares, common stock	43,316	53,339	
COMCAST CORP	1,982 shares, common stock	80,481	74,385	
COPART INC	701 shares, common stock	30,822	40,230	
COSTCO WHOLESALE CORP	901 shares, common stock	17,202	44,897	
CROWN CASTLE INC	323 shares, common stock	35,734	29,315	
DANAHER CORP	262 shares, common stock	62,483	60,142	
DIGITAL REALTY TRUST INC	327 shares, common stock	33,326	57,987	
ELI LILY & CO	65 shares, common stock	33,740	50,180	
EQUINIX INC	80 shares, common stock	49,458	75,431	
EXTRA SPACE STORAGE INC	103 shares, common stock	8,917	15,409	
HEALTHCARE REALTY TRUST INC	1,622 shares, common stock	23,750	27,493	
HEICO CORP	133 shares, common stock	22,152	31,620	
HIGHWOOD PROPERITIES INC	326 shares, common stock	7,125	9,969	
HOME DEPOT INC	165 shares, common stock	38,346	64,183	
INVESTTRUST PROPERTIES CORP	646 shares, common stock	15,032	19,464	
INVISTATION HOMES	929 shares, common stock	24,075	29,700	
IQVIA HOLDINGS INC	261 shares, common stock	58,155	51,289	
JOHNSON & JOHNSON	460 shares, common stock	67,699	66,525	
LEIDOS HOLDINGS INC COMMON STOCK	215 shares, common stock	21,767	30,973	
MARSH & MCLENNAN COMPANIES INC	213 shares, common stock	13,277	45,243	
MASTERCARD INC COMMON STOCK	149 shares, common stock	32,753	78,459	
META PLATFORMS INC	92 shares, common stock	49,441	53,867	
MICROSOFT CORP COMMON STOCK	661 shares, common stock	80,263	278,612	
NATIONAL RETAIL PROPERTIES	535 shares, common stock	21,481	21,855	
NIKE INC CLASS B	973 shares, common stock	81,633	73,627	
		973,937	1,416,826	

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, 2024
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	
Common Stocks (Continued)				
NVIDIA CORP	1,183 shares, common stock	\$ 126,909	\$ 158,865	
ORACLE CORP	685 shares, common stock	59,177	114,148	
OTIS WORLDWIDE CORP	418 shares, common stock	35,700	38,711	
PEPSICO INC	441 shares, common stock	76,612	67,058	
PROLOGIES IN	490 shares, common stock	46,220	51,793	
PUBLIC STORAGE	140 shares, common stock	39,302	41,922	
REPUBLIC SERVICES INC	171 shares, common stock	23,071	34,402	
REXFORD INDUSTRIAL REALTY INC	878 shares, common stock	41,267	33,943	
SBA COMMUNICATIONS CORP	160 shares, common stock	37,805	32,608	
S&P GLOBAL INC	100 shares, common stock	34,407	49,803	
SILA REALTY TRUST INC	900 shares, common stock	23,406	21,888	
SERVICENOW INC	76 shares, common stock	34,316	80,569	
SUN COMMUNITIES	267 shares, common stock	38,906	32,833	
TJX COS INC	448 shares, common stock	29,277	54,123	
UNION PACIFIC CORP	210 shares, common stock	38,563	47,889	
UNITEDHEALTH GROUP INC	94 shares, common stock	36,395	47,551	
VENTAS INC	900 shares, common stock	38,799	53,001	
VICI PROPERTIES	566 shares, common stock	17,945	16,533	
VISA INC CLASS A	224 shares, common stock	48,774	70,793	
WELLTOWER INC	327 shares, common stock	21,534	41,212	
WORKDAY INC	209 shares, common stock	48,663	53,928	
ZOETIS INC	334 shares, common stock	53,888	54,419	
		<u>950,936</u>	<u>1,197,992</u>	
Total Common Stock		<u>\$ 2,888,142</u>	<u>\$ 4,195,459</u>	

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

**December 31, 2024
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	
	Face Value	Interest Rate	Due Date			
Corporate Bonds						
AT&T INC	\$ 30,000	4.300%	2/15/2030	\$ 28,013	\$ 29,068	
ALABAMA POWER CO	20,000	5.850%	11/15/2033	21,862	20,746	
AMGEN INC	20,000	1.650%	8/15/2028	18,364	17,878	
AMPHENOL CORP	20,000	2.800%	2/15/2030	18,584	18,102	
BANK OF AMERICA CORP VARIABLE	20,000	2.087%	6/14/2029	20,006	18,147	
BROADCOM INC	30,000	4.800%	10/15/2034	29,938	28,953	
CADENCE DESIGN SYSTEMS INC	20,000	4.950%	9/10/2029	19,972	19,603	
CISCO SYSTEMS INC	20,000	4.950%	2/26/2031	19,960	20,065	
DUKE ENERGY CAROLINAS	25,000	4.950%	1/15/2033	24,729	24,587	
DUKE ENERGY FLORIDA	20,000	5.875%	11/15/2033	21,335	20,824	
GOLDMAN SACHS GROUP INC VARIABLE	20,000	4.223%	5/1/2029	18,600	19,459	
IBM CORP	30,000	3.500%	5/15/2029	31,594	28,433	
JOHN DEERE CAPITAL CORP	20,000	4.400%	2/26/2031	19,942	19,390	
JPMORGAN CHASE CO VARIABLE	10,000	2.069%	6/1/2029	9,451	9,089	
MERCK & CO INC	30,000	3.900%	3/7/2039	26,472	25,420	
META PLATFORMS	10,000	4.550%	8/15/2031	9,995	9,837	
MORGAN STANLEY	20,000	2.475%	1/21/2028	20,007	19,058	
NSTAR ELECTRIC CO	10,000	5.400%	6/1/2034	10,559	10,052	
ORACLE CORP	30,000	4.700%	9/27/2034	29,912	28,441	
PFIZER INVT	30,000	4.750%	5/19/2033	29,235	29,056	
RAYTHEON TECHNOLOGIES	10,000	6.100%	3/15/2034	9,981	10,533	
UNION ELECTRIC	10,000	5.200%	4/1/2034	10,310	9,940	
US BANCORP	20,000	5.100%	7/23/2030	20,000	19,987	
UNITEDHEALTH GROUP INC	10,000	2.000%	8/9/1923	8,421	8,622	
UNITEDHEALTH GROUP INC	30,000	4.950%	1/15/2032	30,773	29,626	
WELLS FARGO & COMPANY	50,000	5.574%	7/25/2029	49,826	50,772	
Total Corporate Bonds				<u>\$ 557,841</u>	<u>\$ 545,688</u>	

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

**December 31, 2024
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	
	Face Value	Interest Rate	Due Date			
US Treasury, Government and Agency Obligations						
FANNIE MAE POOL BW9776	\$ 36,658	3.000%	6/1/2048	\$ 31,761	\$ 31,305	
FANNIE MAE POOL CB3770	17,410	3.500%	6/1/2052	15,693	15,424	
FANNIE MAE POOL CS3897	17,345	3.500%	6/1/2053	15,451	15,345	
FANNIE MAE POOL FN FS59095	58,756	2.000%	8/1/2042	51,301	48,885	
FANNIE MAE POOL FN FS9453	59,581	4.500%	8/1/2053	57,074	56,138	
FANNIE MAE POOL FN MA5552 5	49,855	5.000%	12/1/2054	48,998	48,120	
FEDERAL FARM CREDIT BANK CALL	10,000	1.540%	11/30/2026	10,004	9,482	
FHLMC FR QJ9665	29,958	5.000%	11/1/2054	29,159	28,916	
FHLMC POOL #A87957	1,303	5.000%	8/1/2039	1,348	1,292	
FHLMC POOL #G08006 6%	937	6.000%	8/1/2034	970	968	
FHLMC POOL #G08706	9,638	3.500%	5/1/2046	10,177	8,658	
FHLMC POOL #SB8025	19,689	2.000%	11/1/2034	19,458	17,559	
FHLMC POOL #SD8372	45,425	5.500%	11/1/2053	45,141	44,871	
FHLMC POOL FR SD8245	77,615	4.500%	9/1/2052	75,687	73,124	
FNMA POOL #555531	864	5.500%	6/1/2033	870	871	
FNMA POOL #735036	3,153	5.500%	12/1/2034	3,130	3,177	
FNMA POOL #748613	651	5.500%	1/1/2034	662	653	
FNMA POOL #826305	595	5.000%	7/1/2035	591	590	
FNMA POOL #AD8529	5,065	4.500%	8/1/2040	5,159	4,852	
FNMA POOL #AI1915	954	4.000%	4/1/2026	994	948	
FNMA POOL #AO4136	5,607	3.500%	6/1/2042	5,891	5,107	
FNMA POOL #AO5472	3,090	3.500%	7/1/2042	3,090	2,640	
FNMA POOL #AS8056 3	15,831	3.000%	10/1/2046	16,391	13,715	
FNMA POOL #BJ1662 3	17,365	3.500%	12/1/2047	17,529	15,579	
FNMA POOL #CA0997	12,600	3.500%	1/1/2048	12,608	11,304	
FNMA POOL #MA2642	14,459	3.500%	6/1/2046	15,249	12,991	
				494,386	472,514	

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

**December 31, 2024
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	
	Face Value	Interest Rate	Due Date			
US Treasury, Government and Agency Obligations (Continued)						
FNMA POOL #MA3650	\$ 6,170	3.500%	4/1/2029	\$ 6,373	\$ 6,066	
FNMA POOL #MA3680	13,487	3.500%	6/1/2029	13,852	13,212	
FNMA POOL CB3372	35,944	3.500%	4/1/2029	32,155	31,800	
FNMA POOL CB6031	50,721	5.000%	4/1/2053	50,727	51,069	
FNMA POOL MA5245 5	19,002	5.000%	1/1/2054	18,779	18,345	
FNMA POOL# MA3864 2	22,588	2.500%	11/1/2034	22,721	20,665	
FNMA POOL#MA4438 2	85,197	2.500%	10/1/2051	88,458	69,631	
FNMA UMBS CONVENTIONAL FANNIE	17,601	5.500%	8/1/2053	17,447	17,377	
FREDDIE MAC FR SD1189	39,227	5.000%	7/1/2052	39,398	37,981	
FREDDIE MAC POOL FR RJ2664	19,723	5.000%	10/1/2054	19,505	19,046	
FREDDIE MAC POOL FR SD1565	8,659	3.000%	7/1/2052	7,673	7,392	
FREDDIE MAC POOL SD2269 3	17,310	3.000%	1/1/2052	15,059	14,695	
GNMA POOL #618631	1,285	6.000%	8/15/2034	1,335	1,304	
UMBS CONVENTIONAL CONV 2 POOL	19,932	4.500%	10/1/2054	19,353	18,791	
U.S. TREASURY NOTES	265,000	1.750%	8/15/2041	188,499	171,805	
U.S. TREASURY NOTES	190,000	3.750%	5/31/2030	187,122	183,876	
U.S. TREASURY BONDS	10,000	2.000%	2/15/2050	9,761	5,817	
				<u>738,217</u>	<u>688,872</u>	
Total US Treasury, Government and Agency Obligations				<u>1,232,603</u>	<u>1,161,386</u>	
Total Investments				<u>\$ 4,710,736</u>	<u>\$ 5,934,683</u>	

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**Service Employees International Union
Local 2000 Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions**

**Year Ended December 31, 2024
EIN 36-2435849 Plan #001**

<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
<u>Series Transaction by Issue in Excess of 5%</u>						
	Goldman Financial Square Govt-A Fd	\$ 880,560	\$ -	\$ 880,560	\$ 880,560	\$ -
	Goldman Financial Square Govt-A Fd		997,706	997,706	997,706	-
	U.S. Treasury Notes 3.75% due 5/31/2030	518,646	-	518,646	518,646	-
	U.S. Treasury Notes 3.75% due 5/31/2030		382,678	380,460	382,678	2,218

**SEIU Local 2000 Pension Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Accounting	\$ 28,675	\$ 21,455
Administrative fees	83,394	60,018
Consulting- QuickBooks assistance	2,000	6,256
Insurance	16,645	15,148
Legal	5,093	4,841
Miscellaneous	5,158	5,257
Payroll audit fees	188	2,954
	<u>\$ 141,153</u>	<u>\$ 115,929</u>

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

**December 31, 2024
EIN 36-2435849 Plan #001**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>	
Money Market Funds				
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AUTODESK INC	132 shares, common stock	28,100	39,015	
AUTOZONE INC	19 shares, common stock	37,400	60,838	
AVALONBAY COMMUNITIES INC	200 shares, common stock	38,951	43,994	
BRIXMOR PROPERTY TRUST	1,162 shares, common stock	28,406	32,350	
BROADCOM INC	703 shares, common stock	73,083	162,984	
CAMDEN PROPERTY TRUST	361 shares, common stock	<u>32,568</u>	<u>41,890</u>	
		963,269	1,580,641	

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, 2024
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	
Common Stocks (Continued)				
CBOE GLOBAL MARKETS INC	167 shares, common stock	\$ 21,509	\$ 32,632	
CISCO SYSTEMS INC	901 shares, common stock	43,316	53,339	
COMCAST CORP	1,982 shares, common stock	80,481	74,385	
COPART INC	701 shares, common stock	30,822	40,230	
COSTCO WHOLESALE CORP	901 shares, common stock	17,202	44,897	
CROWN CASTLE INC	323 shares, common stock	35,734	29,315	
DANAHER CORP	262 shares, common stock	62,483	60,142	
DIGITAL REALTY TRUST INC	327 shares, common stock	33,326	57,987	
ELI LILY & CO	65 shares, common stock	33,740	50,180	
EQUINIX INC	80 shares, common stock	49,458	75,431	
EXTRA SPACE STORAGE INC	103 shares, common stock	8,917	15,409	
HEALTHCARE REALTY TRUST INC	1,622 shares, common stock	23,750	27,493	
HEICO CORP	133 shares, common stock	22,152	31,620	
HIGHWOOD PROPERITIES INC	326 shares, common stock	7,125	9,969	
HOME DEPOT INC	165 shares, common stock	38,346	64,183	
INVESTTRUST PROPERTIES CORP	646 shares, common stock	15,032	19,464	
INVISTATION HOMES	929 shares, common stock	24,075	29,700	
IQVIA HOLDINGS INC	261 shares, common stock	58,155	51,289	
JOHNSON & JOHNSON	460 shares, common stock	67,699	66,525	
LEIDOS HOLDINGS INC COMMON STOCK	215 shares, common stock	21,767	30,973	
MARSH & MCLENNAN COMPANIES INC	213 shares, common stock	13,277	45,243	
MASTERCARD INC COMMON STOCK	149 shares, common stock	32,753	78,459	
META PLATFORMS INC	92 shares, common stock	49,441	53,867	
MICROSOFT CORP COMMON STOCK	661 shares, common stock	80,263	278,612	
NATIONAL RETAIL PROPERTIES	535 shares, common stock	21,481	21,855	
NIKE INC CLASS B	973 shares, common stock	81,633	73,627	
		973,937	1,416,826	

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, 2024
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	
Common Stocks (Continued)				
NVIDIA CORP	1,183 shares, common stock	\$ 126,909	\$ 158,865	
ORACLE CORP	685 shares, common stock	59,177	114,148	
OTIS WORLDWIDE CORP	418 shares, common stock	35,700	38,711	
PEPSICO INC	441 shares, common stock	76,612	67,058	
PROLOGIES IN	490 shares, common stock	46,220	51,793	
PUBLIC STORAGE	140 shares, common stock	39,302	41,922	
REPUBLIC SERVICES INC	171 shares, common stock	23,071	34,402	
REXFORD INDUSTRIAL REALTY INC	878 shares, common stock	41,267	33,943	
SBA COMMUNICATIONS CORP	160 shares, common stock	37,805	32,608	
S&P GLOBAL INC	100 shares, common stock	34,407	49,803	
SILA REALTY TRUST INC	900 shares, common stock	23,406	21,888	
SERVICENOW INC	76 shares, common stock	34,316	80,569	
SUN COMMUNITIES	267 shares, common stock	38,906	32,833	
TJX COS INC	448 shares, common stock	29,277	54,123	
UNION PACIFIC CORP	210 shares, common stock	38,563	47,889	
UNITEDHEALTH GROUP INC	94 shares, common stock	36,395	47,551	
VENTAS INC	900 shares, common stock	38,799	53,001	
VICI PROPERTIES	566 shares, common stock	17,945	16,533	
VISA INC CLASS A	224 shares, common stock	48,774	70,793	
WELLTOWER INC	327 shares, common stock	21,534	41,212	
WORKDAY INC	209 shares, common stock	48,663	53,928	
ZOETIS INC	334 shares, common stock	53,888	54,419	
		<u>950,936</u>	<u>1,197,992</u>	
Total Common Stock		<u>\$ 2,888,142</u>	<u>\$ 4,195,459</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, 2024
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	
	Face Value	Interest Rate	Due Date			
Corporate Bonds						
AT&T INC	\$ 30,000	4.300%	2/15/2030	\$ 28,013	\$ 29,068	
ALABAMA POWER CO	20,000	5.850%	11/15/2033	21,862	20,746	
AMGEN INC	20,000	1.650%	8/15/2028	18,364	17,878	
AMPHENOL CORP	20,000	2.800%	2/15/2030	18,584	18,102	
BANK OF AMERICA CORP VARIABLE	20,000	2.087%	6/14/2029	20,006	18,147	
BROADCOM INC	30,000	4.800%	10/15/2034	29,938	28,953	
CADENCE DESIGN SYSTEMS INC	20,000	4.950%	9/10/2029	19,972	19,603	
CISCO SYSTEMS INC	20,000	4.950%	2/26/2031	19,960	20,065	
DUKE ENERGY CAROLINAS	25,000	4.950%	1/15/2033	24,729	24,587	
DUKE ENERGY FLORIDA	20,000	5.875%	11/15/2033	21,335	20,824	
GOLDMAN SACHS GROUP INC VARIABLE	20,000	4.223%	5/1/2029	18,600	19,459	
IBM CORP	30,000	3.500%	5/15/2029	31,594	28,433	
JOHN DEERE CAPITAL CORP	20,000	4.400%	2/26/2031	19,942	19,390	
JPMORGAN CHASE CO VARIABLE	10,000	2.069%	6/1/2029	9,451	9,089	
MERCK & CO INC	30,000	3.900%	3/7/2039	26,472	25,420	
META PLATFORMS	10,000	4.550%	8/15/2031	9,995	9,837	
MORGAN STANLEY	20,000	2.475%	1/21/2028	20,007	19,058	
NSTAR ELECTRIC CO	10,000	5.400%	6/1/2034	10,559	10,052	
ORACLE CORP	30,000	4.700%	9/27/2034	29,912	28,441	
PFIZER INVT	30,000	4.750%	5/19/2033	29,235	29,056	
RAYTHEON TECHNOLOGIES	10,000	6.100%	3/15/2034	9,981	10,533	
UNION ELECTRIC	10,000	5.200%	4/1/2034	10,310	9,940	
US BANCORP	20,000	5.100%	7/23/2030	20,000	19,987	
UNITEDHEALTH GROUP INC	10,000	2.000%	8/9/1923	8,421	8,622	
UNITEDHEALTH GROUP INC	30,000	4.950%	1/15/2032	30,773	29,626	
WELLS FARGO & COMPANY	50,000	5.574%	7/25/2029	49,826	50,772	
Total Corporate Bonds				<u>\$ 557,841</u>	<u>\$ 545,688</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, 2024
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	
	Face Value	Interest Rate	Due Date			
US Treasury, Government and Agency Obligations						
FANNIE MAE POOL BW9776	\$ 36,658	3.000%	6/1/2048	\$ 31,761	\$ 31,305	
FANNIE MAE POOL CB3770	17,410	3.500%	6/1/2052	15,693	15,424	
FANNIE MAE POOL CS3897	17,345	3.500%	6/1/2053	15,451	15,345	
FANNIE MAE POOL FN FS59095	58,756	2.000%	8/1/2042	51,301	48,885	
FANNIE MAE POOL FN FS9453	59,581	4.500%	8/1/2053	57,074	56,138	
FANNIE MAE POOL FN MA5552 5	49,855	5.000%	12/1/2054	48,998	48,120	
FEDERAL FARM CREDIT BANK CALL	10,000	1.540%	11/30/2026	10,004	9,482	
FHLMC FR QJ9665	29,958	5.000%	11/1/2054	29,159	28,916	
FHLMC POOL #A87957	1,303	5.000%	8/1/2039	1,348	1,292	
FHLMC POOL #G08006 6%	937	6.000%	8/1/2034	970	968	
FHLMC POOL #G08706	9,638	3.500%	5/1/2046	10,177	8,658	
FHLMC POOL #SB8025	19,689	2.000%	11/1/2034	19,458	17,559	
FHLMC POOL #SD8372	45,425	5.500%	11/1/2053	45,141	44,871	
FHLMC POOL FR SD8245	77,615	4.500%	9/1/2052	75,687	73,124	
FNMA POOL #555531	864	5.500%	6/1/2033	870	871	
FNMA POOL #735036	3,153	5.500%	12/1/2034	3,130	3,177	
FNMA POOL #748613	651	5.500%	1/1/2034	662	653	
FNMA POOL #826305	595	5.000%	7/1/2035	591	590	
FNMA POOL #AD8529	5,065	4.500%	8/1/2040	5,159	4,852	
FNMA POOL #AI1915	954	4.000%	4/1/2026	994	948	
FNMA POOL #AO4136	5,607	3.500%	6/1/2042	5,891	5,107	
FNMA POOL #AO5472	3,090	3.500%	7/1/2042	3,090	2,640	
FNMA POOL #AS8056 3	15,831	3.000%	10/1/2046	16,391	13,715	
FNMA POOL #BJ1662 3	17,365	3.500%	12/1/2047	17,529	15,579	
FNMA POOL #CA0997	12,600	3.500%	1/1/2048	12,608	11,304	
FNMA POOL #MA2642	14,459	3.500%	6/1/2046	15,249	12,991	
				494,386	472,514	

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, 2024
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	
	Face Value	Interest Rate	Due Date			
US Treasury, Government and Agency Obligations (Continued)						
FNMA POOL #MA3650	\$ 6,170	3.500%	4/1/2029	\$ 6,373	\$ 6,066	
FNMA POOL #MA3680	13,487	3.500%	6/1/2029	13,852	13,212	
FNMA POOL CB3372	35,944	3.500%	4/1/2029	32,155	31,800	
FNMA POOL CB6031	50,721	5.000%	4/1/2053	50,727	51,069	
FNMA POOL MA5245 5	19,002	5.000%	1/1/2054	18,779	18,345	
FNMA POOL# MA3864 2	22,588	2.500%	11/1/2034	22,721	20,665	
FNMA POOL#MA4438 2	85,197	2.500%	10/1/2051	88,458	69,631	
FNMA UMBS CONVENTIONAL FANNIE	17,601	5.500%	8/1/2053	17,447	17,377	
FREDDIE MAC FR SD1189	39,227	5.000%	7/1/2052	39,398	37,981	
FREDDIE MAC POOL FR RJ2664	19,723	5.000%	10/1/2054	19,505	19,046	
FREDDIE MAC POOL FR SD1565	8,659	3.000%	7/1/2052	7,673	7,392	
FREDDIE MAC POOL SD2269 3	17,310	3.000%	1/1/2052	15,059	14,695	
GNMA POOL #618631	1,285	6.000%	8/15/2034	1,335	1,304	
UMBS CONVENTIONAL CONV 2 POOL	19,932	4.500%	10/1/2054	19,353	18,791	
U.S. TREASURY NOTES	265,000	1.750%	8/15/2041	188,499	171,805	
U.S. TREASURY NOTES	190,000	3.750%	5/31/2030	187,122	183,876	
U.S. TREASURY BONDS	10,000	2.000%	2/15/2050	9,761	5,817	
				<u>738,217</u>	<u>688,872</u>	
Total US Treasury, Government and Agency Obligations				<u>1,232,603</u>	<u>1,161,386</u>	
Total Investments				<u>\$ 4,710,736</u>	<u>\$ 5,934,683</u>	

See independent auditors' report

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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 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	<i>Lg</i>	07.23.2025	LISA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	1,044
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)	167
a(2) Total number of active participants at the end of the plan year	6a(2)	120
b Retired or separated participants receiving benefits	6b	13
c Other retired or separated participants entitled to future benefits	6c	861
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	994
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	994
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)	994
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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**Service Employees International Union
Local 2000 Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions**

**Year Ended December 31, 2024
EIN 36-2435849 Plan #001**

<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
<u>Series Transaction by Issue in Excess of 5%</u>						
	Goldman Financial Square Govt-A Fd	\$ 880,560	\$ -	\$ 880,560	\$ 880,560	\$ -
	Goldman Financial Square Govt-A Fd		997,706	997,706	997,706	-
	U.S. Treasury Notes 3.75% due 5/31/2030	518,646	-	518,646	518,646	-
	U.S. Treasury Notes 3.75% due 5/31/2030		382,678	380,460	382,678	2,218