

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL PENSION PLAN
2b Employer Identification Number (EIN): 34-6666717
2c Plan Sponsor's telephone number: 216-861-7655
2d Business code (see instructions): 561720

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include MAX GERBOC (10/08/2025) and DANIEL BOHANNON (10/13/2025).

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	1555
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)	493
	6a(2)	546
	6b	536
	6c	417
	6d	1499
	6e	99
	6f	1598
	6g(1)	
6g(2)		
6h		68
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	15

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

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

9a Plan funding arrangement (check all that apply)	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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL</u>	D Employer Identification Number (EIN) <u>34-6666717</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>15367309</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>16603316</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>15366394</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>15366394</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1) <u>0</u>
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>22522617</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>352165</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>1164897</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>1409897</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>RICHARD L. KUBIAK</u> Type or print name of actuary <u>CUNI, RUST & STRENK</u> Firm name <u>4555 LAKE FOREST DRIVE - SUITE 620</u> <u>CINCINNATI, OH 45242-3760</u> Address of the firm	<u>08/07/2025</u> Date <u>23-08540</u> Most recent enrollment number <u>513-891-0270</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	15367309
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	617	11211842
(2) For terminated vested participants	445	5316441
(3) For active participants:		
(a) Non-vested benefits		61726
(b) Vested benefits		5932608
(c) Total active	493	5994334
(4) Total	1555	22522617
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.23 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/01/2024	0					
12/31/2024	912009					
			Totals ▶	3(b)	912009	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	108.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	245000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	120659	12049

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	429770

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	8033831	1356322
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	116096
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e Total charges. Add lines 9a through 9d.....

9e	1902188
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	6570545
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g Employer contributions. Total from column (b) of line 3.....

9g	912009
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	2700208	607995

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	495779
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	7454361	
9j(2)	3946496	
9j(3)		0

k (1) Waived funding deficiency

9k(1)	0
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(2) Other credits

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	8586328
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	6684140
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

SCHEDULE C (Form 5500) <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 INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL	D Employer Identification Number (EIN) 34-6666717	

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)

DONALD J. LOWE ASSOCIATES, INC.

34-1464988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		75900	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)

ANDCO CONSULTING

59-3878225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51		50574	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)

CUNI, RUST AND STRENK

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		42625	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)

ALLOTTA FARLEY CO., LPA

34-1316963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		31116	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)

CIUNI & PANICHI, INC.

34-1322309

(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		20221	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)

US BANK NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		18086	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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 INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL	D Employer Identification Number (EIN) 34-6666717

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	212923	256246
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	114318	184746
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5337	519
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	934890	116460
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13395274	13985586
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	763004	1881696

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	15425746	16425253
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	33437	37222
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	25000	25150
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	58437	62372
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15367309	16362881

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)	912009	
(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)		912009
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)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	364881	
(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)	8627940	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8627808	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		132
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		1145369
c Other income	2c		4111
d Total income. Add all income amounts in column (b) and enter total.....	2d		2426502

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1103019	
(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)		1103019
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)	75900	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25150	
(5) Investment advisory and investment management fees	2i(5)	68660	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	42625	
(8) Legal fees	2i(8)	31116	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13	
(11) Other expenses.....	2i(11)	84447	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		327911
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1430930

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		995572
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: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

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		500000
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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559250.

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 <u>SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL</u>	D Employer Identification Number (EIN) <u>34-6666717</u>	

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): 34-6666717

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

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

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **AMERICAN BUILDING MAINTENANCE**

b EIN **20-5846503** **c** Dollar amount contributed by employer **451419**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

a Name of contributing employer **HHS EDUCATION SERVICES**

b EIN **82-5298220** **c** Dollar amount contributed by employer **124563**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

a Name of contributing employer **PLATINUM CLEANING**

b EIN **26-3145184** **c** Dollar amount contributed by employer **96178**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

a Name of contributing employer **INNER-SPACE CLEANING CORPORATION**

b EIN **34-1659764** **c** Dollar amount contributed by employer **50425**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

a Name of contributing employer **LAKESIDE BUILDING SERVICES**

b EIN **c** Dollar amount contributed by employer **44600**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

a Name of contributing employer **GDI SERVICES, INC.**

b EIN **c** Dollar amount contributed by employer **33372**

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 **04** Day **30** Year **2025**

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

(1) Contribution rate (in dollars and cents) **1.07**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer CSI INTERNATIONAL, INC.

b EIN _____ **c** Dollar amount contributed by employer 29208

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 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 1.07

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

a Name of contributing employer INNOVATIVE CLEANING SERVICES, LTD

b EIN _____ **c** Dollar amount contributed by employer 26722

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 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 1.07

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

a Name of contributing employer ST. MORITZ BUILDING SERVICES

b EIN _____ **c** Dollar amount contributed by employer 16396

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 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 1.07

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

a Name of contributing employer RRCM

b EIN _____ **c** Dollar amount contributed by employer 14450

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 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 1.07

(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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	0
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	0
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	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	98.15
b The corresponding number for the second preceding plan year	15b	96.07

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: 63.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 29.6 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: 7.4 %

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 _____.

Where Relationships Count.

Independent Auditor's Report

Board of Trustees
Service Employees International Union Local 1
Cleveland Pension Plan

Opinion

We have audited the financial statements of Service Employees International Union Local 1 Cleveland Pension Plan (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 and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the Plan's net assets available for benefits and accumulated plan benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its accumulated plan 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Board of Trustees
Service Employees International Union Local 1
Cleveland Pension Plan

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.

Auditor's 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 auditor's 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.

Board of Trustees
Service Employees International Union Local 1
Cleveland Pension Plan

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 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Cimini & Panichi, Inc.

Cleveland, Ohio
October 9, 2025

Service Employees International Union Local 1 Cleveland Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>Assets</u>	
	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Registered investment companies	\$ 13,985,586	\$ 13,395,274
Short-term investments	116,943	934,890
Building investment trust	476,279	474,474
Real estate master trust	1,133,562	-
Limited partnership	271,372	288,530
Total investments, at fair value	<u>15,983,742</u>	<u>15,093,168</u>
Receivables:		
Participating employers' contributions	184,746	114,318
Accrued interest and dividends	419	3,940
Due from related plan	5,220	1,397
Total receivables	<u>190,385</u>	<u>119,655</u>
Cash	<u>256,246</u>	<u>212,923</u>
Total assets	<u>16,430,373</u>	<u>15,425,746</u>
	<u>Liabilities</u>	
Accounts payable	37,222	33,437
Accrued expenses	25,150	25,000
Total liabilities	<u>62,372</u>	<u>58,437</u>
Net assets available for benefits	<u>\$ 16,368,001</u>	<u>\$ 15,367,309</u>

The accompanying notes are an integral part of these financial statements

Service Employees International Union Local 1 Cleveland Pension Plan

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31, 2024 and 2023

	2024	2023
Investment income:		
Interest and dividends	\$ 364,881	\$ 347,462
Net appreciation in fair value of investments	1,145,501	1,175,514
	1,510,382	1,522,976
Less: investment expenses	(68,660)	(47,091)
Net investment income	1,441,722	1,475,885
Participating employers' contributions	917,129	817,547
Other	4,111	-
Total additions	2,362,962	2,293,432
Deductions:		
Benefits paid to participants and beneficiaries	1,103,019	1,122,902
General and administrative expenses	259,251	247,402
Total deductions	1,362,270	1,370,304
Net increase	1,000,692	923,128
Net assets available for benefits:		
Beginning of year	15,367,309	14,444,181
End of year	\$ 16,368,001	\$ 15,367,309

The accompanying notes are an integral part of these financial statements

Service Employees International Union Local 1 Cleveland Pension Plan

Statements of Accumulated Plan Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 9,807,934	\$ 9,605,538
Other participants	<u>7,778,333</u>	<u>8,226,017</u>
Total vested benefits	17,586,267	17,831,555
Nonvested benefits	<u>153,573</u>	<u>146,544</u>
Total actuarial present value of accumulated plan benefits	\$ <u><u>17,739,840</u></u>	\$ <u><u>17,978,099</u></u>

The accompanying notes are an integral part of these financial statements

Service Employees International Union Local 1 Cleveland Pension Plan

Statements of Changes in Accumulated Plan Benefits

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 17,978,099	\$ 18,344,383
Increase (decrease) during the year attributable to:		
Benefits accumulated	(6,906)	(132,871)
Interest	871,666	889,489
Benefits paid	<u>(1,103,019)</u>	<u>(1,122,902)</u>
Net decrease	<u>(238,259)</u>	<u>(366,284)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>17,739,840</u></u>	\$ <u><u>17,978,099</u></u>

The accompanying notes are an integral part of these financial statements

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan

The following description of the Service Employees International Union Local 1 Cleveland Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multi-employer, collectively bargained, defined benefit pension plan providing retirement, disability, and death benefits to all eligible employees. The Plan covers individuals represented by Service Employees International Union Local 1 Cleveland (the “Union”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Generally, employees are eligible to participate in the Plan if they work for an employer that has been accepted as a contributing employer, are covered by a collective bargaining agreement (CBA), and is an employee of the Union. Employees will become a participant in the Plan on the first day of the month following the date on which he/she completes 436 hours worked in employment covered by a Union CBA, provided he/she is still a covered employee on the entry date. A participant is fully vested after one year of service for each Plan Year in which 436 hours are worked, with no partial service for hours worked less than 436.

The Plan is administered by a third-party administrator. The Plan’s Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees, with assistance from professional advisors, determine the appropriateness of the Plan’s investments and monitor investment performance.

Funding Policy

Contributions are made under provisions of various collective bargaining agreements with employers in the commercial cleaning industry. The contribution rates for each hour of compensation vary. The contributions are designed to fund the Plan’s current service cost on a current basis and to fund the past service liabilities arising from qualifying service. The funding is dependent in part upon the level of employment in the commercial cleaning industry. The Board of Trustees of the Plan elected funding relief under the Pension Relief Act of 2010, which extends the amortization period for investment losses incurred during 2008 from 15 years to 29 years.

Pension Benefits

Normal retirement benefits are provided monthly for the life of participants retiring at 65 and have at least five years of credited service. The monthly benefit to which a participant is entitled is generally equal to the participant’s years of credited service at the time of retirement multiplied by amounts, as defined in the Plan, depending on the participant group type and year. The amounts range from \$3.75 to \$16.25. The Plan also offers early retirement benefits. In order to be eligible for early retirement benefits, a participant needs to be at least 60 years of age but under 65 years of age and has been credited with five or more years of service in the covered employment. The benefit the participant is entitled is the participant’s normal retirement benefit reduced by one-half of 1% for each complete calendar year that the participant is younger than age 65 on the commencement date of the participant’s early retirement benefit.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of Plan (continued)

Death and Disability Benefits

If a married participant with at least five years of credited service dies prior to attaining age 65, a Qualified Pre-Retirement Survivor Annuity equal to half the amount that was due to the participant under a Qualified Joint and Survivor Annuity is payable to the surviving spouse. For participants that are not married, a survivor benefit may be payable, depending on the date of death. If a participant died between December 31, 2001 and April 27, 2004, the beneficiary, upon the participant's death, was entitled to receive a survivor benefit under the Ten Years Certain and Life Annuity Option. If a participant died on or after April 28, 2004, no survivor benefit will be paid upon the participant's death.

Disability benefits are provided when a participant has been deemed to be totally and permanently disabled. A participant is deemed to be totally and permanently disabled if the participant is suffering from a physical or mental condition which can be expected to last for the remainder of the participant's life and renders the participant incapable of engaging in any occupation or employment for remuneration or profit. In addition, the participant must have at least 10 years of service, the participant had accrued at least one year of service out of the two preceding Plan years and must have elected and applied for a Disability Retirement Benefit on a form prescribed by the Board of Trustees, and the Trustees must have approved the application.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board (FASB) which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the dates of the financial statements, and changes therein. Actual results could differ from those estimates.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisors and custodian. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' Contributions and Receivable

Contributions to the Fund are determined through collective bargaining. However, they are subject to minimum funding requirements under Section 412 of the Internal Revenue Code (IRC) by using the entry age normal actuarial cost method and actuarial assumptions, which, in aggregate, are reasonable and reflect the best estimate of the Fund's actuary. To the extent that negotiated rates do not meet the requirements of the IRC, contributions or benefit levels are revised so that requirements are met.

Employer contributions pertaining to employee hours worked during the year are recorded as revenue. Contributions due from employers at year-end represent amounts received subsequent to year-end for hours worked prior to year-end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate a recognition of revenue amounts due but erroneously unreported by employers.

Cash

The Plan maintains its cash accounts at a national financial institution. The balance, at times, may exceed federally insured limits.

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded upon distribution.

Expenses

The Plan's expenses are paid by the Plan as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

Note 3: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are accumulated based on participants' credited service. The accumulated plan benefits for active participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to participant service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 were as follows:

- Mortality: Pri-2012 Mortality Table with Blue Collar adjustment and generational projection using Scale MP-2021 (2024 and 2023)
- Interest: 6.5% (2024 and 2023)
- Expense load: \$260,000 (2024) and \$245,000 (2023)
- Retirement age: 100% retirement upon attainment of age 65 and older. Members under 65 are assumed to retire based on graduated rates with monthly benefit reduced ½ of 1% for each month that early retirement precedes age 65.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 4: Plan Termination

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved by the Board of Trustees subject to the provisions of ERISA and terms of the CBA. During termination, the Plan's assets should not be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

Note 5: Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) 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 assets or liabilities in active markets that the Plan has the ability to access.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Fair Value Measurements (continued)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

Registered investment companies: Valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Short-term investments: Valued at cost plus accrued interest, which approximates fair value.

Limited partnerships / Real estate master trust / Building investment trust: Valued at the NAV of units of the fund. The NAV, as provided by the investment's manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption, the issuer reserves the right to temporarily delay withdrawal in order to ensure that securities liquidations will be carried out in an orderly manner.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 13,985,586	\$ -	\$ -	\$ 13,985,586
Short-term investments	116,943	-	-	116,943
	\$ 14,102,529	\$ -	\$ -	14,102,529
			Investments measured at NAV*	1,881,213
			Total Investments	\$ 15,983,742

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 13,395,274	\$ -	\$ -	\$ 13,395,274
Short-term investments	934,890	-	-	934,890
	\$ 14,330,164	\$ -	\$ -	14,330,164
			Investments measured at NAV*	763,004
			Total Investments	\$ 15,093,168

* In accordance with the "Fair Value Measurement" topic of the FASB ASC, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using net asset value per share as a practical expedient as of December 31, 2024 and 2023, respectively:

Investment	Fair Value 2024	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Building investment trust	\$ 476,279	none	quarterly**	n/a
The Boyd Watterson GSA Fund, LP (a)	\$ 271,372	none	quarterly	60 days
Real Estate Master Trust (b)	\$ 1,133,562	none	none	none

Investment	Fair Value 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Building investment trust	\$ 474,474	none	quarterly**	n/a
The Boyd Watterson GSA Fund, LP (a)	\$ 288,530	none	quarterly	60 days

** In May 2023, all redemptions were restricted pending the implementation of a three-phase strategy to evaluate and reposition the Trust's real estate portfolio in light of the current economic, interest rate and liquidity challenges, consistent with the goals and purpose of the Trust. Great Gray cannot predict the duration of this restriction on redemptions.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Fair Value Measurements (continued)

Investment objectives for investments measured at NAV as a practical expedient that do not file a Form 5500 as a direct filing entity:

- (a) The Boyd Watterson GSA Fund, LP's objective is to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.
- (b) The Mortgage Income Fund of the Washington Capital Joint Master Trust's objective is to originate permanent mortgage and mortgage construction loans usually secured by first deeds of trust within the jurisdiction of sponsoring plans which are expected to produce a consistent level of interest income.

Note 6: Employer Contributions

Employer contributions for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
1100 Superior of Cleveland	\$ -	\$ 171
1111 Superior, LLC	10,878	6,170
1215 Superior LLC	346	-
ABM Industries	451,419	416,030
Colliers	2,697	1,681
CSI International, Inc.	29,208	29,653
GDI Services, Inc.	33,372	20,341
HHS Education Services	124,563	119,705
Inner Space	50,425	42,448
Innovative Cleaning	26,722	50,347
Kook's Enterprise, LLC	733	1,257
Lakeside Building Services	44,600	34,766
Local 1 Welfare Plan	3,823	1,397
Messina Floor Maintenance	7,395	6,226
Paul J Downey CBA IMG Center	3,924	4,211
Platinum Cleaning	96,178	78,478
RRCM	14,450	154
St. Moritz Bldg Services Inc.	16,396	4,512
	917,129	817,547
Late payment penalties, interest, and settlements	4,111	-
	\$ 921,240	\$ 817,547

ABM Industries Inc. is a significant contributor to the plan. During the year ended December 31, 2024 and 2023, the participating employer contributions from ABM accounted for 49% and 51% of total participating employer contribution revenue recorded by the Plan respectively and the participating employers' contributions receivable at December 31, 2024 and 2023, from ABM accounted for 45% and 33% of the total participating employers' contributions receivable to the Plan, respectively.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 7: Party in Interest Transactions

Certain Plan investments are shares of a money market fund managed by U.S. Bank National Association (“U.S. Bank”). U.S. Bank is the custodian, as defined by the Plan; therefore, these transactions qualify as party in interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 8: General and Administrative Expenses

General and administrative expenses for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Administration fees	\$ 75,900	\$ 73,690
Legal fees	31,116	18,116
Payroll review fees	4,929	3,300
Actuary fees	42,625	38,900
Audit fees	20,221	28,479
Fidelity bond and trustees’ liability insurance	14,820	17,703
Plan termination insurance – PBGC	57,535	55,615
Printing and postage	3,458	4,739
Miscellaneous, net	8,647	6,860
Total administrative expenses	\$ 259,251	\$ 247,402

Note 9: Tax Status

The Plan obtained its latest determination letter on August 21, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Board of Trustees believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management 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 IRS. The Plan is subject to routine audits by the IRS; however, there are currently no audits for any tax periods in progress.

Service Employees International Union Local 1 Cleveland Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 10: Risks and Uncertainties

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

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

Note 11: Plan Status

As of January 1, 2025, the Plan's actuary certified the Plan as neither critical nor endangered (Green Zone).

**Service Employees International Union Local 1
Cleveland Pension Plan**

**Supplemental Schedule II
Schedule H, Line 4j – Schedule of Reportable Transactions**

EIN: 34-6666717, Plan No. 001

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of Plan assets:</u>								
	First American Treasury Obligations Fund Class Y							
US BANK	82 Purchases	\$ 7,809,378	\$ -	\$ -	\$ -	\$ 7,809,378	\$ 7,809,378	\$ -
	67 Sales	\$ -	\$ 8,627,808	\$ -	\$ -	\$ 8,627,808	\$ 8,627,808	\$ -
	Fidelity Total Market Index Fund							
US BANK	11 Purchases	\$ 8,428,816	\$ -	\$ -	\$ -	\$ 8,428,816	\$ 8,428,816	\$ -
	1 Sale	\$ -	\$ 300,000	\$ -	\$ -	\$ 280,906	\$ 300,000	\$ 19,094
	Baird Core Plus Bond Fund Institutional Class							
US BANK	13 Purchases	\$ 2,407,240	\$ -	\$ -	\$ -	\$ 2,407,240	\$ 2,407,240	\$ -
	6 Sales	\$ -	\$ 3,905,804	\$ -	\$ -	\$ 4,435,003	\$ 3,905,804	\$ (529,199)
	Fidelity Total Bond K6							
US BANK	8 Purchases	\$ 2,331,989	\$ -	\$ -	\$ -	\$ 2,331,989	\$ 2,331,989	\$ -
	0 Sales	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Baird International Bond Fund Institutional Class							
US BANK	8 Purchases	\$ 2,241,116	\$ -	\$ -	\$ -	\$ 2,241,116	\$ 2,241,116	\$ -
	2 Sales	\$ -	\$ 2,299,057	\$ -	\$ -	\$ 2,241,116	\$ 2,299,057	\$ 57,941
	Fidelity Intermediate Bond Fund #32							
US BANK	10 Purchases	\$ 2,237,200	\$ -	\$ -	\$ -	\$ 2,237,200	\$ 2,237,200	\$ -
	2 Sales	\$ -	\$ 2,302,285	\$ -	\$ -	\$ 2,237,200	\$ 2,302,285	\$ 65,085
	MacQuarie Small Cap Core Fund R6							
US BANK	0 Purchases	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	4 Sales	\$ -	\$ 1,602,660	\$ -	\$ -	\$ 1,226,546	\$ 1,602,660	\$ 376,114

**Service Employees International Union Local 1
Cleveland Pension Plan**

**Supplemental Schedule II
Schedule H, Line 4j – Schedule of Reportable Transactions**

EIN: 34-6666717, Plan No. 001

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of Plan assets:</u>								
	Vanguard Mid Cap Index Admiral							
US BANK	1 Purchases	\$ 9,963	\$ -	\$ -	\$ -	\$ 9,963	\$ 9,963	\$ -
	4 Sales	\$ -	\$ 2,503,013	\$ -	\$ -	\$ 1,416,241	\$ 2,503,013	\$ 1,086,772
	Vanguard 500 Index Admiral							
US BANK	2 Purchases	\$ 23,634	\$ -	\$ -	\$ -	\$ 23,634	\$ 23,634	\$ -
	5 Sales	\$ -	\$ 3,625,968	\$ -	\$ -	\$ 1,563,085	\$ 3,625,968	\$ 2,062,883
	Metropolitan West Low Duration Bond Fund Class I							
US BANK	7 Purchases	\$ 17,548	\$ -	\$ -	\$ -	\$ 17,548	\$ 17,548	\$ -
	3 Sales	\$ -	\$ 817,841	\$ -	\$ -	\$ 865,054	\$ 817,841	\$ (47,213)
<u>Single transaction within the plan year in excess of 5% of the current value of plan assets:</u>								
US BANK	First American Treasury Obligations Fund Class Y	\$ 1,198,925	\$ -	\$ -	\$ -	\$ 1,198,925	\$ 1,198,925	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ 1,100,003	\$ -	\$ -	\$ -	\$ 1,100,003	\$ 1,100,003	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ 999,057	\$ -	\$ -	\$ -	\$ 999,057	\$ 999,057	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ 1,099,854	\$ -	\$ -	\$ -	\$ 1,099,854	\$ 1,099,854	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ 1,202,285	\$ -	\$ -	\$ -	\$ 1,202,285	\$ 1,202,285	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,100,000	\$ -	\$ -	\$ -	\$ 1,100,000	\$ 1,100,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Market Index Fund	\$ 1,200,000	\$ -	\$ -	\$ -	\$ 1,200,000	\$ 1,200,000	\$ -
US BANK	Baird Core Plus Bond Fund Institutional Class	\$ 1,100,000	\$ -	\$ -	\$ -	\$ 1,100,000	\$ 1,100,000	\$ -
US BANK	Baird Core Plus Bond Fund Institutional Class	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Fidelity Total Bond K6 Fund	\$ 1,100,000	\$ -	\$ -	\$ -	\$ 1,100,000	\$ 1,100,000	\$ -
US BANK	Fidelity Total Bond K6 Fund	\$ 1,000,000	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -

**Service Employees International Union Local 1
Cleveland Pension Plan**

**Supplemental Schedule II
Schedule H, Line 4j – Schedule of Reportable Transactions**

EIN: 34-6666717, Plan No. 001

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single transaction within the plan year in excess of 5% of the current value of plan assets:</u>								
WASHINGTON CAPITAL	Washing Capital JMT Mortgage Income Fund	\$ 1,100,000	\$ -	\$ -	\$ -	\$ 1,100,000	\$ 1,100,000	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 1,098,925	\$ -	\$ -	\$ 1,098,925	\$ 1,098,925	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 800,000	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 1,100,000	\$ -	\$ -	\$ 1,100,000	\$ 1,100,000	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 1,300,104	\$ -	\$ -	\$ 1,300,104	\$ 1,300,104	\$ -
US BANK	First American Treasury Obligations Fund Class Y	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
US BANK	Dodge Cox International Stock Fund	\$ -	\$ 830,806	\$ -	\$ -	\$ 727,930	\$ 830,806	\$ 102,876
US BANK	Baird Core Plus Bond Fund Institutional Class	\$ -	\$ 1,200,000	\$ -	\$ -	\$ 1,365,595	\$ 1,200,000	\$ (165,595)
US BANK	Baird Core Plus Bond Fund Institutional Class	\$ -	\$ 1,500,000	\$ -	\$ -	\$ 1,700,213	\$ 1,500,000	\$ (200,213)
US BANK	Baird Core Plus Bond Fund Institutional Class	\$ -	\$ 752,991	\$ -	\$ -	\$ 854,345	\$ 752,991	\$ (101,354)
US BANK	Baird International Bond Fund Institutional Class	\$ -	\$ 1,100,000	\$ -	\$ -	\$ 1,074,401	\$ 1,100,000	\$ 25,599
US BANK	Baird International Bond Fund Institutional Class	\$ -	\$ 1,199,057	\$ -	\$ -	\$ 1,166,716	\$ 1,199,057	\$ 32,341
US BANK	Fidelity Intermediate Bond Fund #32	\$ -	\$ 1,100,000	\$ -	\$ -	\$ 1,068,904	\$ 1,100,000	\$ 31,096
US BANK	Fidelity Intermediate Bond Fund #32	\$ -	\$ 1,202,285	\$ -	\$ -	\$ 1,168,297	\$ 1,202,285	\$ 33,988
US BANK	Metropolitan West Low Duration Bond Fund Class I	\$ -	\$ 815,335	\$ -	\$ -	\$ 862,557	\$ 815,335	\$ (47,222)
US BANK	MacQuarie Small Cap Core Fund	\$ -	\$ 1,003,991	\$ -	\$ -	\$ 770,222	\$ 1,003,991	\$ 233,769
US BANK	Vanguard Mid Cap Index Adm	\$ -	\$ 880,000	\$ -	\$ -	\$ 497,504	\$ 880,000	\$ 382,496
US BANK	Vanguard Mid Cap Index Adm	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 565,930	\$ 1,000,000	\$ 434,070
US BANK	Vanguard 500 Index Admiral	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 433,676	\$ 1,000,000	\$ 566,324
US BANK	Vanguard 500 Index Admiral	\$ -	\$ 1,000,000	\$ -	\$ -	\$ 431,005	\$ 1,000,000	\$ 568,995
US BANK	Vanguard 500 Index Admiral	\$ -	\$ 1,217,356	\$ -	\$ -	\$ 522,016	\$ 1,217,356	\$ 695,340

**Service Employees International Union Local 1
Cleveland Pension Plan**

**Supplemental Schedule I
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

EIN: 34-6666717, Plan No. 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
	AMERICAN EURO PAC GROWTH FD CL R6	Registered investment companies	\$ 155,862	\$ 165,902
	BAIRD CORE PLUS BOND FUND INSTITUTIONAL	Registered investment companies	2,334,683	2,239,181
	FIDELITY INTL	Registered investment companies	174,857	169,761
	FIDELITY TOTAL BOND K6	Registered investment companies	2,331,989	2,230,760
	FIDELITY TOTAL MARKET	Registered investment companies	8,147,911	8,758,414
	JANUS HENDERSON OVERSEAS	Registered investment companies	172,922	164,025
	MFS INTERNATIONAL	Registered investment companies	172,426	167,814
	T ROWE PRICE INTERNATIONAL	Registered investment companies	93,750	89,729
	Total registered investment companies		13,584,400	13,985,586
*	FIRST AMERICAN TREASURY OBLIG CL Y	Short-term investments	116,460	116,460
	INVESCO STIT GOV & AGENCY	Short-term investments	483	483
			116,943	116,943
	AFL-CIO BUILDING INVESTMENT TRUST	Building investment trust	581,354	476,279
	BOYD WATTERSON GSA FUND, LP	Limited Partnership	300,000	271,372
	WASHINGTON CAPITAL JOINT MASTER TRUST MORTGAGE INCOME FUND	Real Estate Master Trust	1,100,000	1,133,562
	Total investments		\$ 15,682,697	\$ 15,983,742

*Indicates a party-in-interest

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Service Employees International Union Local 1 Cleveland Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of SEIU Pension Plan	D Employer Identification Number (EIN) 34-6666717	

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	15,367,309
(2) Actuarial value of assets for funding standard account	1b(2)	16,603,316

c (1) Accrued liability for plan using immediate gain methods

(1) Accrued liability for plan using immediate gain methods	1c(1)	15,366,394
---	--------------	------------

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
---	-----------------	--

(b) Accrued liability under entry age normal method	1c(2)(b)	
---	-----------------	--

(c) Normal cost under entry age normal method	1c(2)(c)	
---	-----------------	--

(3) Accrued liability under unit credit cost method	1c(3)	15,366,394
---	--------------	------------

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
--	--------------	---

(2) "RPA '94" information:

(a) Current liability	1d(2)(a)	22,522,617
-----------------------------	-----------------	------------

(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	352,165
--	-----------------	---------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,164,897
---	-----------------	-----------

(3) Expected plan disbursements for the plan year	1d(3)	1,409,897
---	--------------	-----------

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Richard L. Kubiak

Signature of actuary

Richard L. Kubiak

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4555 Lake Forest Drive - Suite 620

US Cincinnati

OH 45242-3760

Address of the firm

08/07/2025

Date

23-08540

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

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

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	15,367,309
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	617	11,211,842
(2) For terminated vested participants	445	5,316,441
(3) For active participants:		
(a) Non-vested benefits		61,726
(b) Vested benefits		5,932,608
(c) Total active	493	5,994,334
(4) Total	1,555	22,522,617
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.23 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/01/2024	0					
12/31/2024	912,009					
Totals ▶			3(b)	912,009	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a	Interest rate for "RPA '94" current liability	6a	3.29	%
b	Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c	Mortality table code for validation purposes:			
	(1) Males	6c(1)	9P	9P
	(2) Females	6c(2)	9FP	9FP
d	Valuation liability interest rate	6d	6.50	%
e	Salary scale	6e	%	<input checked="" type="checkbox"/> N/A
f	Withdrawal liability interest rate:			
	(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
	(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		
g	Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.3	%
h	Estimated investment return on current value of assets for year ending on the valuation date	6h	10.4	%
i	Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A	
	(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
	(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	245,000	
	(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	120,659	12,049

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	429,770

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	8,033,831	1,356,322
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	116,096
e Total changes. Add lines 9a through 9d		9e	1,902,188
Credits to funding standard account:			
f Prior year credit balance, if any		9f	6,570,545
g Employer contributions. Total from column (b) of line 3		9g	912,009
		Outstanding balance	
h Amortization credits as of valuation date	9h	2,700,208	607,995
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	495,779
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	7,454,361	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	3,946,496	
(3) FFL credit		9j(3)	0
k (1) Waived funding deficiency		9k(1)	0
(2) Other credits		9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	8,586,328
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	6,684,140
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
(3) Total as of valuation date		9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)		10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Attained Age	Years of Credited Service														
	Under 1			1 to 4			5 to 9			10 to 14			15 to 19		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	17			15			1			0			0		
25 to 29	12			11			5			1			0		
30 to 34	5			19			8			4			0		
35 to 39	2			15			10			4			2		
40 to 44	5			28			4			6			4		
45 to 49	8			18			14			8			3		
50 to 54	3			9			12			9			5		
55 to 59	6			23			9			7			12		
60 to 64	7			20			11			12			12		
65 to 69	0			10			5			9			11		
70 & up	1			7			2			4			4		

Attained Age	Years of Credited Service														
	20 to 24			25 to 29			30 to 34			35 to 39			40 & up		
	No.	Average		No.	Average		No.	Average		No.	Average		No.	Average	
Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	Comp.		Accrued Mon. Ben.	
Under 25	0			0			0			0			0		
25 to 29	0			0			0			0			0		
30 to 34	0			0			0			0			0		
35 to 39	0			0			0			0			0		
40 to 44	2			0			0			0			0		
45 to 49	4			0			0			0			0		
50 to 54	3			0			0			0			0		
55 to 59	6			7			5			0			0		
60 to 64	7			7			0			3			0		
65 to 69	7			1			0			0			0		
70 & up	1			1			0			0			0		

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

1. Interest Rates:

- a. Funding/Current Liability 6.50%/3.29%.
- b. Withdrawal Liability 5.45%/5.22%.

2. Mortality Rates:

- a. Funding/Withdrawal Liability
 - i. Non-Disabled Blue Collar adjusted Pri-2012.
 - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
 - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
 - iv. Disabled Pri-2012 Disabled Retiree.
 - v. Weighting Amount-weighted.
 - vi. Future Improvement Projected generationally using Scale MP-2021.
- b. Current Liability 2024 Static Mortality Table (IRS Notice 2023-73).

3. Actuarial Cost Method: Unit Credit.

4. Hours Worked: 1,630 per year.

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

5. Retirement Rates:

		Terminated
	<u>Age</u>	<u>Vested</u>
	60-61	0.05
	62	0.10
	63	0.05
	64	0.20
	65	0.20
	66	0.20
	67-68	0.20
	69	0.30
	70	1.00

The weighted average retirement age is 67.2.

6. Termination Rates:

1st – 3rd year: 0.35; 4th – 5th year: 0.3; 6th year and later:

<u>Age</u>	<u>Rate</u>
25	0.2492
35	0.2077
45	0.1396
55	0.0496
65	0.0000

7. Disability Rates:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.000380	0.000470
35	0.000825	0.001455
45	0.002375	0.003720
55	0.007220	0.009520
65	0.000000	0.000000

8. Payment Form Election:

<u>Payment Forms</u>	<u>% Electing</u>
Life Annuity	63%
50% J&S	7%
75% J&S	2%
100% J&S	13%
10-Year C&L	15%

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

9. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.
10. Expense Load: \$245,000 increasing 2.5% per year.
11. Actuarial Value of Assets: Market Value of Assets less $\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$, and $\frac{1}{5}$ of the prior 4 years' gains/(losses). A year's gain/(loss) equals actual less expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.
12. Changes Since Last Year: The withdrawal liability interest rate was updated, and the Current Liability mortality and interest rate were changed as mandated by the IRS.

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Rationale for Selection of Significant Actuarial Assumptions

1. Funding Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

2. Withdrawal Liability Interest Rate: ERISA 4044 select and ultimate interest rates as prescribed by the proposed PBGC withdrawal liability regulations.

3. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021.

4. Payment Form Election: Based on the Plan's most recent experience study.

5. Disability Rates: Based on the Plan's most recent experience study.

6. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.

7. Retirement/Termination Rates: Based on the Plan's most recent experience study.

8. Expense Load: Based on prior year administrative expenses.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

1. Effective Date: May 1, 1971.

2. Plan Year: January 1st through December 31st.

3. Eligibility/Covered Employees: 1st of the month following 436 hours worked in employment covered by the Local 1 Collective Bargaining Agreement.

4. Vesting Service: 1 Year of Service for each Plan Year in which 436 hours are worked, with no partial service for hours worked less than 436.

5. Credited Service:

<u>Hours Worked</u>	<u>Years of Service</u>
Less than 52	0
52 – 155	$\frac{1}{12}$
156 – 259	$\frac{1}{6}$
260 – 363	$\frac{1}{4}$
364 – 467	$\frac{1}{3}$
468 – 571	$\frac{5}{12}$
572 – 675	$\frac{1}{2}$
676 – 779	$\frac{7}{12}$
780 – 883	$\frac{2}{3}$
884 – 987	$\frac{3}{4}$
988 – 1,091	$\frac{5}{6}$
1,092 – 1,195	$\frac{11}{12}$
1,196 or more	1

6. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of Plan participation.

 - b. Monthly Benefit \$10.00 per Year of Service after December 31, 1977;
\$16.25 per Year of Service after December 31, 1989
for Race Guards/Ushers.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

7. Early Retirement:
- a. Eligibility Age 60 and 5 Years of Service.
 - b. Monthly Benefit Calculated as for Normal Retirement, with monthly benefit reduced $\frac{1}{2}$ of 1% for each month that Early Retirement precedes age 65.
8. Vested Retirement:
- a. Eligibility 5 Years of Service.
 - b. Monthly Benefit Calculated as for Normal or Early Retirement.
9. Pre-Retirement Death:
- a. Eligibility 5 Years of Service.
 - b. Monthly Benefit For married vested participants, calculated as for an age 60 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.
10. Disability Retirement:
- a. Eligibility Total & Permanent Disability and 10 Years of Service.
 - b. Monthly Benefit Calculated as for Normal Retirement, payable immediately with no reduction for early commencement.
11. Employer Contributions:
- Rates vary by employer and location; main rate is \$1.07 per hour; other rates include – \$0.50, \$0.65, \$0.70, \$0.97, \$1.05, \$1.07, \$1.10 and \$2.35 per hour.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

12. Actuarial Equivalency: 1983 Group Mortality Table (50% male, 50% female) at 7.50%.
13. Payment Forms:
- a. Normal Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants.
- b. Optional Actuarially Equivalent 50%, 75% (QOSA), or 100% Joint & Survivor Annuity (spouse and non-spouse) or a 10-Year Certain & Life Annuity.
14. Changes Since Last Year: The employer contribution rates were updated.

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Charge Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1996	Assumption	\$ 1,632,130	2	\$ 126,332	\$ 244,953
01/01/1997	Assumption	256,209	3	19,752	55,711
01/01/1997	Amendment	748,833	3	57,724	162,815
01/01/1998	Assumption	277,107	4	21,275	77,619
01/01/1998	Amendment	581,891	4	44,677	163,000
01/01/1999	Amend	2,260	5	173	768
01/01/2000	Amendment	296,874	6	22,620	116,626
01/01/2000	Assumption	1,101,164	6	83,900	432,564
01/01/2009	Asset Loss	1,782,202	14	133,500	1,281,571
01/01/2010	Asset Loss	352,050	14	26,650	255,837
01/01/2010	Assumption	688,882	1	71,643	71,643
01/01/2011	Assumption	24,378	2	2,525	4,898
01/01/2011	Asset Loss	916,867	14	70,210	673,994
01/01/2012	Assumption	171,106	3	17,647	49,778
01/01/2012	Asset Loss	317,958	14	24,654	236,670
01/01/2012	Experience	815,538	3	84,115	237,254
01/01/2013	Assumption	145,209	4	14,917	54,422
01/01/2014	Assumption	24,099	5	2,465	10,913
01/01/2015	Assumption	12,157	6	1,240	6,390
01/01/2015	Experience	210,572	6	21,466	110,674
01/01/2016	Assumption	14,758	7	1,499	8,756
01/01/2016	Experience	481,508	7	48,906	285,656
01/01/2017	Assumption	373,534	8	37,803	245,140
01/01/2017	Experience	784,571	8	79,402	514,882
01/01/2018	Experience	1,010,020	9	101,863	722,081
01/01/2019	Assumption	259,724	10	26,105	199,863
01/01/2019	Experience	579,136	10	58,210	445,660
01/01/2020	Experience	36,199	11	3,626	29,694
01/01/2021	Assumption	1,346,250	12	134,439	1,168,145
01/01/2022	Assumption	49,416	13	4,935	45,195
01/01/2024	Experience	120,659	15	12,049	120,659
	Total Charges			\$ 1,356,322	\$ 8,033,831

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1996	Amendment	\$ 41,669	2	\$ 3,225	\$ 6,254
01/01/2001	Assumption	2,063,228	7	156,625	914,850
01/01/2007	Assumption	207,302	13	15,425	141,267
01/01/2010	Experience	1,077,664	1	112,075	112,075
01/01/2011	Experience	1,713,815	2	177,487	344,142
01/01/2013	Experience	86,174	4	8,853	32,304
01/01/2014	Experience	54,046	5	5,530	24,474
01/01/2018	Assumption	75,402	9	7,605	53,906
01/01/2020	Assumption	135,232	11	13,548	110,940
01/01/2021	Experience	581,281	12	58,048	504,379
01/01/2022	Experience	460,245	13	45,961	420,942
01/01/2023	Experience	36,172	14	3,613	34,675
	Total Credits			\$ 607,995	\$ 2,700,208
1.	Net Amortization				\$ 5,333,623
2.	Credit Balance				\$ 6,570,545
3.	Balance Test: [(1) - (2)]				\$ (1,236,922)
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 15,366,394
	b. Actuarial Value of Assets				16,603,316
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ (1,236,922)

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Effective with the January 1, 2024 valuation, the following assumption was changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The withdrawal liability interest rate was updated.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ <input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	▶ <input type="checkbox"/>	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN		1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P O Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL PENSION PLAN 812 HURON ROAD, SUITE 230 US CLEVELAND OH 44115		1c Effective date of plan 05/01/1971 2b Employer Identification Number (EIN) 34-6666717 2c Plan Sponsor's telephone number (216) 861-7655 2d Business code (see instructions) 561720

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	<input checked="" type="checkbox"/> <i>[Signature]</i>	<input checked="" type="checkbox"/> <u>10/8/25</u>	<input checked="" type="checkbox"/> <u>May Gerboe</u>
	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

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code) ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0088 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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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.)

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 the DFVC program

D Check box if filing under: Form 5558 automatic extension 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 INTERNATIONAL UNION LOCAL 1 CLEVELAND PENSION PLAN	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 05/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P O Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL PENSION PLAN 812 HURON ROAD, SUITE 230 US CLEVELAND OH 44115	2b Employer Identification Number (EIN) 34-6666717 2c Plan Sponsor's telephone number (216) 861-7655 2d Business code (see instructions) 561720

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		X 10/13/25	Daniel Bohannon
	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 and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,555
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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)	493
a(2) Total number of active participants at the end of the plan year	6a(2)	546
b Retired or separated participants receiving benefits	6b	536
c Other retired or separated participants entitled to future benefits	6c	417
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,499
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	99
f Total. Add lines 6d and 6e	6f	1,598
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)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	68
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	15

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

1B

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

9a Plan funding arrangement (check all that apply) (1) <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
---	---

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

a Pension Schedules

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

b General Schedules

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

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$61,235	\$34,158	\$1,068,381	\$1,163,774
2025	\$101,063	\$61,426	\$1,024,642	\$1,187,131
2026	\$134,331	\$89,988	\$979,857	\$1,204,176
2027	\$165,815	\$116,511	\$932,227	\$1,214,553
2028	\$192,169	\$145,293	\$873,806	\$1,211,268
2029	\$221,268	\$173,941	\$826,289	\$1,221,498
2030	\$245,580	\$198,426	\$778,487	\$1,222,493
2031	\$269,676	\$217,104	\$726,744	\$1,213,524
2032	\$286,867	\$235,743	\$680,984	\$1,203,594
2033	\$300,406	\$250,059	\$636,158	\$1,186,623
2034	\$312,581	\$261,285	\$593,552	\$1,167,418
2035	\$321,488	\$273,422	\$552,366	\$1,147,276
2036	\$328,276	\$282,816	\$512,526	\$1,123,618
2037	\$336,120	\$290,984	\$474,070	\$1,101,174
2038	\$336,908	\$298,864	\$437,021	\$1,072,793
2039	\$337,683	\$301,000	\$401,385	\$1,040,068
2040	\$336,557	\$303,847	\$367,178	\$1,007,582
2041	\$334,437	\$306,657	\$334,430	\$975,524
2042	\$333,157	\$307,819	\$303,181	\$944,157
2043	\$330,621	\$307,601	\$273,480	\$911,702
2044	\$327,435	\$304,180	\$245,378	\$876,993
2045	\$323,135	\$300,517	\$218,935	\$842,587
2046	\$318,621	\$296,740	\$194,202	\$809,563
2047	\$311,998	\$291,561	\$171,224	\$774,783
2048	\$304,755	\$286,958	\$150,040	\$741,753

1/1 Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	\$295,789	\$279,277	\$130,685	\$705,751
2050	\$286,514	\$271,592	\$113,167	\$671,273
2051	\$275,873	\$263,535	\$97,474	\$636,882
2052	\$264,223	\$254,472	\$83,565	\$602,260
2053	\$252,273	\$245,540	\$71,363	\$569,176
2054	\$241,742	\$235,868	\$60,765	\$538,375
2055	\$229,039	\$226,025	\$51,654	\$506,718
2056	\$217,159	\$215,729	\$43,885	\$476,773
2057	\$205,607	\$204,367	\$37,316	\$447,290
2058	\$193,840	\$193,196	\$31,799	\$418,835
2059	\$182,708	\$182,794	\$27,194	\$392,696
2060	\$172,066	\$172,820	\$23,368	\$368,254
2061	\$161,478	\$162,338	\$20,198	\$344,014
2062	\$151,668	\$152,985	\$17,569	\$322,222
2063	\$141,754	\$142,683	\$15,387	\$299,824
2064	\$132,456	\$133,398	\$13,562	\$279,416
2065	\$123,576	\$123,964	\$12,022	\$259,562
2066	\$114,716	\$114,846	\$10,709	\$240,271
2067	\$106,157	\$106,191	\$9,572	\$221,920
2068	\$97,937	\$98,001	\$8,578	\$204,516
2069	\$90,377	\$90,205	\$7,701	\$188,283
2070	\$82,925	\$82,715	\$6,919	\$172,559
2071	\$75,846	\$75,661	\$6,219	\$157,726
2072	\$69,161	\$68,987	\$5,588	\$143,736
2073	\$62,881	\$62,721	\$5,021	\$130,623

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

Plan Name: Service Employees International Union Local 1 Cleveland Pension Plan

EIN: 34-6666717

PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$795,600	\$0	\$795,600
2025	\$795,600	\$0	\$795,600
2026	\$795,600	\$0	\$795,600
2027	\$795,600	\$0	\$795,600
2028	\$795,600	\$0	\$795,600
2029	\$795,600	\$0	\$795,600
2030	\$795,600	\$0	\$795,600
2031	\$795,600	\$0	\$795,600
2032	\$795,600	\$0	\$795,600
2033	\$795,600	\$0	\$795,600