

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 INTL UNION LOCAL 2000 HEALTH & WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1992
2a Plan sponsor's name (employer, if for a single-employer plan): SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH & WELFARE
2b Employer Identification Number (EIN): 43-1598128
2c Plan Sponsor's telephone number: 314-533-3645
2d Business code (see instructions): 316990

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	434
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	434
	<b>6a(2)</b>	356
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	356
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	15

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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   2
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (Financial Transaction Schedules)

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-1598128</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00487008	359	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>7380</b></p>	<p><b>(b)</b> Total amount of fees paid <b>119</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ASSUREDPARTNERS CORNERSTONE LLC** **721 EMERSON SUITE 500**  
**ST. LOUIS, MO 63141**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7380	119		3

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	49217
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>43-1598128</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TOKIO MARINE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	417002415650	356	01/01/2024	01/01/2025

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	231158
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1598128</b>	

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

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

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

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

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

SAV-RX

224 NORTH PARK AVE  
FREMONT, NE 68025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	414677	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)

UMR INC

39-1995276

(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?
12 50	NONE	159004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11495	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

L. GOULD

43-1598128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	166036	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)

ANDERS MINKLER HUBER & HELM LLP

43-0831507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	90352	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)

DECA PROPERTY MANAGEMENT

9630 GRAVOIS RD  
ST. LOUIS, MO 63123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	84690	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)

M. GRUENDEWALD

43-1598128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63686	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)

R. JENKINS

43-1598128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	61220	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)

BRYNE SOFTWARE

16091 SWINGLEY RIDGE RD 200  
CHESTERFIELD, MO 63017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	59035	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)

PAYCHEX OF NEW YORK LLC

47-0900857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23634	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)

MARSH & MCLENNAN AGENCY LLC

36-2668272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15998	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMMOND AND SHINNERS, PC

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	14601	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)

BURR OAK CONSULTING LLC

82-3420174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13331	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)

THE MILLER GROUP

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10305	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)

MARCO TECHNOLOGIES LLC

41-0991721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8974	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5139	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)

D. HARRIS

43-1598128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	5100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES INC	53	5139
(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.	
SEGAL - UNALLOCATED FEES 333 WEST 34TH STREET NEW YORK, NY 10001	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE</b>	<b>D</b> Employer Identification Number (EIN) <b>43-1598128</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	646194	220529
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	199634	114323
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	132594	232886
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	84883	85500
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5359900	4935050
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2864246	3447736
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3771548	3769939
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	1660000	1490000
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	12326	9768
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	14731325	14305731
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	411011	323562
<b>h</b> Operating payables.....	<b>1h</b>	125566	165338
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	536577	488900
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14194748	13816831

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2750939	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6249	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2757188
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	6071	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	187973	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	147132	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		341176
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	38271	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		38271
<b>(3)</b> Rents.....	<b>2b(3)</b>		-45372
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	6945307	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	6369749	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		575558
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-164265	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	
<b>c</b> Other income .....	2c	59244
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	3561800

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2295546
(2) To insurance carriers for the provision of benefits .....	2e(2)	276247
(3) Other.....	2e(3)	481454
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	3053247
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	235571
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	55758
(5) Investment advisory and investment management fees .....	2i(5)	66462
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	14601
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	514078
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	886470
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	3939717

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	-377917
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER & HELM LLP**

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

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

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

During the plan year:

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

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**SERVICE EMPLOYEES INTERNATIONAL UNION (SEIU)  
LOCAL 2000 HEALTH & WELFARE FUND**

**FINANCIAL STATEMENTS WITH  
SUPPLEMENTARY INFORMATION AND  
ADDITIONAL INFORMATION  
AND  
INDEPENDENT AUDITORS' REPORT  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

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## Independent Auditors' Report

Board of Trustees  
SEIU Local 2000 Health & Welfare Fund  
St. Louis, Missouri

### **Opinion**

We have audited the accompanying financial statements of SEIU Local 2000 Health & Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

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

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

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

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

### **Report on Additional Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses and Net Rental Loss on pages 22 and 23, respectively, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



October 09, 2025  
St. Louis, Missouri

**SEIU Local 2000 Health & Welfare Fund**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	<b>Assets</b>	
	<u>2024</u>	<u>2023</u>
Cash	\$ 220,529	\$ 646,194
Investments, at Fair Value	<u>13,728,225</u>	<u>13,740,577</u>
Receivables		
Employer contributions receivable	114,323	199,634
Rebate receivable	47,692	19,158
Other receivable	55,701	-
Accrued income	<u>71,695</u>	<u>81,336</u>
Total Receivables	<u>289,411</u>	<u>300,128</u>
Other Assets		
Property and equipment, net	9,768	12,326
Prepaid expenses	<u>57,798</u>	<u>32,100</u>
Total Other Assets	<u>67,566</u>	<u>44,426</u>
Total Assets	<u>14,305,731</u>	<u>14,731,325</u>
	<b>Liabilities</b>	
Accounts Payable and Accrued Expenses	113,131	74,109
Due to Related Funds	39,700	38,950
Tenant Rent Deposits	<u>12,507</u>	<u>12,507</u>
Total Liabilities	<u>165,338</u>	<u>125,566</u>
Net Assets Available for Benefits	<u>\$ 14,140,393</u>	<u>\$ 14,605,759</u>

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

	2024	2023
Additions to Net Assets:		
Investment Income		
Interest income	\$ 341,176	\$ 272,257
Dividends	38,271	49,846
Net appreciation in fair value of investments	411,293	1,154,660
Net rental loss	(45,372)	(69,246)
	745,368	1,407,517
Less: investment fee expense	(66,462)	(64,429)
Net Investment Income	678,906	1,343,088
Employer Contributions	2,750,939	3,125,737
Participant Contributions	6,249	5,500
Other Income	3,543	58
Other Income - ACA settlement	55,701	-
Total Additions	3,495,338	4,474,383
Deductions from Net Assets:		
Benefits Paid		
Benefits paid directly to/for participants	2,382,995	2,767,016
Insurance premium payments	276,247	297,670
Pharmacy benefits, net	298,381	250,690
Network provider/access expenses	183,073	255,587
Total Benefits Paid	3,140,696	3,570,963
Administrative Expenses	820,008	866,000
Total Deductions	3,960,704	4,436,963
Net Increase (Decrease)	(465,366)	37,420
Net Assets Available for Benefits, Beginning of Year	14,605,759	14,568,339
Net Assets Available for Benefits, End of Year	\$ 14,140,393	\$ 14,605,759

**SEIU Local 2000 Health & Welfare Fund  
Statements of Benefit Obligations  
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health claims payable	\$ 42,703	\$ 94,561
Other Obligations for Current Benefit Coverage at Estimated Amounts		
Health claims incurred but not reported	<u>280,859</u>	<u>316,450</u>
Total Benefit Obligations	<u>\$ 323,562</u>	<u>\$ 411,011</u>

**SEIU Local 2000 Health & Welfare Fund**  
**Statements of Changes in Benefit Obligations**  
**Years Ended December 31, 2024 and 2023**

	2024	2023
Amounts Currently Payable to or for		
Participants, Beneficiaries, and Dependents		
Balance beginning of year	\$ 94,561	\$ 98,603
Claims and premiums incurred and approved for payment	3,088,838	3,566,921
Claims including disability and insurance premiums paid	(3,140,696)	(3,570,963)
Balance end of year	42,703	94,561
Other Obligations for Current Benefit		
Coverage at Estimated Amounts		
Balance beginning of year	316,450	421,630
Net decrease	(35,591)	(105,180)
Balance end of year	280,859	316,450
Total Benefit Obligations at End of Year	\$ 323,562	\$ 411,011

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**1. Description of the Plan**

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

**General**

The Plan is a multiemployer defined benefit health and welfare plan. The Plan was established effective January 1992 pursuant to a collective bargaining agreement ("CBA") between the Service Employees' International Union Local 2000 (the "Union") and various contractors (the "Employers") to provide health and other benefits to eligible participants and their covered dependents. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

**Eligibility**

To be eligible, an employee must be working for an Employer under the terms of one of the various CBAs. Covered participants are defined as all active employees covered by the CBAs with the Union whose Employer has negotiated for a particular class of benefits. Covered participants do not include temporary employees, retired employees, and employees working less than 35 hours a week under a CBA. The Plan also provides a continuation of health coverage under the Consolidated Omnibus Budget and Reconciliation Act ("COBRA") to eligible employees and dependents upon termination of employment.

**Contributions**

Under the terms of the CBAs, Employers contribute various amounts based on the employee's classification. As a condition of employing Union members, the Employers are required to make monthly contributions to the Plan. Participant contributions are allowed in order to provide COBRA benefits, and participants pay the full cost for continuation of such benefits. The Plan is primarily funded from contributions received from Employers.

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Payment of Benefits**

The Plan provides health benefits (medical, dental, vision, and prescription drugs), short-term disability, and death benefits to eligible participants and beneficiaries of the Plan.

Benefits are provided from the Plan assets which are accumulated under the provisions of the CBAs and the Trust Agreement and held in a trust fund for the purpose of providing benefits to covered participants and defraying reasonable administrative expenses.

There are three types of plans available: Plan AAA, Plan AAA Plus, and Open Access III. Significant features of the Plans are described in the SPD.

**Self-Insured Benefits**

The Plan is self-insured with regard to providing benefits for medical and pharmacy benefits. The claims for self-insured benefits are processed by the Plan's third-party processors under administrative service arrangements ("ASO"). The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager ("PBM"), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

**Insured Benefits**

The Plan fully insures the dental, vision, short-term disability and death benefits. The Plan purchases annual insurance contracts for these insured benefits. In addition, the Plan purchases stop loss insurance in an effort to actively manage catastrophic exposure for self-insured medical claims.

**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations and changes therein, incurred but not reported ("IBNR"), claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Investment Valuation and Income Recognition**

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Rental income from property held as an investment is recognized as earned. The income from rental operations are shown net of building operating expenses incurred by the property, resulting in a net rental loss.

**Fair Value Measurements**

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

**Employer Contributions Receivable**

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considering an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible. Management is of the opinion that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

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

**Refunds and Rebates**

Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year-end are recorded as rebate receivables on the statements of net assets available for benefits, with the offset being netted against prescription claims paid. Pharmacy rebates totaling \$106,861 and \$73,841 for the years ended December 31, 2024 and 2023, respectively, have been netted against prescription claims paid in the accompanying statements of changes in net assets available for benefits. At December 31, 2024 and 2023, \$47,692 and \$19,158, respectively, was recorded as a receivable on the statements of net assets available for benefits.

**SEIU Local 2000 Health & Welfare Fund  
Notes to Financial Statements  
December 31, 2024 and 2023**

**Stop Loss**

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits.

Stop-loss refunds totaling \$125,810 for the year ended December 31, 2023, have been netted against claims paid in the accompanying statements of changes in net assets available for benefits. There were no stop-loss refunds for the year ended December 31, 2024.

**Property and Equipment**

Property and equipment is stated at cost. Major additions and improvements are capitalized, while maintenance and repairs are expensed as incurred. When assets are sold or otherwise disposed of, the related cost and accumulated depreciation are removed from the accounts. Any gain or loss arising from such disposition is included as additions or deductions in the year of disposition.

Depreciation is computed using various depreciation methods over the estimated useful lives of the assets as follows:

<u>Classification</u>	<u>Years</u>
Computer equipment	3-5
Office furniture and equipment	5-7

**Benefit Obligations**

Plan benefit obligations include claims payable and IBNR. Claims paid by the claims processor prior to year end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid by year-end are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations. Claims IBNR are determined in accordance with accepted actuarial principles based on claims data provided by the Plan's healthcare consultant related to claims paid subsequent to year end and the expected time period from the date such claims are incurred to the date that the related claims are paid. Such estimated amounts are reported in the accompanying statement of benefit obligations at present value. These amounts are paid by the the Plan only if claims are submitted and approved for payment.

**Payment of Benefits**

Benefits are recorded when paid. Insurance premiums are recorded as insurance premiums when paid. The Plan also pays network provider/access fees and all are reported as benefits paid in the statements of changes in net assets available for benefits.

**SEIU Local 2000 Health & Welfare Fund  
Notes to Financial Statements  
December 31, 2024 and 2023**

**Administrative Expenses**

The Plan permits the payment of Plan expenses from Plan assets. During 2023, the Plan shared certain administrative expenses with another related plan. In computing the allocated costs, various factors were considered, including the time spent, space used, and costs incurred relating to the Plan in relation to the other plan. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits (net of the reimbursements received in 2023).

**Subsequent Events**

The Plan has evaluated subsequent events through October 09, 2025, the date the financial statements were available to be issued.

**3. Fair Value Measurements**

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

- |         |  |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.  |
| Level 2 | Inputs to the valuation methodology to include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.  |

The instruments' fair value measurement 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.

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

Level 1 investments consist of a money market fund, common stocks, and government and agency obligations. The money market fund, common stocks, and government and agency obligations are valued at the closing price reported on the active market on which the individual securities are traded.

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

Level 3 investments consist of rental property of a commercial office building. This investment is valued based on an independent appraisal.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value of investments is measured as of December 31, as follows:

	2024			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 85,500	\$ 85,500	\$ -	\$ -
Common stocks	3,769,939	3,769,939	-	-
Corporate bonds	3,447,736	-	3,447,736	-
Government and agency obligations	4,935,050	4,168,403	766,647	-
Rental property	1,490,000	-	-	1,490,000
Total assets in fair value hierarchy	<u>\$ 13,728,225</u>	<u>\$ 8,023,842</u>	<u>\$ 4,214,383</u>	<u>\$ 1,490,000</u>

  

	2023			
	Total	Fair Value Measurements		
		Level 1	Level 2	Level 3
Money market fund	\$ 84,883	\$ 84,883	\$ -	\$ -
Common stocks	3,771,548	3,771,548	-	-
Corporate bonds	2,864,246	-	2,864,246	-
Government and agency obligations	5,359,900	4,516,872	843,028	-
Rental property	1,660,000	-	-	1,660,000
Total assets in fair value hierarchy	<u>\$ 13,740,577</u>	<u>\$ 8,373,303</u>	<u>\$ 3,707,274</u>	<u>\$ 1,660,000</u>

The following table provides a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023, as follows:

	<u>Rental Property</u>
Balance, December 31, 2022	<u>\$ 1,660,000</u>
Balance, December 31, 2023	1,660,000
Unrealized loss	<u>(170,000)</u>
Balance, December 31, 2024	<u>\$ 1,490,000</u>

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

The following table represents the Plan's level 3 financial instrument, the valuation technique used to measure the fair value of this financial instrument, and the significant unobservable inputs and the ranges of values for those inputs:

<u>Instrument</u>	<u>Fair Value</u>	<u>Valuation Technique(s)</u>	<u>Unobservable Inputs</u>	<u>Range of Significant Input Value</u>
<u>December 31, 2024</u>				
Rental Property	\$ 1,490,000	Appraisal	Comparable sales, Income approach	\$57 to \$63 per square foot Capitalization rate of 9%
<u>December 31, 2023</u>				
Rental Property	\$ 1,660,000	Appraisal	Comparable sales, Income approach	\$62.63 to \$72.30 per square foot Capitalization rate of 8.5%

**4. Property and Equipment**

Property and equipment at December 31, is as follows:

	<u>2024</u>	<u>2023</u>
Computer equipment	\$ 82,402	\$ 72,900
Office furniture and equipment	50,819	50,819
	133,221	123,719
Less accumulated depreciation	(123,453)	(111,393)
	<u>\$ 9,768</u>	<u>\$ 12,326</u>

Depreciation expense for the years ended December 31, 2024 and 2023 totaled \$12,060 and \$17,681, respectively.

**5. Related Party and Party-in-Interest Transactions**

The Plan and SEIU Local 2000 Pension Fund (the "Pension Fund") incurred expenses for shared personnel, rent, and administrative services during the year ended December 31, 2023. The Plan paid for all such expenses and allocated a portion of those expenses to the Pension Fund, based upon common expense study performed. The Plan allocated expenses to the Pension Fund amounting to \$5,775 during 2023. The Plan received reimbursement of \$5,775 during 2023. The Pension Fund overpaid their portion in 2023 and was due a refund. The amount due to the Pension Fund at December 31, 2024 and 2023 was \$39,700 and \$38,950, respectively. During 2024, the Plan received \$750 of contributions belonging to the Pension Fund and was deposited in error,

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**6. Plan Amendment**

During 2024, the Plan was amended and restated as of March 1, 2024.

During 2023, the Plan was amended to replace Anthem with UMR as the Plan healthcare insurer and change various other service providers. The amendment also changed various covered medical expenses provide to the participants, out of network percentages on ambulance service, and added some exclusions for various services.

**7. Plan Termination**

Although it has not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan and modify the benefits provided to the eligible active participants, subject to the provisions set forth in ERISA. In the event the Plan terminates, any assets remaining shall be used solely for purposes of providing benefits and defraying the reasonable cost of administering the Plan. No assets shall revert to the Employers.

**8. Tax Status of Plan**

The Internal Revenue Service has determined and informed the Trustees by a letter dated October 27, 1995, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

**9. Risks and Uncertainties**

**Investments**

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 statement of net assets available for benefits.

**SEIU Local 2000 Health & Welfare Fund**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Benefit Obligations**

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation 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.

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

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 14,140,393	\$ 14,605,759
Benefit obligations payable	<u>(323,562)</u>	<u>(411,011)</u>
Net assets available for benefits per the Form 5500	<u>\$ 13,816,831</u>	<u>\$ 14,194,748</u>

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

	2024
Total benefits paid per the financial statements	\$ 3,140,696
Add: amounts payable at end of year	323,562
Less: amounts payable at beginning of year	<u>(411,011)</u>
Total benefit payments per Form 5500	<u>\$ 3,053,247</u>

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue	Description of Investment	Cost	Current Value	
<b>MONEY MARKET FUND</b>				
GOLDMAN FINANCIAL SQUARE GOVT-A FD	85,500 shares	\$ 85,500	\$ 85,500	
<b>COMMON STOCKS</b>				
ABBOTT LABORATORIES COMMON STOCK	477 shares, common stock	46,858	53,953	
ABBVIE INC COMMON STOCK	303 shares, common stock	35,632	53,843	
AMETEK INC COMMON STOCK	311 shares, common stock	53,099	56,061	
ADOBE SYSTEMS INC COMMON STOCK	158 shares, common stock	71,030	70,259	
AKAMAI TECHNOLOGIES COMMON STOCK	999 shares, common stock	94,112	95,554	
ALPHABET INC CL A COMMON STOCK	1,401 shares, common stock	113,875	265,209	
AMAZON.COM INC COMMON STOCK	1,033 shares, common stock	118,788	226,630	
AMGEN INC COMMON STOCK	122 shares, common stock	24,985	31,798	
APPLE INC COMMON STOCK	1,250 shares, common stock	35,264	313,025	
APPLIED MATERIALS INC COMMON STOCK	500 shares, common stock	97,282	81,315	
AUTODESK INC COMMON STOCK	170 shares, common stock	36,190	50,247	
AUTOZONE INC COMMON STOCK	24 shares, common stock	47,425	76,848	
BROADCOM INC COMMON STOCK	795 shares, common stock	81,446	184,313	
CBOE GOLBAL MARKETS INC COMMON STOCK	194 shares, common stock	24,967	37,908	
CISCO SYSTEMS INC COMMON STOCK	1,031 shares, common stock	49,833	61,035	
COMCAST CORP COMMON STOCK	2,295 shares, common stock	93,382	86,131	
COPART INC COMMON STOCK	612 shares, common stock	27,739	35,123	
COSTCO WHOLESALE CORP COMMON STOCK	56 shares, common stock	19,347	51,311	
DANAHER CORP COMMON STOCK	298 shares, common stock	71,080	68,406	
HEICO CORP COMMON STOCK	101 shares, common stock	17,198	24,012	
HOME DEPOT INC COMMON STOCK	188 shares, common stock	43,896	73,130	
IQVIA HOLDINGS INC COMMON STOCK	299 shares, common stock	66,620	58,757	
JOHNSON & JOHNSON COMMON STOCK	566 shares, common stock	83,127	81,855	
LEIDOS HOLDING INC COMMON STOCK	245 shares, common stock	24,802	35,295	
		<u>\$ 1,377,978</u>	<u>\$ 2,172,018</u>	

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue	Description of Investment	Cost	Current Value	
<b>COMMON STOCKS (Continued)</b>				
MARSH & MCLENNAN COMPANIES INC COMMON STOCK	248 shares, common stock	\$ 15,204	\$ 52,678	
MASTERCARD INC COMMON STOCK	180 shares, common stock	37,103	94,783	
META PLATFORMS INC COMMON STOCK	105 shares, common stock	56,428	61,479	
MICROSOFT CORP COMMON STOCK	756 shares, common stock	72,177	318,654	
NIKE INC CLASS B STOCK	1,108 shares, common stock	92,994	83,842	
NVIDIA CORP COMMON STOCK	1,339 shares, common stock	143,636	179,814	
ELI LILLY & CO COMMON STOCK	75 shares, common stock	39,074	57,900	
ORACLE CORP COMMON STOCK	732 shares, common stock	59,535	121,980	
OTIS WORLDWIDE CORP COMMON STOCK	497 shares, common stock	42,389	46,027	
PEPSICO INC COMMON STOCK	504 shares, common stock	87,582	76,638	
REPUBLIC SERVICES INC COMMON STOCK	193 shares, common stock	26,032	38,828	
S&P GLOBAL INC COMMON STOCK	46 shares, common stock	15,828	22,909	
TJX COS INC COMMON STOCK	512 shares, common stock	30,782	61,855	
UNION PACIFIC CORP COMMON STOCK	280 shares, common stock	52,764	63,851	
UNITEDHEALTH GROUP INC COMMON STOCK	107 shares, common stock	38,454	54,127	
VISA INC CLASS A COMMON STOCK	265 shares, common stock	57,464	83,751	
SERVICENOW COMMON STOCK	91 shares, common stock	41,251	96,471	
WORKDAY INC COMMON STOCK	237 shares, common stock	55,182	61,153	
ZOETIS COMMON STOCK	130 shares, common stock	20,505	21,181	
		<u>984,385</u>	<u>1,597,921</u>	
<b>TOTAL COMMON STOCKS</b>		<u>\$ 2,362,364</u>	<u>\$ 3,769,939</u>	

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

(a) Identity of Issue	(c) Description of Investment			(d) Cost	(e) Current Value
	Face Value	Interest Rate	Due Date		
<b>CORPORATE BONDS</b>					
ALABAMA POWER CO	\$ 100,000	5.850%	11/15/2033	\$ 109,311	\$ 103,730
AMERICAN EXPRESS CO	130,000	6.078%	11/4/2026	130,000	130,070
AT&T INC	200,000	4.300%	2/15/2030	186,756	193,790
BANK OF AMERICA CORP VARIABLE	140,000	2.087%	6/14/2029	139,981	127,033
BRISTOL MYERS SQUIBB CO	170,000	5.200%	2/22/2034	169,961	169,839
CITIGROUP INC FLOATING	40,000	5.795%	6/9/2027	40,053	40,074
COMCAST CORP	190,000	4.250%	10/15/2030	174,965	183,190
DUKE ENERGY FLORIDA LLC	120,000	5.875%	11/15/2033	128,009	124,946
FLORIDA POWER & LIGHT	250,000	5.050%	4/1/2028	249,675	252,430
GOLDMAN SACHS GROUP INC	280,000	4.223%	5/1/2029	260,403	272,420
HOME DEPOT INC	110,000	4.850%	6/25/2031	109,221	109,986
INDIANA MICHIGAN POWER	80,000	3.850%	5/15/2028	92,592	77,418
INTEL CORP	20,000	2.450%	11/15/2029	21,923	17,553
INTEL CORP	110,000	5.000%	2/21/2031	109,596	107,980
IBM CORP	50,000	3.300%	5/15/2026	52,494	49,103
IBM CORP	40,000	3.500%	5/15/2029	42,237	37,911
JPMORGAN CHASE CO VARIABLE RATE BOND	120,000	2.005%	3/13/2026	120,000	119,306
MORGAN STANLEY	200,000	2.475%	1/21/2028	198,020	190,576
ORACLE CORP	140,000	2.950%	4/1/2030	145,167	126,455
ORACLE CORP	90,000	2.300%	3/25/2028	90,849	83,201
PFIZER INVT ENTERPRISES PTE	110,000	4.750%	5/19/2033	107,195	106,541
PNC FINANCIAL SERVICES	260,000	5.354%	12/2/2028	262,397	263,679
ROPER TECHNOLOGIES INC	100,000	4.750%	2/15/2032	99,814	97,268
UNION ELECTRIC CO	100,000	5.200%	4/1/2034	103,096	99,403
UNITEDHEALTH GROUP INC	80,000	4.950%	1/15/2032	82,060	79,004
VIRGINIA ELECTRIC & POWER CO	125,000	5.000%	4/1/2033	124,611	122,361
WELLS FARGO & COMPANY	160,000	5.574%	7/25/2029	159,442	162,469
<b>TOTAL CORPORATE BONDS</b>				<b>\$ 3,509,828</b>	<b>\$ 3,447,736</b>

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>			<u>(d)</u>	<u>(e)</u>
<u>Identity of Issue</u>	<u>Description of Investment</u>			<u>Cost</u>	<u>Current Value</u>	
	<u>Face Value</u>	<u>Interest Rate</u>	<u>Due Date</u>			
<b>GOVERNMENT AND AGENCY OBLIGATIONS</b>						
FEDERAL FARM CREDIT BANK CALL	\$ 190,000	1.540%	11/30/2026	\$ 190,076	\$ 180,150	
FNMA UMBS CONVENTIONAL FANNIE MAE	237,614	5.500%	8/1/2053	235,535	234,592	
FHLMC POOL #SB8025	19,689	2.000%	11/1/2034	19,458	17,559	
FHLMC POOL FR #SD8245	232,845	4.500%	9/1/2052	227,060	219,373	
FNMA POOL #CA0997	50,399	3.500%	1/1/2048	50,430	45,216	
FNMA POOL #MA3650	18,511	3.500%	4/1/2029	19,112	18,198	
FNMA POOL #MA3680	29,425	3.500%	6/1/2029	30,223	28,827	
FNMA POOL# MA3864	24,847	2.500%	11/1/2034	24,993	22,732	
U.S. TREASURY NOTES	420,000	1.625%	5/15/2026	426,729	405,368	
U.S. TREASURY NOTES	2,265,000	3.750%	5/31/2030	2,233,095	2,191,999	
U.S. TREASURY NOTES	1,570,000	4.375%	8/31/2028	1,563,423	1,571,036	
TOTAL GOVERNMENT AND AGENCY OBLIGATIONS				<u>\$ 5,020,135</u>	<u>\$ 4,935,050</u>	
<b>RENTAL PROPERTY</b>						
5585 PERSHING, ST. LOUIS, MISSOURI				<u>\$ 2,781,961</u>	<u>\$ 1,490,000</u>	
TOTAL INVESTMENTS				<u>\$ 13,759,788</u>	<u>\$ 13,728,225</u>	

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**Service Employees International Union  
Local 2000 Health & Welfare Fund  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>c</u>	<u>d</u>	<u>g</u>	<u>h</u>	<u>i</u>
Identity of Party Involved	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Single Transaction by Issue in Excess of 5%</u>						
	U.S. TREASURY NOTES 3.75% 5/31/2030	\$ 1,011,263	\$ -	\$ 1,011,263	\$ 1,011,263	\$ -
	U.S. TREASURY NOTES 4% 2/15/2026	-	1,008,067	1,004,003	1,004,003	4,064
<u>Series Transaction by Issue in Excess of 5%</u>						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD	\$ -	\$ 1,299,944	\$ 1,299,944	\$ 1,299,944	\$ -
	GOLDMAN FINANCIAL SQUARE GOVT-A FD	1,300,561	-	1,300,561	1,300,561	-
	U.S. TREASURY NOTES 3.75% 5/31/2030	1,816,911	-	1,816,911	1,816,911	-

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

	<u>2024</u>	<u>2023</u>
Attorney fees	\$ 14,601	\$ 12,572
Accounting/audit fees	55,758	54,330
Bank service charges	9,341	6,626
Consulting fees	30,761	30,220
Computer expense	90,007	79,393
Depreciation expense	12,060	17,681
Dues & subscriptions	2,225	244
Education expense	-	244
Employee benefits	92,992	135,594
Equipment rental	12,161	23,682
Insurance expense	25,310	23,512
Taxes & licenses	2,161	17,436
Miscellaneous expense	-	5,139
Office supplies & expense	41,309	55,515
Payroll fees	23,654	27,089
Record storage	2,340	1,961
Payroll audits	3,994	8,692
Payroll	235,571	222,059
Payroll taxes	22,927	25,054
Postage	14,768	16,158
QuickBooks consulting	30,600	12,965
Rent	84,690	84,736
Telephone	<u>12,778</u>	<u>10,873</u>
	820,008	871,775
Less: Reimbursements	-	5,775
Total Administrative Expenses	<u>\$ 820,008</u>	<u>\$ 866,000</u>

**SEIU Local 2000 Health & Welfare Fund  
Schedules of Net Rental Loss  
Years Ended December 31, 2024 and 2023**

	2024	2023
Rental Income		
Lease Rental Income	\$ 327,077	\$ 338,644
Rental Expenses		
Insurance	23,746	22,394
Professional services	80,624	72,786
Real estate taxes	35,106	34,321
Repairs and maintenance	157,371	158,249
Building management	15,838	15,460
Utilities	59,764	104,680
Total Rental Expenses	372,449	407,890
Net Rental Loss	\$ (45,372)	\$ (69,246)

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue	Description of Investment	Cost	Current Value	
<b>MONEY MARKET FUND</b>				
GOLDMAN FINANCIAL SQUARE GOVT-A FD	85,500 shares	\$ 85,500	\$ 85,500	
<b>COMMON STOCKS</b>				
ABBOTT LABORATORIES COMMON STOCK	477 shares, common stock	46,858	53,953	
ABBVIE INC COMMON STOCK	303 shares, common stock	35,632	53,843	
AMETEK INC COMMON STOCK	311 shares, common stock	53,099	56,061	
ADOBE SYSTEMS INC COMMON STOCK	158 shares, common stock	71,030	70,259	
AKAMAI TECHNOLOGIES COMMON STOCK	999 shares, common stock	94,112	95,554	
ALPHABET INC CL A COMMON STOCK	1,401 shares, common stock	113,875	265,209	
AMAZON.COM INC COMMON STOCK	1,033 shares, common stock	118,788	226,630	
AMGEN INC COMMON STOCK	122 shares, common stock	24,985	31,798	
APPLE INC COMMON STOCK	1,250 shares, common stock	35,264	313,025	
APPLIED MATERIALS INC COMMON STOCK	500 shares, common stock	97,282	81,315	
AUTODESK INC COMMON STOCK	170 shares, common stock	36,190	50,247	
AUTOZONE INC COMMON STOCK	24 shares, common stock	47,425	76,848	
BROADCOM INC COMMON STOCK	795 shares, common stock	81,446	184,313	
CBOE GOLBAL MARKETS INC COMMON STOCK	194 shares, common stock	24,967	37,908	
CISCO SYSTEMS INC COMMON STOCK	1,031 shares, common stock	49,833	61,035	
COMCAST CORP COMMON STOCK	2,295 shares, common stock	93,382	86,131	
COPART INC COMMON STOCK	612 shares, common stock	27,739	35,123	
COSTCO WHOLESALE CORP COMMON STOCK	56 shares, common stock	19,347	51,311	
DANAHER CORP COMMON STOCK	298 shares, common stock	71,080	68,406	
HEICO CORP COMMON STOCK	101 shares, common stock	17,198	24,012	
HOME DEPOT INC COMMON STOCK	188 shares, common stock	43,896	73,130	
IQVIA HOLDINGS INC COMMON STOCK	299 shares, common stock	66,620	58,757	
JOHNSON & JOHNSON COMMON STOCK	566 shares, common stock	83,127	81,855	
LEIDOS HOLDING INC COMMON STOCK	245 shares, common stock	24,802	35,295	
		<u>\$ 1,377,978</u>	<u>\$ 2,172,018</u>	

See independent auditors' report

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
Identity of Issue	Description of Investment	Cost	Current Value	
<b>COMMON STOCKS (Continued)</b>				
MARSH & MCLENNAN COMPANIES INC COMMON STOCK	248 shares, common stock	\$ 15,204	\$ 52,678	
MASTERCARD INC COMMON STOCK	180 shares, common stock	37,103	94,783	
META PLATFORMS INC COMMON STOCK	105 shares, common stock	56,428	61,479	
MICROSOFT CORP COMMON STOCK	756 shares, common stock	72,177	318,654	
NIKE INC CLASS B STOCK	1,108 shares, common stock	92,994	83,842	
NVIDIA CORP COMMON STOCK	1,339 shares, common stock	143,636	179,814	
ELI LILLY & CO COMMON STOCK	75 shares, common stock	39,074	57,900	
ORACLE CORP COMMON STOCK	732 shares, common stock	59,535	121,980	
OTIS WORLDWIDE CORP COMMON STOCK	497 shares, common stock	42,389	46,027	
PEPSICO INC COMMON STOCK	504 shares, common stock	87,582	76,638	
REPUBLIC SERVICES INC COMMON STOCK	193 shares, common stock	26,032	38,828	
S&P GLOBAL INC COMMON STOCK	46 shares, common stock	15,828	22,909	
TJX COS INC COMMON STOCK	512 shares, common stock	30,782	61,855	
UNION PACIFIC CORP COMMON STOCK	280 shares, common stock	52,764	63,851	
UNITEDHEALTH GROUP INC COMMON STOCK	107 shares, common stock	38,454	54,127	
VISA INC CLASS A COMMON STOCK	265 shares, common stock	57,464	83,751	
SERVICENOW COMMON STOCK	91 shares, common stock	41,251	96,471	
WORKDAY INC COMMON STOCK	237 shares, common stock	55,182	61,153	
ZOETIS COMMON STOCK	130 shares, common stock	20,505	21,181	
		<u>984,385</u>	<u>1,597,921</u>	
<b>TOTAL COMMON STOCKS</b>		<u>\$ 2,362,364</u>	<u>\$ 3,769,939</u>	

See independent auditors' report

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

(a) Identity of Issue	(c) Description of Investment			(d) Cost	(e) Current Value
	Face Value	Interest Rate	Due Date		
<b>CORPORATE BONDS</b>					
ALABAMA POWER CO	\$ 100,000	5.850%	11/15/2033	\$ 109,311	\$ 103,730
AMERICAN EXPRESS CO	130,000	6.078%	11/4/2026	130,000	130,070
AT&T INC	200,000	4.300%	2/15/2030	186,756	193,790
BANK OF AMERICA CORP VARIABLE	140,000	2.087%	6/14/2029	139,981	127,033
BRISTOL MYERS SQUIBB CO	170,000	5.200%	2/22/2034	169,961	169,839
CITIGROUP INC FLOATING	40,000	5.795%	6/9/2027	40,053	40,074
COMCAST CORP	190,000	4.250%	10/15/2030	174,965	183,190
DUKE ENERGY FLORIDA LLC	120,000	5.875%	11/15/2033	128,009	124,946
FLORIDA POWER & LIGHT	250,000	5.050%	4/1/2028	249,675	252,430
GOLDMAN SACHS GROUP INC	280,000	4.223%	5/1/2029	260,403	272,420
HOME DEPOT INC	110,000	4.850%	6/25/2031	109,221	109,986
INDIANA MICHIGAN POWER	80,000	3.850%	5/15/2028	92,592	77,418
INTEL CORP	20,000	2.450%	11/15/2029	21,923	17,553
INTEL CORP	110,000	5.000%	2/21/2031	109,596	107,980
IBM CORP	50,000	3.300%	5/15/2026	52,494	49,103
IBM CORP	40,000	3.500%	5/15/2029	42,237	37,911
JPMORGAN CHASE CO VARIABLE RATE BOND	120,000	2.005%	3/13/2026	120,000	119,306
MORGAN STANLEY	200,000	2.475%	1/21/2028	198,020	190,576
ORACLE CORP	140,000	2.950%	4/1/2030	145,167	126,455
ORACLE CORP	90,000	2.300%	3/25/2028	90,849	83,201
PFIZER INVT ENTERPRISES PTE	110,000	4.750%	5/19/2033	107,195	106,541
PNC FINANCIAL SERVICES	260,000	5.354%	12/2/2028	262,397	263,679
ROPER TECHNOLOGIES INC	100,000	4.750%	2/15/2032	99,814	97,268
UNION ELECTRIC CO	100,000	5.200%	4/1/2034	103,096	99,403
UNITEDHEALTH GROUP INC	80,000	4.950%	1/15/2032	82,060	79,004
VIRGINIA ELECTRIC & POWER CO	125,000	5.000%	4/1/2033	124,611	122,361
WELLS FARGO & COMPANY	160,000	5.574%	7/25/2029	159,442	162,469
<b>TOTAL CORPORATE BONDS</b>				<b>\$ 3,509,828</b>	<b>\$ 3,447,736</b>

See independent auditors' report

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

**December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>			<u>(d)</u>	<u>(e)</u>
Identity of Issue	Description of Investment			Cost	Current Value	
	Face Value	Interest Rate	Due Date			
<b>GOVERNMENT AND AGENCY OBLIGATIONS</b>						
FEDERAL FARM CREDIT BANK CALL	\$ 190,000	1.540%	11/30/2026	\$ 190,076	\$ 180,150	
FNMA UMBS CONVENTIONAL FANNIE MAE	237,614	5.500%	8/1/2053	235,535	234,592	
FHLMC POOL #SB8025	19,689	2.000%	11/1/2034	19,458	17,559	
FHLMC POOL FR #SD8245	232,845	4.500%	9/1/2052	227,060	219,373	
FNMA POOL #CA0997	50,399	3.500%	1/1/2048	50,430	45,216	
FNMA POOL #MA3650	18,511	3.500%	4/1/2029	19,112	18,198	
FNMA POOL #MA3680	29,425	3.500%	6/1/2029	30,223	28,827	
FNMA POOL# MA3864	24,847	2.500%	11/1/2034	24,993	22,732	
U.S. TREASURY NOTES	420,000	1.625%	5/15/2026	426,729	405,368	
U.S. TREASURY NOTES	2,265,000	3.750%	5/31/2030	2,233,095	2,191,999	
U.S. TREASURY NOTES	1,570,000	4.375%	8/31/2028	1,563,423	1,571,036	
<b>TOTAL GOVERNMENT AND AGENCY OBLIGATIONS</b>				<b>\$ 5,020,135</b>	<b>\$ 4,935,050</b>	
<b>RENTAL PROPERTY</b>						
5585 PERSHING, ST. LOUIS, MISSOURI				<b>\$ 2,781,961</b>	<b>\$ 1,490,000</b>	
<b>TOTAL INVESTMENTS</b>				<b>\$ 13,759,788</b>	<b>\$ 13,728,225</b>	

See independent auditors' report

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here .....
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>SERVICE EMPLOYEES INTL UNION LOCAL 2000 HEALTH &amp; WE</b>  <b>5585 PERSHING AVE</b>  <b>ST. LOUIS MO 63112</b>	<b>1c</b> Effective date of plan <b>01/01/1992</b>  <b>2b</b> Employer Identification Number (EIN) <b>43-1598128</b>  <b>2c</b> Plan Sponsor's telephone number <b>(314) 533-3645</b>  <b>2d</b> Business code (see instructions) <b>316990</b>

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

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

<b>SIGN HERE</b>		09.25.2025	LISA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	434
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	434
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	356
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	356
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	15

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E 4F**

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

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

**Service Employees International Union  
Local 2000 Health & Welfare Fund  
Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended December 31, 2024  
EIN 43-1598128 Plan #501**

<u>(a)</u>	<u>(b)</u>	<u>c</u>	<u>d</u>	<u>g</u>	<u>h</u>	<u>i</u>
Identity of Party Involved	Description of Investment	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Single Transaction by Issue in Excess of 5%</u>						
	U.S. TREASURY NOTES 3.75% 5/31/2030	\$ 1,011,263	\$ -	\$ 1,011,263	\$ 1,011,263	\$ -
	U.S. TREASURY NOTES 4% 2/15/2026	-	1,008,067	1,004,003	1,004,003	4,064
<u>Series Transaction by Issue in Excess of 5%</u>						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD	\$ -	\$ 1,299,944	\$ 1,299,944	\$ 1,299,944	\$ -
	GOLDMAN FINANCIAL SQUARE GOVT-A FD	1,300,561	-	1,300,561	1,300,561	-
	U.S. TREASURY NOTES 3.75% 5/31/2030	1,816,911	-	1,816,911	1,816,911	-

See independent auditors' report