# 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 6047(e), 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

**2010**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [X] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
COLORADO WEST EMPLOYEE RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/2009

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
COLORADO WEST, INC.

6916 HIGHWAY 82 PO BOX 40
GLENWOOD SPRINGS, CO 81601-9435

**2b** Employer Identification Number (EIN)
26-4166271

**2c** Sponsor's telephone number
970-945-2241

**2d** Business code (see instructions)
621420

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/21/2011 | KAREN BIRMINGHAM |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/21/2011 | KAREN BIRMINGHAM |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
COLORADO WEST, INC.

6916 HIGHWAY 82 PO BOX 40
GLENWOOD SPRINGS, CO 81601-9435

**3b** Administrator's EIN
26-4166271

**3c** Administrator's telephone number
970-945-2241

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name
COLORADO WEST REGIONAL MENTAL HEALTH, INC.

**4b** EIN
84-0625890

**4c** PN
001

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 296 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 327 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 7 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 334 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 334 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 107 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 8 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2L 2M 2T 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
COLORADO WEST EMPLOYEE RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
COLORADO WEST, INC.

**D** Employer Identification Number (EIN)
26-4166271

**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
PRINCIPAL LIFE INSURANCE COMPANY

| (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 |
| 42-0127290 | 61271 | 613953 | 334 | 01/01/2010 | 12/31/2010 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 4878 | 804 |

**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

TRUENORTH SECURITIES INC
8200 E 32ND ST N
STE 100
WICHITA, KS 67226

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 4878 | 804 | REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN | 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 |
|---|---|---|---|
| | **(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 | |
| | | | |

## 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.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 277576 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 93458 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 7536 | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | 173 | | |
| | ▶ LOAN PAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 101167 |
| d | Total of balance and additions (add **b** and **c(6)**). | | | 7d | 378743 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 57137 | | |
| | (2) Administration charge made by carrier | 7e(2) | 22 | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 534 | | |
| | ▶ LOAN WITHDRAWAL | | | | |
| | (5) Total deductions | | | 7e(5) | 57693 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 321050 |

## 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 organization(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: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **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, item 2 above, report amount. | | | **10b** | |

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. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2010**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
COLORADO WEST EMPLOYEE RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
COLORADO WEST, INC.

**D** Employer Identification Number (EIN)
26-4166271

## 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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

**(b)** Enter name and EIN or address of person who provided you disclosure 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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 37 50 64 | CONTRACT ADMINISTRATOR | 540 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN; |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
COLORADO WEST EMPLOYEE RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
COLORADO WEST, INC.

**D** Employer Identification Number (EIN)
26-4166271

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 10506 | 10483 |
| **(2)** Participant contributions | 1b(2) | 36796 | 29681 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | 35959 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 942305 | 1550262 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 277576 | 321050 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1267183 | 1947435 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 0 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | 4958 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 4958 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1267183 | 1942477 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 129172 | |
| | **(B)** Participants | 2a(1)(B) | 390127 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 147687 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 666986 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| | **(E)** Participant loans | 2b(1)(E) | 1375 | |
| | **(F)** Other | 2b(1)(F) | 7536 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 8911 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| | **(B)** Common stock | 2b(2)(B) | 0 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 18233 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 18233 |
| | **(3)** Rents | 2b(3) | | 0 |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **2b** | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | **2b(5)(A)** | 0 | |
| | **(B)** Other | **2b(5)(B)** | 0 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | **2b(5)(C)** | | 0 |
| | **(6)** Net investment gain (loss) from common/collective trusts | **2b(6)** | | 0 |
| | **(7)** Net investment gain (loss) from pooled separate accounts | **2b(7)** | | 0 |
| | **(8)** Net investment gain (loss) from master trust investment accounts | **2b(8)** | | 0 |
| | **(9)** Net investment gain (loss) from 103-12 investment entities | **2b(9)** | | 0 |
| | **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | **2b(10)** | | 146057 |
| **c** | Other income | **2c** | | 0 |
| **d** | Total income. Add all **income** amounts in column (b) and enter total | **2d** | | 840187 |
| | **Expenses** | | | |
| **e** | Benefit payment and payments to provide benefits: | | | |
| | **(1)** Directly to participants or beneficiaries, including direct rollovers | **2e(1)** | 165119 | |
| | **(2)** To insurance carriers for the provision of benefits | **2e(2)** | 0 | |
| | **(3)** Other | **2e(3)** | 0 | |
| | **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | **2e(4)** | | 165119 |
| **f** | Corrective distributions (see instructions) | **2f** | | 0 |
| **g** | Certain deemed distributions of participant loans (see instructions) | **2g** | | 0 |
| **h** | Interest expense | **2h** | | |
| **i** | Administrative expenses: **(1)** Professional fees | **2i(1)** | 0 | |
| | **(2)** Contract administrator fees | **2i(2)** | 541 | |
| | **(3)** Investment advisory and management fees | **2i(3)** | 0 | |
| | **(4)** Other | **2i(4)** | 0 | |
| | **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | **2i(5)** | | 541 |
| **j** | Total expenses. Add all **expense** amounts in column (b) and enter total | **2j** | | 165660 |
| | **Net Income and Reconciliation** | | | |
| **k** | Net income (loss). Subtract line **2j** from line **2d** | **2k** | | 674527 |
| **l** | Transfers of assets: | | | |
| | **(1)** To this plan | **2l(1)** | | 767 |
| | **(2)** From this plan | **2l(2)** | | 0 |

## 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)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

**(1)** Name: RYAN REIFF **(2)** EIN: 44-0160260

**d** The opinion of an independent qualified public accountant is **not attached** because:

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

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | 0 |
| **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.) | **4b** | | X | 0 |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | 0 |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | 0 |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 200000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2010**

**This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

**A** Name of plan
COLORADO WEST EMPLOYEE RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
COLORADO WEST, INC.

**D** Employer Identification Number (EIN)
26-4166271

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

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

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 16

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

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

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

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

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

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

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

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

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

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

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Colorado West Employee Retirement Plan

EIN 84-0625890 PN 001

Accountants' Report and Financial Statements

December 31, 2010 and 2009

# Colorado West Employee Retirement Plan

**December 31, 2010 and 2009**

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BKD LLP
CPAs & Advisors

111 S. Tejon Street, Suite 800
Colorado Springs, CO 80903-2286
719.471.4290 Fax 719.632.8087 www.bkd.com

# Independent Accountants' Report

Plan Administrator
Colorado West Employee Retirement Plan
Glenwood Springs, Colorado

We were engaged to audit the accompanying statements of net assets available for benefits of Colorado West Employee Retirement Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year ended December 31, 2010 and the period from March 1, 2009 (inception) through December 31, 2009 and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3 and notes receivable from participants, which was certified by Principal Trust Company, a custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from March 1, 2009 (inception) through December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BKD, LLP

Colorado Springs, Colorado
October 11, 2011

Federal Employer Identification Number: 44-0160260

experience BKD

Praxity MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

# Colorado West Employee Retirement Plan

## Statement of Net Assets Available for Benefits

## December 31, 2010 and 2009

### Assets

| | 2010 | 2009 |
|---|---|---|
| **Investments, at Fair Value** | $ 1,871,313 | $ 1,219,881 |
| **Receivables** | | |
| Employer's contribution | 10,483 | 10,506 |
| Participants' contributions | 29,681 | 36,796 |
| Notes receivable from participants | 35,959 | - |
| | 76,123 | 47,302 |
| Total assets | 1,947,436 | 1,267,183 |

### Liabilities

| | | |
|---|---|---|
| Accounts payable | 4,958 | - |
| Total liabilities | 4,958 | - |
| **Net Assets Available for Benefits** | $ 1,942,478 | $ 1,267,183 |

# Colorado West Employee Retirement Plan

## Statements of Changes in Net Assets Available for Benefits

## Year Ended December 31, 2010 and Period of March 1, 2009 (inception) through December 31, 2009

| | 2010 | 2009 |
|---|---|---|
| **Investment Income** | | |
| Net appreciation in fair value of investments | $ 146,057 | $ 152,646 |
| Interest | 7,536 | 6,585 |
| Dividends | 18,233 | 14,694 |
| Net investment income | 171,826 | 173,925 |
| **Interest on Notes Receivable from Participants** | 1,376 | - |
| **Contributions** | | |
| Employer | 129,172 | 100,548 |
| Participants | 390,127 | 316,647 |
| Rollovers | 148,454 | 897,288 |
| | 667,753 | 1,314,483 |
| Total additions | 840,955 | 1,488,408 |
| **Deductions** | | |
| Benefits paid directly to participants | 165,119 | 220,334 |
| Administrative expenses | 541 | 891 |
| Total deductions | 165,660 | 221,225 |
| **Net Increase** | 675,295 | 1,267,183 |
| **Net Assets Available for Benefits, Beginning of Period** | 1,267,183 | - |
| **Net Assets Available for Benefits, End of Period** | $ 1,942,478 | $ 1,267,183 |

# Colorado West Employee Retirement Plan

## Notes to Financial Statements

## December 31, 2010 and 2009

## Note 1: Description of the Plan

The following description of Colorado West Employee Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description*, which are available from the plan administrator, for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan sponsored by Colorado West Regional Mental Health, Inc. (the Organization) for the benefit of substantially all of its employees, if they work on average more than 20 hours per week. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Principal Trust Company (Principal) serves as the Plan record keeper and custodian.

### *Contributions*

The Plan permits eligible employees through a salary deferral election to have the Organization make annual contributions of up to 100% of eligible compensation. Employee rollover and catch-up contributions are also permitted. The Plan does allow for special code section 403(b) catch-up contributions for those participants with 15 years of service. The Plan also allows for the Organization to make matching contributions for employees age 21 or older that have one year of service. The Organization makes matching contributions of 100% of employees' salary deferral amounts up to 2.5% of the participant's eligible compensation. The Organization may make discretionary contributions to the Plan, as determined by the Organization's Board of Directors. For 2010 and 2009, the Organization did not make any discretionary contributions to the Plan. The Plan also allows for eligible participants to designate all or any portion of their deferral as a Roth Elective Deferral Contribution. Contributions are subject to certain limitations.

### *Participant Investment Account Options*

Investment account options available include various mutual funds and a guaranteed investment contract. Each participant has the option of directing his or her contributions into any of the investment accounts and may change the allocation daily; however, for certain investment accounts, in an effort to reduce marketing timing and excessive trading, certain restrictions may apply.

### *Participant Accounts*

Each participant's account is credited with the participant's contribution, the Organization's matching contribution and discretionary contribution, if any, and Plan earnings. An individual participant's account is charged a fee for obtaining a participant loan, including on-going maintenance of the loan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Vesting*

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the Organization's contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested after three qualifying years of continuous service. The nonvested balance is forfeited upon termination of service. Forfeitures may be used to offset Organization discretionary contributions. Forfeitures of $2,611 and $316 were used to offset Organization discretionary contributions during 2010 and 2009, respectively. At December 31, 2010 and 2009, there was $0 and $165 of unallocated forfeitures, respectively.

### *Payment of Benefits*

Upon termination of service, an employee will receive a lump-sum amount equal to the value of his or her account.

Participants may withdraw amounts from their accounts subject to certain limitations imposed by the Plan. Such withdrawals are also subject to certain taxes and penalties as assessed by the Internal Revenue Service.

### *Notes Receivable from Participants*

The Plan document includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be $1,000. The maximum amount of a participant's loans is determined by the available loan balance restricted to the lesser of $50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on local prevailing rates as determined by the plan administrator. No participant loans were issued during 2009. Loans totaling $40,500 were issued in 2010.

### *Plan Termination*

Although it has not expressed an intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

# Colorado West Employee Retirement Plan

## Notes to Financial Statements

## December 31, 2010 and 2009

## Note 2: Summary of Significant Accounting Policies

### *Basis of Accounting*

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statements of Net Assets Available for Benefits presents the contract value of the fully benefit-responsive investment contract, which approximates fair value. As the fair value of the fully benefit-responsive investment contract approximates contract value, no adjustment of the fully benefit-responsive investment contract from fair value to contract value is presented. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

### *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### *Valuation of Investments and Income Recognition*

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of the shares held by the Plan at year-end.

The guaranteed interest contract is valued at contract value as estimated by Principal. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses.

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, sold and held during the year.

### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

# Colorado West Employee Retirement Plan

## Notes to Financial Statements

## December 31, 2010 and 2009

### *Plan Tax Status*

The Plan operates under an adoption agreement in connection with a prototype 403(b) plan document sponsored by Principal. This prototype 403(b) plan document has not been filed with the appropriate agency, as the Internal Revenue Service (IRS) does not currently have an approval program for 403(b) prototype plan documents. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

### *Administrative Expenses*

Administrative expenses are paid by the Organization.

### *Subsequent Events*

Subsequent events have been evaluated through October 11, 2011, which is the date the financial statements were available to be issued.

### Note 3: Investments

The Plan's investments are held by the custodian. The following table presents the fair value of the Plan's investments. The fair value of individual investments that represented 5% or more of the Plan's net assets available for benefits are separately identified.

| | 2010 | 2009 |
|---|---|---|
| **Mutual Funds** | | |
| Prin LifeTime 2025 R1 Fund | $ 362,086 | $ 157,148 |
| Prin LifeTime 2035 R1 Fund | 264,708 | 152,918 |
| Prin LifeTime 2015 R1 Fund | 254,267 | 174,132 |
| PIMCO Total Return C Fund | 129,846 | 70,064 |
| Prin LifeTime 2030 R1 Fund | 117,949 | 88,227 |
| Prin LgCap S&P 500 Idx R1 Fund | (a) | 69,015 |
| Other | 421,408 | 230,802 |
| | 1,550,264 | 942,306 |
| **Investment Contract with Principal** | | |
| Principal Fixed Income Guaranteed Option | 321,049 | 277,575 |
| Total investments | $ 1,871,313 | $ 1,219,881 |

(a) Less than 5% of net assets available for benefits at December 31, 2010 (included in "Other")

During the year ended December 31, 2010 and the period from March 1, 2009 (inception) through December 31, 2009, the Plan's investments in mutual funds (including gains and losses on investments bought, sold and held during the period) appreciated in value by $146,057 and by $152,646, respectively.

Interest and dividends realized on the Plan's investments during the year ended December 31, 2010 and the period from March 1, 2009 (inception) through December 31, 2009 were $25,769 and $21,279, respectively.

### Note 4: Investment Contract with Principal

In 2009, the Plan entered into a fully benefit-responsive investment contract with Principal. As described in the basis of accounting disclosure, because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Principal, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009, approximated contract value as provided by Principal. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.45%. Such interest rates are reviewed quarterly for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not limited to, the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Subject to the terms of the contract, the guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

| | 2010 | 2009 |
|---|---|---|
| Average yields | | |
| Based on interest rate credited to participants | 3.19% | 3.65% |
| Based on interest rate credited at year-end | 2.85% | 3.25% |

### Note 5: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan incurs expenses related to general administration and record keeping. The Organization pays these expenses and certain accounting and auditing fees relating to the Plan, and performs certain administrative functions at no cost to the Plan.

## Note 6: Fair Value of Plan Assets and Liabilities

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy, which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1** Quoted prices in active markets for identical assets or liabilities

**Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

**Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

### *Investments*

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The Plan holds no Level 2 securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include the Principal Fixed Income Guaranteed Option (see Note 2 for valuation techniques and inputs).

# Colorado West Employee Retirement Plan

## Notes to Financial Statements

## December 31, 2010 and 2009

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2010 and 2009, respectively:

| | 2010 | | | |
|---|---|---|---|---|
| | | Fair Value Measurements Using | | |
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| **Mutual Funds** | | | | |
| Target Date 2021-2025 | $ 362,086 | $ 362,086 | $ - | $ - |
| Target Date 2031-2035 | 264,708 | 264,708 | - | - |
| Target Date 2011-2015 | 254,267 | 254,267 | - | - |
| Intermediate-Term Bond | 129,846 | 129,846 | - | - |
| Target Date 2026-2030 | 117,949 | 117,949 | - | - |
| Large Blend | 86,480 | 86,480 | - | - |
| Target Date 2016-2020 | 60,109 | 60,109 | - | - |
| Target Date 2036-2040 | 41,815 | 41,815 | - | - |
| Target Date 2000-2010 | 34,646 | 34,646 | - | - |
| Target Date 2041-2045 | 31,712 | 31,712 | - | - |
| Large Growth | 31,352 | 31,352 | - | - |
| Intermediate Government | 29,790 | 29,790 | - | - |
| Small Blend | 21,783 | 21,783 | - | - |
| Foreign Large Blend | 17,056 | 17,056 | - | - |
| Money Market | 14,719 | 14,719 | - | - |
| Large Value | 13,107 | 13,107 | - | - |
| Target Date 2050+ | 13,049 | 13,049 | - | - |
| Diversified Emerging Markets | 7,919 | 7,919 | - | - |
| Real Estate | 5,765 | 5,765 | - | - |
| Mid-Cap Value | 4,132 | 4,132 | - | - |
| Mid-Cap Blend | 3,409 | 3,409 | - | - |
| Small Blend | 3,106 | 3,106 | - | - |
| Strategic Income | 1,331 | 1,331 | - | - |
| Small Value | 128 | 128 | - | - |
| | 1,550,264 | 1,550,264 | - | - |
| **Investment Contract with Principal** | 362,086 | - | - | 362,086 |
| | $ 1,912,350 | $ 1,550,264 | $ - | $ 362,086 |

# Colorado West Employee Retirement Plan

## Notes to Financial Statements

## December 31, 2010 and 2009

| | 2009 | | | |
|---|---|---|---|---|
| | | Fair Value Measurements Using | | |
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| **Mutual Funds** | | | | |
| Target Date 2011-2015 | $ 174,132 | $ 174,132 | $ - | $ - |
| Target Date 2021-2025 | 157,148 | 157,148 | - | - |
| Target Date 2031-2035 | 152,918 | 152,918 | - | - |
| Target Date 2026-2030 | 88,227 | 88,227 | - | - |
| Intermediate-Term Bond | 70,064 | 70,064 | - | - |
| Large Blend | 69,015 | 69,015 | - | - |
| Target Date 2016-2020 | 47,362 | 47,362 | - | - |
| Target Date 2000-2010 | 38,977 | 38,977 | - | - |
| Target Date 2036-2040 | 31,927 | 31,927 | - | - |
| Large Growth | 16,518 | 16,518 | - | - |
| Intermediate Government | 16,482 | 16,482 | - | - |
| Money Market | 15,727 | 15,727 | - | - |
| Target Date 2041-2045 | 13,102 | 13,102 | - | - |
| Small Blend | 10,054 | 10,054 | - | - |
| Large Value | 8,861 | 8,861 | - | - |
| Foreign Large Blend | 8,439 | 8,439 | - | - |
| Target Date 2050+ | 5,748 | 5,748 | - | - |
| Mid-Cap Blend | 4,439 | 4,439 | - | - |
| Mid-Cap Value | 4,089 | 4,089 | - | - |
| Diversified Emerging Markets | 3,875 | 3,875 | - | - |
| Real Estate | 3,118 | 3,118 | - | - |
| Mid-Cap Growth | 2,084 | 2,084 | - | - |
| | 942,306 | 942,306 | - | - |
| **Investment Contract with Principal** | 277,575 | - | - | 277,575 |
| | $ 1,219,881 | $ 942,306 | $ - | $ 277,575 |

The following is a reconciliation of the beginning and ending balance of recurring fair value measurements recognized in the accompanying statement of net assets available for benefits using significant unobservable (Level 3) inputs for the years ended December 31, 2010 and 2009:

| | | |
|---|---|---|
| Balance, March 1, 2009 (inception) | $ | - |
| Total realized and unrealized gains and losses included in net increase in net assets available for benefits | | - |
| Purchases, including interest income | | 463,208 |
| Sales | | (185,633) |
| Settlements | | - |
| Transfers in to and/or out of Level 3 | | - |
| Balance, December 31, 2009 | | 277,575 |
| Total realized and unrealized gains and losses included in net increase in net assets available for benefits | | - |
| Purchases, including interest income | | 101,167 |
| Sales | | (57,693) |
| Settlements | | - |
| Transfers in to and/or out of Level 3 | | - |
| Balance, December 31, 2010 | $ | 321,049 |

Realized and unrealized gains and losses included in net increase in net assets available for benefits for the year ended December 31, 2010 and the period from March 1, 2009 (inception) through December 31, 2009, are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

As the investment contract with Principal is valued at contract value, which approximates fair value, there are no realized or unrealized gains or losses related to the investment contract with Principal included in the net increase in net assets available for benefits. Interest earned on the investment contract with Principal is included under the caption “purchases, issuances and settlements (net)” in the above Level 3 reconciliation.

## Note 7: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

### *Current Economic Conditions*

The current protracted economic decline continues to present employee benefits plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information current available to the Plan.

Given the volatility of current economic conditions, that values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investments values that could negatively impact the Plan.

## Note 8: Risks and Uncertainties

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

# Supplemental Schedule

# Colorado West Employee Retirement Plan

## EIN 84-0625890 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

## December 31, 2010

| Identity of Issuer | Description of Investment | Cost | Current Value |
|---|---|---|---|
| * Prin LifeTime 2025 R1 Fund | Mutual Fund | ** | $ 362,086 |
| * Prin Fixed Income Guaranteed Option | Guaranteed Investment Contract | ** | 321,049 |
| * Prin LifeTime 2035 R1 Fund | Mutual Fund | ** | 264,708 |
| * Prin LifeTime 2015 R1 Fund | Mutual Fund | ** | 254,267 |
| PIMCO Total Return C Fund | Mutual Fund | ** | 129,846 |
| * Prin LifeTime 2030 R1 Fund | Mutual Fund | ** | 117,949 |
| * Prin LgCap S&P 500 Idx R1 Fund | Mutual Fund | ** | 86,480 |
| * Prin LifeTime 2020 R1 Fund | Mutual Fund | ** | 60,109 |
| * Prin LifeTime 2040 R1 Fund | Mutual Fund | ** | 41,815 |
| * Prin LifeTime 2010 R1 Fund | Mutual Fund | ** | 34,646 |
| * Prin LifeTime 2045 R1 Fund | Mutual Fund | ** | 31,712 |
| Am Fds Grth Fd of Am R1 Fund | Mutual Fund | ** | 31,352 |
| * Prin Govt & HQ Bond R1 Fund | Mutual Fund | ** | 29,790 |
| Fidelity Adv Small Cap C Fund | Mutual Fund | ** | 21,783 |
| Am Fds EuroPacific Grth R1 Fund | Mutual Fund | ** | 17,056 |
| * Principal Money Market R1 Fund | Mutual Fund | ** | 14,719 |
| MFS Value R1 Fund | Mutual Fund | ** | 13,107 |
| * Prin LifeTime 2050 R1 Fund | Mutual Fund | ** | 13,049 |
| * Prin Intl Emerg Mkts R1 Fund | Mutual Fund | ** | 7,919 |
| * Prin Real Estate Secs R1 Fund | Mutual Fund | ** | 5,765 |
| * Prin MidCap Value I R1 Fund | Mutual Fund | ** | 4,132 |
| * Prin MidCap S&P 400 Idx R1 Fund | Mutual Fund | ** | 3,409 |
| * Prin SmCap S&P 600 Idx R1 Fund | Mutual Fund | ** | 3,106 |
| * Prin Lifetime Str Income R1 | Mutual Fund | ** | 1,331 |
| * Prin SmCap Value R1 | Mutual Fund | ** | 128 |
| * Prin MidCap Growth R1 Fund | Mutual Fund | ** | - |
| | | | 1,871,313 |
| * Notes receivable from participants | | | 35,959 |
| | | | $ 1,907,272 |

* Party-in-interest as defined by ERISA

** Not required as investments are participant directed

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

COLORADO WEST EMPLOYEE RETIREMENT PLAN

EIN 26 4166271
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B) Identity of issuer, borrower, lessor or similar party. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|---|---|---|---|
| | American Funds Service Company | Registered Investment Company AM FDS EUROPACIFIC GRTH R1 FD | $ 0.00 | $ 17,055.57 |
| | American Funds Service Company | Registered Investment Company AM FDS GRTH FD OF AM R1 FUND | $ 0.00 | $ 31,351.74 |
| | Fidelity Investments | Registered Investment Company FIDELITY ADV SMALL CAP C FUND | $ 0.00 | $ 21,782.85 |
| | MFS Investment Management | Registered Investment Company MFS VALUE R1 FUND | $ 0.00 | $ 13,107.10 |
| | PIMCO Funds | Registered Investment Company PIMCO TOTAL RETURN C FUND | $ 0.00 | $ 129,845.82 |
| * | Principal Life Insurance Company | Insurance Company General PRIN FIXED INC GUAR OPTION | $ 0.00 | $ 321,049.74 |
| * | Princor Financial Services | Registered Investment Company PRIN GOVT & HQ BOND R1 FUND | $ 0.00 | $ 29,789.63 |
| * | Princor Financial Services | Registered Investment Company PRIN INTL EMERG MKTS R1 FUND | $ 0.00 | $ 7,918.90 |
| * | Princor Financial Services | Registered Investment Company PRIN LGCAP S&P 500 IDX R1 FUND | $ 0.00 | $ 86,479.73 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME STR INC R1 FUND | $ 0.00 | $ 1,330.61 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2010 R1 FUND | $ 0.00 | $ 34,645.51 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2015 R1 FUND | $ 0.00 | $ 254,267.22 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2020 R1 FUND | $ 0.00 | $ 60,108.86 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2025 R1 FUND | $ 0.00 | $ 362,086.43 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2030 R1 FUND | $ 0.00 | $ 117,949.20 |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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# SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

COLORADO WEST EMPLOYEE RETIREMENT PLAN

EIN 26 4166271
PLAN NUMBER 001
PLAN YEAR 01/01/2010 TO 12/31/2010

| (A) | (B) Identity of issuer, borrower, lessor or similar party. | (C) Description of investment including maturity date, rate of interest, collateral, par or maturity value. | (D) Cost | (E) Current Value |
|---|---|---|---|---|
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2035 R1 FUND | $ 0.00 | $ 264,707.79 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2040 R1 FUND | $ 0.00 | $ 41,814.98 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2045 R1 FUND | $ 0.00 | $ 31,711.79 |
| * | Princor Financial Services | Registered Investment Company PRIN LIFETIME 2050 R1 FUND | $ 0.00 | $ 13,049.21 |
| * | Princor Financial Services | Registered Investment Company PRIN MIDCAP S&P 400 IDX R1 FD | $ 0.00 | $ 3,409.41 |
| * | Princor Financial Services | Registered Investment Company PRIN MIDCAP VALUE I R1 FUND | $ 0.00 | $ 4,132.20 |
| * | Princor Financial Services | Registered Investment Company PRIN REAL ESTATE SECS R1 FUND | $ 0.00 | $ 5,764.73 |
| * | Princor Financial Services | Registered Investment Company PRIN SMALLCAP VALUE R1 FUND | $ 0.00 | $ 127.53 |
| * | Princor Financial Services | Registered Investment Company PRIN SMCAP S&P 600 IDX R1 FUND | $ 0.00 | $ 3,106.21 |
| * | Princor Financial Services | Registered Investment Company PRINCIPAL MONEY MARKET R1 FUND | $ 0.00 | $ 14,718.64 |
| | Participant Loans | Range of Interest Rates Rates Range From 5.25% To 5.25% | $ 0.00 | $ 35,959.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)