

<p><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>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>COLORADO LABORERS' VACATION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><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) <u>TRUSTEES - COLORADO LABORERS' VACATION FUND</u></p> <p><u>3033 SOUTH PARKER ROAD, TOWER 1, STE 360 AURORA, CO 80014</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/1979</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>84-0775618</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>303-745-0147</u></p> <p><b>2d</b> Business code (see instructions) <u>238100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/14/2025	ANTHONY TRUJILLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/14/2025	KEITH SWERDFEGER
	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

<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>	1512
<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>	1512
	<b>6a(2)</b>	1505
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	1505
	<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>	45

**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:  
4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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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

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

Receipt Confirmation Code \_\_\_\_\_

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<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>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>COLORADO LABORERS' VACATION 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>TRUSTEES - COLORADO LABORERS' VACATION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>84-0775618</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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**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)

COMPUSYS OF COLORADO, INC.

84-0721304

(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?
14 50	NONE	20400	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)

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17886	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)

ROBEIN, URANN, SPENCER, PICARD AND

72-0999672

(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 50	NONE	5112	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"/>

**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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>COLORADO LABORERS' VACATION 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>TRUSTEES - COLORADO LABORERS' VACATION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>84-0775618</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>	182282	287408
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	205656	126065
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	4689	11015
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3915	5940
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2034141	2021509
<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>		149634
<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>		
<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>		
<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:		<b>(a)</b> Beginning of Year	<b>(b)</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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2430683	2601571
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	3008	5740
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	2147307	2367364
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	2150315	2373104
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	280368	228467

**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>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	2004547	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		2004547
(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>		
<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>	5707	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	23812	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<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>		29519
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<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>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<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>		
<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>	40182	
<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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		3583
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2077831

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2076691	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2076691
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	20400	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	17886	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4687	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	5112	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	4956	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		53041
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2129732

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-51901
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **NEEDLES & ASSOCIATES, LLC**

(2) EIN: **51-0435869**

**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		500000
<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. ....			

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

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

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

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

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

# ***COLORADO LABORERS' VACATION FUND***

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***FINANCIAL STATEMENTS***  
***September 30, 2024 and 2023***

***COLORADO LABORERS' VACATION FUND***

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September 30, 2024 and 2023***

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## INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees  
Colorado Laborers' Vacation Fund  
Aurora, Colorado

### Opinion

We have audited the accompanying financial statements of Colorado Laborers' Vacation Fund , an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of September 30, 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 financial status of Colorado Laborers' Vacation Fund as of September 30, 2024 and 2023, and the changes in its financial status 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Colorado Laborers' Vacation Fund 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 Colorado Laborers' Vacation Fund '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.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Colorado Laborers' Vacation Fund '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 Colorado Laborers' Vacation Fund '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 of reportable transactions, together referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to

prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

*Needle & Associates, LLC*

Westminster, CO

June 30, 2025

***COLORADO LABORERS' VACATION FUND***

***Statements of Net Assets Available for Benefits  
September 30, 2024 and 2023***

	<u>2024</u>	<u>2023</u>
<b><i>Assets</i></b>		
Cash	\$ 287,408	\$ 182,282
Investments, at fair value		
Money market funds	\$ 5,940	\$ 3,906
Interest bearing cash	-	9
Government bonds	-	164,237
US Treasury bonds	2,021,509	1,869,904
Corporate bonds	149,634	-
Total investments, at fair value	<u>2,177,083</u>	<u>2,038,056</u>
Receivables		
Employers' contributions	126,065	205,656
Accrued interest	11,015	4,689
Total receivables	<u>137,080</u>	<u>210,345</u>
Total assets	<u>\$ 2,601,571</u>	<u>\$ 2,430,683</u>
<b><i>Liabilities</i></b>		
Accounts payable		
Operating	\$ 5,740	\$ 3,008
Total liabilities	<u>\$ 5,740</u>	<u>\$ 3,008</u>
<b><i>Net assets available for benefits</i></b>	<u>\$ 2,595,831</u>	<u>\$ 2,427,675</u>
Restricted Net Assets for:		
Vacation liability	<u>(2,367,364)</u>	<u>(2,147,307)</u>
<b><i>Net assets available for benefits</i></b>	<u>\$ 228,467</u>	<u>\$ 280,368</u>

The accompanying notes are an integral part of the financial statements.

***COLORADO LABORERS' VACATION FUND***

***Statements of Changes in Net Assets Available for Benefits***  
***Years Ended September 30, 2024 and 2023***

	<u>2024</u>	<u>2023</u>
<b><i>Additions</i></b>		
Contributions		
Employers'	\$ 2,004,547	\$ 1,942,001
Total contributions	<u>2,004,547</u>	<u>1,942,001</u>
Investment earnings		
Interest	23,812	13,316
Dividends	5,707	2,242
Net appreciation (depreciation) fair value	<u>40,182</u>	<u>42,258</u>
Total investment earnings	69,701	57,816
Other income	<u>3,583</u>	-
Total additions	<u>\$ 2,077,831</u>	<u>\$ 1,999,817</u>
<b><i>Deductions</i></b>		
Benefit payments	\$ 1,852,234	\$ 2,158,993
Increase (decrease) vacation liability	<u>224,457</u>	<u>(48,606)</u>
Total benefit payments	<u>2,076,691</u>	<u>2,110,387</u>
Operating expenses (Note J)	<u>53,041</u>	<u>45,979</u>
Total deductions	<u>\$ 2,129,732</u>	<u>\$ 2,156,366</u>
Net increase (decrease)	(51,901)	(156,549)
<b><i>Net assets available for benefits</i></b>		
Beginning of year	<u>\$ 280,368</u>	<u>\$ 436,917</u>
End of year	<u>\$ 228,467</u>	<u>\$ 280,368</u>

The accompanying notes are an integral part of the financial statements.

## ***COLORADO LABORERS' VACATION FUND***

### ***Notes to Financial Statements September 30, 2024 and 2023***

#### ***NOTE A - DESCRIPTION OF THE FUND***

The following description of the Colorado Laborers' Vacation Fund (Fund) provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a complete description of the Fund's provisions.

- **General**

The Fund was formed October 2, 1978, effective May 1, 1979, under an agreement between the Signatory Labor Committee representing the employers and the Colorado Laborers District Council, affiliated with the Laborers' International Union of North America, AFL-CIO representing the employees. The Fund covers all individuals employed under the terms of the collective bargaining agreement with the signatory contractors. The Board of Trustees consists of three labor representatives and three management representatives.

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Fund has contracted with CompuSys/ERISA Group to manage daily operations and Charles Schwab & Co., Inc. to act as custodian of the Trust assets. Transform Wealth, LLC. manages the Trust assets.

- **Tax exempt status**

The Internal Revenue Service has determined that the Trust established under the Fund to hold the Fund's assets is exempt from federal income tax under Internal Revenue Code Section 501(c)(9). The Trust established to hold the Fund's assets has obtained a favorable determination letter, in which the Internal Revenue Service stated that the trust, as designed, was in compliance with the applicable requirements of the Internal Revenue Code. The trust has been amended since receiving the determination letter. However, the Fund's Administrator and the Fund's tax counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Fund is no longer subject to income tax examinations by tax authorities for years preceding September 30, 2020.

- **Purpose**

The Fund's purpose is to provide vacation benefits for eligible employees of signatory employers.

## ***COLORADO LABORERS' VACATION FUND***

### ***Notes to Financial Statements September 30, 2024 and 2023***

#### ***NOTE A - DESCRIPTION OF THE FUND (Continued)***

- **Funding and benefits**

The collective bargaining agreements provide for employers to deduct from each employee's wages an amount as set forth in the applicable agreement for each hour worked under the collective bargaining agreement.

All contributions received for each covered employee are to be paid each year. No contributions will be used to pay administrative expenses. No vacation benefits are paid without receipt of actual contributions. Contributions received by the Fund are disbursed annually, on or about December 1.

- **Administrative expenses**

Administrative expenses are fully absorbed by the Fund and are fully covered by earnings on the Fund's investment assets. Excess investment earnings may be carried forward to later years or distributed to participants on a pro rata basis at the discretion of the trustees.

- **Other**

As Sponsor, the Board of Trustees has the right to modify the benefits provided. Although there is no intent at this time, the Fund may be terminated by joint agreement between labor and management trustees in accordance with the provisions set forth in ERISA. If there are any remaining Trust assets after the payment of all liabilities, it shall be applied to other uses at the sole discretion of the Trustees, in ways that best effectuate the general purposes of the Trust, including the transfer of said balance to another Trust established for the same general purpose. In no event, shall any Fund assets revert to any contributing employer.

#### ***NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES***

- **Basis of accounting**

The accompanying financial statements have been prepared using the accrual basis of accounting and presented in a format to coincide with the Form 5500.

- **Use of estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect reported amounts and disclosures. Actual results could differ from those estimates.

- **Investment valuation and income recognition**

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

***COLORADO LABORERS' VACATION FUND***

***Notes to Financial Statements  
September 30, 2024 and 2023***

***NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)***

- **Investment valuation and income recognition**  
Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.
- **Employers' contributions receivable**  
Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represents contributions applicable to periods prior to September 30 but collected subsequent to those dates. No disputed or undisputed, but uncollected receivables have been recorded. Management believes these receivables to be fully collectible. Consequently, no allowance for uncollectible receivables is necessary.
- **Subsequent events**  
Management has evaluated subsequent events through June 30, 2025, the date the financial statements were available to be issued.

***NOTE C – CONCENTRATION OF RISK***

Throughout the year ended September 30, 2024, the Fund held cash balances US Bank in excess of the federally insured limit. However, because the amounts held are in the interest of each participant which will be allocated and paid out in the near future, the account has a “pass-through” coverage therefore there are no un-insured amounts.

***NOTE D – RESTRICTION OF NET ASSETS***

The board of trustees has restricted net assets for the vacation liability to be paid to participants. The liability balances for the three years up to the current plan year, 2024, are as follows:

	Vacation Liability
	<u>Balance</u>
2022	\$ 108,136
2023	\$ 113,862
2024	<u>\$ 2,145,366</u>
	<u>\$ 2,367,364</u>

***NOTE E - PARTY-IN-INTEREST TRANSACTIONS***

Payments for professional services such as administration, investment management, legal, and auditing are reasonable and customary for such services.

***COLORADO LABORERS' VACATION FUND***

***Notes to Financial Statements  
September 30, 2024 and 2023***

***NOTE F - RISKS AND UNCERTAINTIES***

The Fund 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 those changes could materially affect the amounts reported in the statement of net assets available for benefits.

***NOTE G - INVESTMENTS***

During the years ended September 30, 2024 and 2023, the Fund's investments (including investments bought, sold, and held during the year) appreciated in fair value by \$40,182 and \$42,258, respectively. A detailed summary of these changes is as follows:

	<u>2024</u>	<u>2023</u>
Net Appreciation (depreciation)	<u>\$ 40,182</u>	<u>\$ 42,258</u>

***NOTE H - FAIR VALUE MEASUREMENTS***

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

**COLORADO LABORERS' VACATION FUND**

*Notes to Financial Statements  
September 30, 2024 and 2023*

**NOTE H - FAIR VALUE MEASUREMENTS (Continued)**

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

Following is a description of the valuation methodologies used for assets measures at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

*Interest bearing cash and money market funds:* Valued at the daily closing price as reported by the fund.

*U.S. government obligations, U.S. Treasury bonds, and corporate bonds:* 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund 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 Fund's investments have no unfunded commitment and can be redeemed at will by the Fund.

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value as of September 30, 2024 and 2023:

**Assets at fair value as of September 30, 2024**

Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,940	\$ -	\$ -	\$ 5,940
US Treasury bonds	-	2,021,509	-	2,021,509
Corporate bonds	-	149,634	-	149,634
Total assets at fair value	\$ 5,940	\$ 2,171,143	\$ -	\$ 2,177,083

**Assets at fair value as of September 30, 2023**

Description	Level 1	Level 2	Level 3	Total
Money market funds	\$ 3,906	\$ -	\$ -	\$ 3,906
Interest bearing cash	9	-	-	9
Government bonds	-	164,237	-	164,237
US Treasury bonds	-	1,869,904	-	1,869,904
Total assets at fair value	\$ 3,915	\$ 2,034,141	\$ -	\$ 2,038,056

**COLORADO LABORERS' VACATION FUND**

**Notes to Financial Statements  
September 30, 2024 and 2023**

**NOTE I - RECONCILIATION TO FORM 5500**

The following shows the difference between the restricted fund balance per the financial statements and the vacation liability per the Form 5500:

	<u>Per Audit</u>	<u>Per 5500</u>
Net assets available	\$ 2,595,831	\$ 2,595,831
Other liabilities	-	2,367,364
Restriction of Net assets available	<u>2,367,364</u>	<u>-</u>
Net assets available for benefits	<u>\$ 228,467</u>	<u>\$ 228,467</u>

**NOTE J - OPERATING EXPENSES**

The following is a detailed summary of the Plan's operating expenses for the years ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Third party administrator fees	\$ 20,400	\$ 20,400
Investment management - advisor fees	4,687	3,888
Legal fees	5,112	4,002
Audit fees	17,886	16,574
Insurance - bonding premiums	4,475	696
Office expenses	478	338
Other expenses	<u>3</u>	<u>81</u>
Total operating expenses	<u>\$ 53,041</u>	<u>\$ 45,979</u>

**NOTE K - DISTRIBUTION OF EXCESS ASSETS**

The Board of trustees approved an additional distribution with the payout scheduled for the December 1, 2024. This additional distribution was based on 10% of excess assets that comprised of participants' account balances for the December 1, 2024 payout.

**COLORADO LABORERS' VACATION FUND**

**EIN: 84-0775618, Plan Number 501**

**Form 5500, Schedule H, line 4i**

**Schedule of Assets (Held at End of Year)**

**September 30, 2024**

(a)	(b) Identity of issue, 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
		Maturity Date	Rate of Interest	Maturity Value		
	<b><i>Money market funds</i></b>					
*	Schwab Treasury Obligation Money	N/A	N/A	N/A	\$ 5,940	\$ 5,940
	<b><i>Total money market funds</i></b>					
					<u>\$ 5,940</u>	<u>\$ 5,940</u>
	<b><i>Corporate bonds</i></b>					
	Truist FINL Corp	10/26/2024	2.850%	150,000	\$ 147,509	\$ 149,634
	<b><i>Total corporate bonds</i></b>					
					<u>\$ 147,509</u>	<u>\$ 149,634</u>
	<b><i>US Treasury bonds</i></b>					
	US Treasury Bill 24	10/03/24		185,000	\$ 180,226	\$ 184,951
	US Treasury Bill 24	10/31/24		352,000	348,510	350,624
	US Treasury Nt	10/15/24	0.63%	135,000	133,252	134,768
	US Treasury Nt	10/31/24	2.25%	355,000	349,507	354,223
	US Treasury Nt	11/15/24	0.75%	541,000	528,085	538,380
	US Treasury Nt	11/15/24	2.25%	460,000	\$ 447,745	\$ 458,563
	<b><i>Total US government bonds</i></b>					
					<u>\$ 1,987,325</u>	<u>\$ 2,021,509</u>
	<b><i>Total assets (held at end of year)</i></b>					
					<u>\$ 2,140,774</u>	<u>\$ 2,177,083</u>

\* Denotes party in interest.

**COLORADO LABORERS' VACATION FUND**

**EIN:84-0775618, Plan Number 501**

**Form 5500, Schedule H, line 4j**

**Schedule of Reportable Transactions**

**Year Ended September 30, 2024**

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
US TREAS NTS NOTE 2.25% 11/15/24	DUE 11/15/24	447,745.00	-	N/A	N/A	447,745	447,745	-
US TREASURY 0.625% 10/15/2024	DUE 10/15/24	133,242.00	-	N/A	N/A	133,242	133,242	-
US TREASURY 0.75% 11/15/24	DUE 11/15/24	528,085.00	-	N/A	N/A	528,085	528,085	
US TREASURY 2.25% 10/31/24	DUE 10/31/24	349,507.00	-	N/A	N/A	349,507	349,507	
US TREASURY BILL 10/03/24	DUE 10/03/24	180,226.00	-	N/A	N/A	180,226	180,226	
US TREASURY BILL 10/31/24	DUE 10/31/24	348,510.00	-	N/A	N/A	348,510	348,510	
TRUIST FINANCIAL 2.85% 10/26/24	DUE 10/26/24	147,509.00	-	N/A	N/A	147,509	147,509	
US TREASURY BILL 11/14/2023	DUE 11/14/23	-	128,000	N/A	N/A	127,190	128,000	810
US TREASURY BILL 11/02/23	DUE 11/02/23	-	615,000	N/A	N/A	612,191	615,000	2,809
US TREASURY 0.250% 11/15/23	DUE 11/15/23	-	179,000	N/A	N/A	177,909	179,000	1,091
US TREASURY BILL 11/07/23	DUE 11/07/23	-	255,000	N/A	N/A	253,652	255,000	1,348
US TREASURY 2.75% 11/15/2023	DUE 11/15/23	-	424,000	N/A	N/A	422,609	424,000	1,391
US TREASURY BILL 10/05/23	DUE 10/05/23	-	175,000	N/A	N/A	174,923	175,000	77
Schwab Treasury Obligation Money	Money market fund	2,084,513	-	N/A	N/A	2,084,513	2,084,513	-
Schwab Treasury Obligation Money	Money market fund		2,082,487			2,082,487	2,082,487	-

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
		<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) ____
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
		<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/>		
<b>D</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
		<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . <input type="checkbox"/>		

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>		
<b>1a</b>	Name of plan Colorado Laborers' Vacation Fund	<b>1b</b>	Three-digit plan number (PN) ▶ 501
		<b>1c</b>	Effective date of plan 05/01/1979
<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) Trustees - Colorado Laborers' Vacation Fund  2821 S Parker Road, Suite 215  Aurora CO 80014	<b>2b</b>	Employer Identification Number (EIN) 84-0775618
		<b>2c</b>	Plan Sponsor's telephone number (303) 745-0147
		<b>2d</b>	Business code (see instructions) 238100

**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>		6/13/25	Anthony Trujillo
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		6/13/25	Keith Swerdfeger
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

**COLORADO LABORERS' VACATION FUND**

*EIN: 84-0775618, Plan Number 501*

*Form 5500, Schedule H, line 4i*

*Schedule of Assets (Held at End of Year)*

*September 30, 2024*

(a)	(b) Identity of issue, 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
		Maturity Date	Rate of Interest	Maturity Value		
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	<b><i>Total money market funds</i></b>					
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**COLORADO LABORERS' VACATION FUND**

**EIN:84-0775618, Plan Number 501**

**Form 5500, Schedule H, line 4j**

**Schedule of Reportable Transactions**

**Year Ended September 30, 2024**

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US TREASURY 0.75% 11/15/24	DUE 11/15/24	528,085.00	-	N/A	N/A	528,085	528,085	
US TREASURY 2.25% 10/31/24	DUE 10/31/24	349,507.00	-	N/A	N/A	349,507	349,507	
US TREASURY BILL 10/03/24	DUE 10/03/24	180,226.00	-	N/A	N/A	180,226	180,226	
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Schwab Treasury Obligation Money	Money market fund		2,082,487			2,082,487	2,082,487	-