

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&W TRUST
1b Three-digit plan number (PN) 501
1c Effective date of plan 12/31/1985
2a Plan sponsor's name (employer, if for a single-employer plan) TRUSTEES-DENVER THEATRICAL STAGE EMP LU 7 H&W TRUST
2b Employer Identification Number (EIN) 46-7508056
2c Plan Sponsor's telephone number 303-534-2423
2d Business code (see instructions) 711100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Dean Ladany (08/27/2025) and Philip Hiester (08/25/2025).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	153
<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>	143
	<b>6a(2)</b>	182
	<b>6b</b>	9
	<b>6c</b>	0
	<b>6d</b>	191
	<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>	118

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

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

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

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

<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 checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(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)

---

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

---

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

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

---

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

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

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

---

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

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

<p><b>A</b> Name of plan <b>DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&amp;W TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-DENVER THEATRICAL STAGE EMP LU 7 H&amp;W TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>46-7508056</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**KAISER FOUNDATION HEALTH PLAN OF COLORADO**

(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
84-0591617	95669	26947	289	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2985423
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

<p><b>A</b> Name of plan <b>DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&amp;W TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-DENVER THEATRICAL STAGE EMP LU 7 H&amp;W TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>46-7508056</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**DELTA DENTAL OF COLORADO**

(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
83-4416613	55875	00000001386	237	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	81791	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		81791
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	66711	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	289	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		67000
	(4) Claims charged .....	<b>9b(4)</b>		67000
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	10756	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	1636	
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		12392
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		5557
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

<p><b>A</b> Name of plan <b>DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&amp;W TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-DENVER THEATRICAL STAGE EMP LU 7 H&amp;W TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>46-7508056</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**HARTFORD LIFE AND ACCIDENT**

(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
06-0838648	70815	803635G	344	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	35671
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

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

<b>A</b> Name of plan <b>DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&amp;W TRUST</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-DENVER THEATRICAL STAGE EMP LU 7 H&amp;W TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7508056</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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

SPENCER FANE LLP

44-0561981

(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	130628	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)

ADMINISTRATOR

46-7508056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107800	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)

ROYLE VAZQUEZ LLP

92-1092242

(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	29712	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RBC WEALTH MANAGEMENT

41-1416330

(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?
51	NONE	25665	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WPAS, INC.

91-1363171

(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?
15 50	NONE	15600	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)

DENVER MANAGEMENT ADVISORS, INC.

55-0888767

(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?
16 22 50	NONE	14198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CORELLIAN SOFTWARE, INC.

47-1372895

(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?
15 50	NONE	7049	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)

LAUTERBACH & AMEN, LLP

36-4133681

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	6400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

<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>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&amp;W TRUST</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-DENVER THEATRICAL STAGE EMP LU 7 H&amp;W TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7508056</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	620	870
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	245491	211653
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	112357	137672
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	588003	1318672
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	250	143
<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>	7638890	10582151
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	189219	83184
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	305149	152904
<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>	887771	1154717
<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>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9967750	13641966
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	50405	14713
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2370901	3237739
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2421306	3252452
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	7546444	10389514

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6313191	
(B) Participants.....	2a(1)(B)	1500	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		6314691
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	28818	
(B) U.S. Government securities.....	2b(1)(B)	14	
(C) Corporate debt instruments.....	2b(1)(C)	502595	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		531427
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	4860	
(B) Common stock.....	2b(2)(B)	10887	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	94978	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		110725
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1136728	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1083032	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		53696
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-151766	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<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>		70087
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		6928860

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	3736249	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3736249
<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>	130449	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	29712	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	25665	
(7) Actuarial fees .....	<b>2i(7)</b>	20598	
(8) Legal fees .....	<b>2i(8)</b>	130628	
(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>	12489	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		349541
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4085790

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2843070
<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: ROYLE VAZQUEZ LLP

(2) EIN: 92-1092242

**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.		X	

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

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

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

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

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

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Financial Statements

December 31, 2024

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Financial Statements With Supplementary Information

December 31, 2024 and 2023

**Contents**

Independent Auditor's Report .....Page 1-3

Statements of Net Assets Available for Benefits.....Page 4

Statements of Changes in Net Assets Available for Benefits.....Page 5

Statements of Benefit Obligations .....Page 6

Statements of Changes in Benefit Obligations.....Page 7

Notes to Financial Statements.....Page 8-17

Supplemental Information

    Schedules of Administrative Expenses .....Page 18

    Schedule of Assets (Held at End of Year).....Page 19-21



Nolan Royle, CPA, MBA  
Nolan@rvaudit.com - 970-390-1845  
Alma Vazquez, AHFI, MPAcc  
Alma@rvaudit.com - 720-329-6845  
Broomfield, CO  
[WWW.RVAUDIT.COM](http://WWW.RVAUDIT.COM)

## INDEPENDENT AUDITOR'S REPORT

To the Participants and Board of Trustees of the  
Denver Theatrical Stage Employees' Union  
Local No. 7 Health and Welfare Trust Fund

### ***Opinion***

We have audited the financial statements of Denver Theatrical Stage Employees' Union Local No. 7 Health and Welfare Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Denver Theatrical Stage Employees' Union Local No. 7 Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Denver Theatrical Stage Employees' Union Local No. 7 Health and Welfare Trust 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 the Plan's ability to continue as a going concern for one year after the date that 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year represent supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Royle Varquez LLP*

Broomfield, Colorado  
September 17, 2025

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments, at Fair Value		
Interest Bearing Cash	\$ 1,318,672	\$ 588,003
Mutual Funds	967,717	887,771
Exchange Traded Funds	187,000	-
Common Stock	152,904	305,149
Preferred Stock	83,184	189,219
U.S. Government and Agency Obligations	143	250
Corporate Bonds	10,582,151	7,638,890
Total Investments	13,291,771	9,609,282
Receivables		
Employer Contributions Receivable	211,653	245,491
Accrued Interest	137,672	98,087
Total Receivables	349,325	343,578
Cash	870	620
Prepaid Expenses	-	14,270
Total Assets	13,641,966	9,967,750
<b>LIABILITIES AND NET ASSETS</b>		
Liabilities		
Accounts Payable	14,713	50,405
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 13,627,253</b>	<b>\$ 9,917,345</b>

See accompanying notes to financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS</b>		
Contributions		
Employer Contributions	\$ 6,313,191	\$ 4,900,030
Participant Contributions	1,500	4,435
Total Contributions	6,314,691	4,904,465
Investment Income		
Interest and Dividends	642,152	423,492
Net Appreciation (Depreciation) in Fair Value of Investments	(27,983)	217,543
Less: Investment Expenses	(25,665)	(29,450)
Net Investment Income (Loss)	588,504	611,585
Total Additions	6,903,195	5,516,050
<b>DEDUCTIONS</b>		
Benefits Provided		
Insured Benefits		
Health	2,748,455	2,365,400
Dental	82,121	76,283
Life & AD&D	38,835	33,832
Total Benefits Provided	2,869,411	2,475,515
Administrative Expenses	323,876	215,538
Total Deductions	3,193,287	2,691,053
Change in Net Assets Available for Benefits	3,709,908	2,824,997
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	9,917,345	7,092,348
End of Year	\$ 13,627,253	\$ 9,917,345

See accompanying notes to financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF BENEFIT OBLIGATIONS  
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Accumulated Eligibility Credits	\$ 2,940,000	\$ 2,370,901
Insurance Premiums Payable	297,739	-
	<u>3,237,739</u>	<u>2,370,901</u>
 <b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current Retirees	337,989	388,486
Other Participants Fully Eligible for Benefits	1,035,709	1,009,012
Other Participants Not Yet Fully Eligible for Benefits	962,581	1,082,059
	<u>2,336,279</u>	<u>2,479,557</u>
 <b>TOTAL BENEFIT OBLIGATIONS</b>	 <u>\$ 5,574,018</u>	 <u>\$ 4,850,458</u>

See accompanying notes to financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS</b>		
Balance at Beginning of Year	\$ 2,370,901	\$ 2,366,021
Increase (Decrease) During the Year Attributable to Accumulated Eligibility Credits	569,099	4,880
Increase (Decrease) During the Year Attributable to Insurance Premiums Payable	297,739	-
	3,237,739	2,370,901
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Balance at Beginning of Year	2,479,557	2,593,361
Increase (Decrease) During the Year Attributable to Service Cost	71,764	72,527
Interest Cost	116,491	126,048
Actuarial Experience (Gain) Loss	(236,335)	(198,028)
Benefits Paid	(95,198)	(114,351)
	2,336,279	2,479,557
<b>TOTAL BENEFIT OBLIGATIONS</b>	<b>\$ 5,574,018</b>	<b>\$ 4,850,458</b>

See accompanying notes to financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

**Note 1. Description of Plan**

The following description of the Denver Theatrical Stage Employees' Union Local No. 7 Health and Welfare Trust Fund (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

**General** – The Plan is a multiemployer health and welfare benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was established on December 31, 1985 under an agreement with Denver Theatrical Stage, Film & Exhibition Employees' Union, Local 7 (Local 7). The Plan is administered by a Board of Trustees (Trustees) with equal representation by the employers and the Local. The Plan has contracted with an administrative manager to manage daily operations and RBC Wealth Management as custodian of the Plan's assets.

**Benefits** – The Plan provides comprehensive major medical benefits including hospital care, surgical benefits, and physicians' visits provided by Kaiser Foundation Health Plan of Colorado under a fully insured group policy. The Plan provides dental benefits provided by Delta Dental of Colorado under a fully insured group policy. Additionally, the Plan offers life and AD&D benefits provided by The Hartford. Insurance premiums are paid by assets of the Plan.

**Note 2. Summary of Significant Accounting Policies**

**Method of Accounting** – The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Under this basis, revenue is recognized when earned and expenses when incurred.

**Investment Valuation and Income Recognition** – The Plan's investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

**Contributions Receivable** – The Plan estimates amounts receivable from reporting employers at year end based upon amounts collected subsequent to year end. The Plan considers the receivables to be fully collectible. The Plan has a policy of performing payroll audits on the records of contributing employers. Delinquencies may arise from these procedures; however, due to uncertainty of collection, no allowance for doubtful receivables is required.

**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 assets, liabilities, benefit obligations, and changes therein and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Benefit Obligations** – The liability for accumulated eligibility represents estimated future benefits based on participants' accumulated eligibility credits. Postretirement benefit obligations were estimated by the Plan's actuary based on assumptions described in Note 8.

**Payment of Benefits** – Insurance premiums are recorded upon distribution.

**Note 3.       Priorities Upon Termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees subject to the provisions of ERISA. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

**Note 4.       Tax Status**

The trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) as a tax-exempt organization. The Plan has obtained a favorable determination letter from the Internal Revenue Service and the Plan Sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Note 5. Funding Policy**

The Plan is funded primarily by employer contributions as determined by collective bargaining agreements. The Plan may also receive contributions from participants electing COBRA coverage. COBRA participant contribution rates are the actual cost of the applicable insurance premium, with no additional administrative fees. These rates are in accordance with COBRA regulations and approved by the Trustees.

**Note 6. Fair Value Measurements**

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

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

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

*Interest Bearing Cash:* Valued at cost, which approximates fair value.

*Common and Preferred Stocks, Mutual Funds, and Exchange Traded Funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Corporate Bonds and U.S. Government and Agency Obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

<b>Description</b>	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Interest Bearing Cash	\$ 1,318,672	\$ 1,318,672	\$ -	\$ -
Mutual Funds	967,717	967,717	-	-
Exchange Traded Funds	187,000	187,000	-	-
Common Stock	152,904	152,904	-	-
Preferred Stock	83,184	83,184	-	-
U.S. Government and Agency Obligations	143	-	143	-
Corporate Bonds	<u>10,582,151</u>	-	<u>10,582,151</u>	-
Total Investments, at Fair Value:	<u>\$ 13,291,771</u>	<u>\$ 2,709,477</u>	<u>\$ 10,582,294</u>	<u>\$ -</u>

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

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

Description	Total	Level 1	Level 2	Level 3
Interest Bearing Cash	\$ 588,003	\$ 588,003	\$ -	\$ -
Mutual Funds	887,771	887,771	-	-
Common Stock	305,149	305,149	-	-
Preferred Stock	189,219	189,219	-	-
U.S. Government and Agency Obligations	250	-	250	-
Corporate Bonds	7,638,890	-	7,638,890	-
Total Investments, at Fair Value:	<u>\$ 9,609,282</u>	<u>\$ 1,970,142</u>	<u>\$ 7,639,140</u>	<u>\$ -</u>

**Note 7. Active Participants' Accumulated Eligibility**

The Board of Trustees has established a plan of continuing eligibility based on hours worked during a specified measurement period.

**Initial Eligibility** – Eligibility for single coverage under the Plan requires the equivalent of at least 1,500 hours worked in a 12-month period, measured as follows: An Employee who works at least 1,250 hours in a 10-month period, measured from his or her date of hire, shall be eligible for single coverage. Eligibility for family coverage under the Plan requires the equivalent of at least 2,000 hours worked in a 12-month period, measured as follows: An Employee who works at least 1,670 hours in a 10-month period, measured from his or her date of hire, shall be eligible for family coverage.

Once an employee satisfies the applicable eligibility requirement, coverage becomes effective 60 days later, provided the employee completes and submits all necessary enrollment paperwork. The initial 12-month coverage period will begin on the employee's first anniversary date.

**Continuing Eligibility** – Eligibility for single coverage under the Plan requires the equivalent of at least 1,350 hours worked in a 12-month period measured as follows: An Employee who works at least 1,125 hours during the 10-month period measured from his or her anniversary date shall continue his or her single coverage for the following 12-month coverage period. Eligibility for family coverage under the Plan requires the equivalent of at least 1,800 hours worked in a 12-month period, measured as follows: An Employee who works at least 1,500 hours during the 10-month period measured from his or her anniversary date shall continue his or her family coverage for the following 12-month coverage period.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

If an employee does not meet these continuing eligibility thresholds, they may still remain eligible for coverage if their average wage earning equivalent over the prior three years equals the minimum required hours for their level of coverage. The wage earning equivalent shall be calculated and determined by the Plan Administrative Manager.

At December 31, 2024 and 2023, the active participants had earned and accumulated eligibility for benefits in future periods totaling approximately \$2,940,000 and \$2,370,901, respectively. The estimated liability for accumulated eligibility at December 31, 2024 and 2023 is calculated by multiplying the months of accumulated eligibility by the applicable insurance premiums.

**Note 8. Postretirement Benefit Obligations**

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan Retirees. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

The following are some of the significant assumptions used in the valuations as of December 31, 2024 and 2023:

	2024	2023
<b>Discount Rate:</b>	5.49%	4.79%
<b>Mortality:</b>	RP-2014 Mortality Table, Blue Collar, for Males and Females, with fully-generational mortality improvement using scale MP-2018 (multiplied by 50%).	RP-2014 Mortality Table, Blue Collar, for Males and Females, with fully-generational mortality improvement using scale MP-2018 (multiplied by 50%).
<b>Health Trend Rates:</b>		
Medical - Pre-65	11.00% in 2025 graded to 5.00% in 2035 and subsequent periods	14.10% in 2024 graded to 5.00% in 2028 and subsequent periods
Medical - Post-65	0.00% in 2025 graded to 5.0% in 2035 and subsequent periods	0.00% in 2024 graded to 4.4% in 2028 and subsequent periods
Dental	0.00% in 2025 graded to 4.5% in 2035 and subsequent periods	2.92% in 2024 graded to 3.5% in 2028 and subsequent periods
<b>Rates of Retirement:</b>	Assumed to Retire at age 65 with 25 years of service. Employees without at least 25 years of service by age 72 are not assumed to participate in the retiree health plan.	Assumed to Retire at age 65 with 25 years of service. Employees without at least 25 years of service by age 72 are not assumed to participate in the retiree health plan.
<b>Election at Retirement:</b>		
Medical	100% of future retirees are assumed to elect medical coverage at retirement.	100% of future retirees are assumed to elect medical coverage at retirement.
Dental	65% of future retirees are assumed to elect dental coverage at retirement.	65% of future retirees are assumed to elect dental coverage at retirement.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

The trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$309,276 and \$297,983, respectively.

**Note 9. Related Party and Party-In-Interest Transactions**

The Plan has a service and compensation Agreement pursuant to ERISA 408(b)(2) with Denver Theatrical Stage, Film & Exhibition Employees' Union, Local 7 (Local 7) that the Trustees review annually. The Plan also reimburses Local 7 for expenses incurred for providing services. For the years ended December 31, 2024 and 2023, payments made to Local 7 totaled \$18,211 and \$18,776, respectively.

Payments for professional services such as actuarial, administration, auditing, consulting, investment management, legal, and other services rendered by parties in interest are considered reasonable and customary for such services.

Certain Plan investments are managed by RBC Wealth Management, who is the custodian for the Plan. Therefore, these transactions qualify as party-in-interest transactions.

**Note 10. Cash Concentrations**

Cash and cash equivalents as of December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
RBC Wealth Management:		
Health & Welfare Checking	\$ 902,877	\$ 303,101
RBC Insured Deposits	415,795	284,902
RBC Cash	870	620
	<u>\$ 1,319,542</u>	<u>\$ 588,623</u>
Total:		

Management believes the Plan maintains cash deposits in bank accounts with financial institutions deemed creditworthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. At times, balances may exceed federally insured limits.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

**Note 11. Risks and Uncertainties**

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

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

**Note 12. Concentration of Contributions**

Four signatory employers each contributes more than five percent of total contributions. The withdrawal of one or more of these employers may impact the funding of the Plan.

**Note 13. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits, per the financial statements as of December 31, 2024 and 2023, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits, per the financial statements:	\$ 13,627,253	\$ 9,917,345
Less - accumulated eligibility:	(2,940,000)	(2,370,901)
Less - premiums payable:	(297,739)	-
Net assets available for benefits, per Form 5500:	<u>\$ 10,389,514</u>	<u>\$ 7,546,444</u>

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

---

The following is a reconciliation of benefits provided, per the financial statements, to the Form 5500, for the year ended December 31, 2024:

	<u>2024</u>
Benefits provided, per the financial statements:	\$ 2,869,411
Add - accumulated eligibility as of December 31, 2024:	2,940,000
Add - premiums payable as of December 31, 2024:	297,739
Less - accumulated eligibility as of December 31, 2023:	<u>(2,370,901)</u>
Benefits provided, per Form 5500:	<u>\$ 3,736,249</u>

**Note 14. Plan Amendments**

The Plan was amended for the following:

Plan Amendment No. 7:

Effective January 1, 2023, the Special Enrollment Rights were updated to clarify that eligible employees and/or their dependents can enroll in the Plan after a Special Enrollment Event. These events include acquiring a new dependent through marriage, birth, or adoption; losing other coverage; or gaining or losing eligibility for financial assistance under Medicaid or a State Children's Health Insurance Program. As long as the employee and/or dependent(s) meet the eligibility requirements and complete the enrollment process correctly and on time, their coverage will begin on the date of the Special Enrollment Event. Amendment No. 7 also updated the Board of Trustees information as of May 31, 2023.

Participants should refer to the plan document and/or summary plan description for more detailed information regarding Plan amendments.

**Note 15. Subsequent Events Review**

The Plan has evaluated subsequent events through September 17, 2025, the date the financial statements were available to be issued. This review and evaluation revealed no material events that would require adjustment to or disclosure in the accompanying financial statements.

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
Administrative		
Administrative Manager	\$ 107,800	\$ 50,947
Administrative - Eligibility	15,600	13,450
Administrative - Remittance Processing	7,049	4,470
Professional Fees		
Actuarial and Consulting	20,598	7,425
Audit Fees	29,712	24,408
Legal Fees	130,628	106,902
Insurance		
Insurance - Bonding Premiums	4,944	3,665
Office and Other		
Office Expenses	6,270	3,075
Other Expenses	1,275	1,196
Total Administrative Expenses	\$ 323,876	\$ 215,538

**DENVER THEATRICAL STAGE EMPLOYEES' UNION  
LOCAL NO. 7 HEALTH AND WELFARE TRUST FUND**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024**

Form 5500, Schedule H, Line 4i

EIN: 46-7508056  
Plan No. 501

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:				Rate of Interest	Par/Maturity Value	(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date					
<b>Interest Bearing Cash</b>									
*	RBC Wealth Management	Checking - Cash Mgmt	N/A	N/A	VAR	N/A	\$ 902,877	\$ 902,877	
*	RBC Wealth Management	Insured Deposits	N/A	N/A	VAR	N/A	415,795	415,795	
<b>Total Interest Bearing Cash</b>							<u>1,318,672</u>	<u>1,318,672</u>	
<b>Mutual Funds</b>									
	New Economy Fd	Mutual Fund	N/A	N/A	N/A	N/A	61,581	74,631	
	New Perspective Fd Inc	Mutual Fund	N/A	N/A	N/A	N/A	53,935	68,970	
	Europacific Growth Fd	Mutual Fund	N/A	N/A	N/A	N/A	47,864	44,846	
	American Mut Fd Inc	Mutual Fund	N/A	N/A	N/A	N/A	56,767	77,489	
	Massachusetts Investors	Mutual Fund	N/A	N/A	N/A	N/A	81,652	103,572	
	Massachusetts Investors	Mutual Fund	N/A	N/A	N/A	N/A	85,512	90,907	
	Mfs Growth Fund	Mutual Fund	N/A	N/A	N/A	N/A	72,932	111,482	
	Mfs Research Fund-CI I	Mutual Fund	N/A	N/A	N/A	N/A	91,354	111,620	
	Mfs Ser Tr	Mutual Fund	N/A	N/A	N/A	N/A	60,000	67,081	
	Mfs Ser Tr I	Mutual Fund	N/A	N/A	N/A	N/A	119,637	130,765	
	Washington Mut Invs Fd Inc	Mutual Fund	N/A	N/A	N/A	N/A	68,331	86,355	
<b>Total Mutual Funds</b>							<u>799,564</u>	<u>967,717</u>	
<b>Exchange Traded Funds</b>									
	First Trust Exchange Traded Fund	ETF	N/A	N/A	N/A	N/A	186,637	187,000	
<b>Total Exchange Traded Funds</b>							<u>186,637</u>	<u>187,000</u>	
<b>Common Stock</b>									
	Duke Energy Corporation	Common Stock	N/A	N/A	N/A	N/A	40,444	43,096	
	Kraft Heinz Company	Common Stock	N/A	N/A	N/A	N/A	40,314	30,710	
	Restaurant Brands	Common Stock	N/A	N/A	N/A	N/A	40,698	39,108	
	Verizon Communications	Common Stock	N/A	N/A	N/A	N/A	37,972	39,990	
<b>Total Common Stock</b>							<u>159,429</u>	<u>152,904</u>	
<b>Preferred Stock</b>									
	Bank Of America Corporation	Preferred Stock	N/A	1/31/2025	5.875%	1,200	29,435	29,688	
	Jpmorgan Chase & Co	Preferred Stock	N/A		4.750%	1,200	31,283	25,620	
	Prudential Financial Inc	Preferred Stock	N/A	1/31/2025	5.625%	1,200	28,561	27,876	
<b>Total Preferred Stock</b>							<u>89,280</u>	<u>83,184</u>	
<b>U.S. Government and Agency Obligations</b>									
	GNMA Pass Thru Pool#002116M	Government Bond	N/A	11/20/2025	7.000%	150,000	20	20	
	GNMA Pass Thru Pool#002799M	Government Bond	N/A	8/20/2029	8.000%	25,000	3	3	
	GNMA Pass Thru Pool#781277X	Government Bond	N/A	12/15/2028	7.000%	90,000	122	120	
<b>Total U.S. Government and Agency Obligations</b>							<u>145</u>	<u>143</u>	
<b>Corporate Bonds</b>									
	Abbvie Inc Sr Glbl Nt	Corporate Bond	N/A	11/21/2029	3.200%	50,000	48,578	46,397	
	Albemarle Corp	Corporate Bond	N/A	6/1/2027	4.650%	75,000	74,493	74,366	
	Ally Financial Inc	Corporate Bond	N/A	11/15/2027	7.100%	100,000	103,243	105,532	
	Amazon Com Inc	Corporate Bond	N/A	12/1/2029	4.650%	50,000	49,961	50,331	
	Amerada Hess Corp	Corporate Bond	N/A	10/1/2029	7.875%	45,000	49,855	50,111	
	American Express Co	Corporate Bond	N/A	5/3/2029	4.050%	50,000	47,667	48,819	
	American Express Co Sr Nt	Corporate Bond	N/A	11/5/2027	5.850%	50,000	50,638	51,562	
	Apple Inc	Corporate Bond	N/A	5/8/2026	4.421%	40,000	40,110	39,936	
	Apple Inc	Corporate Bond	N/A	5/10/2028	4.000%	70,000	69,851	68,924	
	Apple Inc	Corporate Bond	N/A	5/10/2030	4.150%	65,000	64,827	64,374	
	At & T Inc	Corporate Bond	N/A	5/15/2029	6.625%	50,000	53,880	52,871	
	At&T Inc	Corporate Bond	N/A	11/15/2031	8.000%	75,000	90,410	87,970	
	Autonation Inc	Corporate Bond	N/A	10/1/2025	4.500%	40,000	39,146	39,845	
	Avnet Inc	Corporate Bond	N/A	4/15/2026	4.625%	100,000	101,714	99,359	
	B A T Cap Corp	Corporate Bond	N/A	4/2/2027	4.700%	50,000	49,389	49,787	
	Banc Amer Fdg Corp	Corporate Bond	N/A	9/20/2032	6.000%	696,000	236	230	
	Bank America Corp	Corporate Bond	N/A	6/26/2030	5.500%	70,000	70,494	68,821	
	Bank One Corp Jr Sb	Corporate Bond	N/A	9/1/2030	8.750%	60,000	70,719	70,367	
	Bed Bath & Beyond Inc	Corporate Bond	N/A	8/1/2024	3.749%	45,000	41,262	457	
	Best Foods Inc	Corporate Bond	N/A	4/15/2028	6.625%	70,000	75,232	73,795	
	Blackstone Private Credit	Corporate Bond	N/A	1/15/2029	4.000%	75,000	71,750	70,866	

		(c) Description of Investment, Including:							
(b) Identity of Issue, Borrower,					Rate of	Par/Maturity			
(a) Lessor, or Similar Party	Description	Collateral	Maturity Date	Interest	Value	(d) Cost	(e) Current Value		
Block Financial Corp	Corporate Bond	N/A	10/1/2025	5.250%	25,000	25,194	25,024		
Brighthouse Financial Inc	Corporate Bond	N/A	5/15/2030	5.625%	260,000	259,336	265,564		
Brighthouse Finl Inc	Corporate Bond	N/A	6/22/2027	3.700%	100,000	100,112	97,027		
Bristol Myers Squibb Co	Corporate Bond	N/A	2/22/2031	5.100%	70,000	74,005	70,521		
Broadcom Inc Sr Gbl Nt	Corporate Bond	N/A	4/15/2030	5.000%	80,000	81,911	80,013		
Burlington Northn Santa Fe	Corporate Bond	N/A	8/15/2030	7.950%	75,000	83,926	86,616		
C H Robinson Worldwide Inc	Corporate Bond	N/A	4/15/2028	4.200%	75,000	72,620	73,039		
Cabot Corp	Corporate Bond	N/A	9/15/2026	3.400%	50,000	50,183	48,727		
Capital One Financial Corp	Corporate Bond	N/A	2/1/2029	5.468%	50,000	49,487	50,344		
Capital One Finl Corp	Corporate Bond	N/A	10/29/2025	4.200%	50,000	49,806	49,674		
Capital One Finl Corp	Corporate Bond	N/A	10/29/2025	4.200%	55,000	54,522	54,641		
Cdw Llc / Cdw Finance Corp	Corporate Bond	N/A	3/1/2030	5.100%	70,000	72,253	68,922		
Celanese Us Hldgs Llc	Corporate Bond	N/A	3/15/2025	6.050%	30,000	29,901	30,021		
Cheniere Energy Partners L P	Corporate Bond	N/A	3/1/2031	4.000%	70,000	67,992	64,772		
Chubb Corp	Corporate Bond	N/A	11/15/2031	6.800%	75,000	83,536	82,063		
Citigroup Inc	Corporate Bond	N/A	6/10/2025	4.400%	75,000	75,003	74,774		
Citigroup Inc	Corporate Bond	N/A	9/29/2027	4.450%	100,000	103,765	98,656		
Coach Inc	Corporate Bond	N/A	7/15/2027	4.125%	100,000	100,810	97,967		
Comcast Corp	Corporate Bond	N/A	10/15/2030	4.250%	130,000	126,864	125,341		
Comcast Corp	Corporate Bond	N/A	1/15/2029	4.550%	75,000	75,880	74,263		
Comerica Inc	Corporate Bond	N/A	2/1/2029	4.000%	50,000	42,131	47,416		
Commonspirit Health 2024A	Corporate Bond	N/A	12/1/2031	5.205%	125,000	126,008	124,506		
Concentrix Corporation	Corporate Bond	N/A	8/2/2028	6.600%	75,000	76,761	76,946		
Continental Resources Inc Sr	Corporate Bond	N/A	1/15/2028	4.375%	45,000	43,274	43,771		
Crown Castle Inc Sr Nt	Corporate Bond	N/A	6/1/2029	5.600%	75,000	75,880	76,429		
Cvs Health Corp	Corporate Bond	N/A	1/30/2031	5.250%	50,000	50,599	48,841		
Cvs Health Corporation	Corporate Bond	N/A	2/20/2026	5.000%	70,000	69,780	69,936		
Darden Restaurants Inc	Corporate Bond	N/A	10/15/2029	4.550%	75,000	74,080	73,168		
Deere John Capital Corp Sr Nt	Corporate Bond	N/A	10/11/2029	4.850%	50,000	50,161	50,334		
Dell Computer Corp	Corporate Bond	N/A	4/15/2028	7.100%	100,000	102,926	106,423		
Dell Intl L L C	Corporate Bond	N/A	10/1/2026	4.900%	50,000	50,350	50,146		
Delta Air Lines Inc Del	Corporate Bond	N/A	1/15/2026	7.375%	75,000	75,558	76,612		
Discover Financial Services	Corporate Bond	N/A	1/30/2026	4.500%	50,000	50,220	49,790		
Ecolab Inc	Corporate Bond	N/A	3/24/2030	4.800%	50,000	49,874	50,056		
Edison International	Corporate Bond	N/A	3/15/2028	4.125%	45,000	42,970	43,646		
Edison Intl	Corporate Bond	N/A	11/15/2029	6.950%	45,000	47,513	48,047		
Edison Intl	Corporate Bond	N/A	6/15/2027	5.750%	75,000	77,891	76,245		
Elevance Health Inc	Corporate Bond	N/A	9/15/2029	2.875%	50,000	47,614	45,500		
Expedia Group Inc	Corporate Bond	N/A	8/1/2027	4.625%	50,000	48,861	49,787		
Fedex Corp	Corporate Bond	N/A	8/5/2029	3.100%	50,000	48,534	46,345		
Fidelity Natl Finl	Corporate Bond	N/A	8/15/2028	4.500%	45,000	45,000	44,150		
Florida Pwr & Lt Co	Corporate Bond	N/A	4/1/2028	5.050%	70,000	71,371	70,680		
Ford Motor Company Del	Corporate Bond	N/A	11/15/2025	7.125%	35,000	35,350	35,579		
Ford Motor Credit Co Llc	Corporate Bond	N/A	2/20/2025	3.300%	80,000	73,937	79,698		
Gatx Corporation	Corporate Bond	N/A	11/7/2028	4.550%	50,000	52,292	49,162		
General Electric Capital Corp	Corporate Bond	N/A	10/1/2027	6.800%	70,000	65,935	67,005		
General Motors Co	Corporate Bond	N/A	10/1/2027	6.800%	50,000	51,855	52,214		
General Motors Financial Co	Corporate Bond	N/A	7/13/2025	4.300%	50,000	49,907	49,854		
General Mtrs Finl Co Inc	Corporate Bond	N/A	4/6/2030	5.850%	50,000	50,344	51,088		
Global Life Inc	Corporate Bond	N/A	6/15/2032	4.800%	100,000	99,841	96,362		
Goldman Sachs Group Inc	Corporate Bond	N/A	12/31/2149	6.125%	100,000	102,250	98,875		
Hasbro Inc	Corporate Bond	N/A	7/15/2028	6.600%	50,000	52,309	51,918		
Hca Inc	Corporate Bond	N/A	9/1/2028	5.625%	100,000	97,001	101,324		
Hershey Co	Corporate Bond	N/A	5/4/2028	4.250%	70,000	70,120	69,332		
Honeywell International	Corporate Bond	N/A	1/15/2029	4.250%	75,000	75,566	73,999		
Honeywell International Inc	Corporate Bond	N/A	9/1/2031	4.950%	70,000	74,061	70,039		
Honeywell Intl Inc Sr Nt	Corporate Bond	N/A	2/15/2028	4.950%	70,000	71,541	70,788		
Host Hotels & Resorts Lp	Corporate Bond	N/A	2/1/2026	4.500%	40,000	38,568	39,765		
Humana Inc	Corporate Bond	N/A	4/1/2030	4.875%	70,000	69,461	68,466		
Humana Inc	Corporate Bond	N/A	4/15/2031	5.375%	70,000	73,712	69,435		
Huntsman International Llc	Corporate Bond	N/A	5/1/2029	4.500%	50,000	46,094	47,673		
Hyatt Hotels Corp	Corporate Bond	N/A	4/23/2025	5.625%	40,000	40,026	40,024		
Hyatt Hotels Corp	Corporate Bond	N/A	4/23/2030	5.750%	75,000	72,765	76,587		
Intel Corp	Corporate Bond	N/A	12/15/2032	4.000%	100,000	93,159	89,778		
Intel Corp	Corporate Bond	N/A	2/10/2030	5.125%	205,000	206,164	203,219		
Intel Corp	Corporate Bond	N/A	2/21/2031	5.000%	70,000	71,693	68,715		
Intercontinental Exchange Inc	Corporate Bond	N/A	6/15/2031	5.250%	145,000	151,568	146,436		
International Business Machs	Corporate Bond	N/A	1/15/2028	6.500%	50,000	51,858	52,461		
Jackson Financial Inc	Corporate Bond	N/A	6/8/2027	5.170%	50,000	50,097	50,206		
Jones Lang Lasalle Inc	Corporate Bond	N/A	12/1/2028	6.875%	75,000	77,760	79,460		
Kemper Corp Del	Corporate Bond	N/A	2/15/2025	4.350%	50,000	49,785	49,862		
Kenvue Inc	Corporate Bond	N/A	3/22/2028	5.050%	70,000	71,422	70,824		
Keurig Dr Pepper Inc	Corporate Bond	N/A	3/15/2031	5.200%	75,000	76,446	75,752		
Kinder Morgan Energy Part	Corporate Bond	N/A	3/15/2031	7.400%	50,000	56,112	54,881		
Kirby Corp	Corporate Bond	N/A	3/1/2028	4.200%	75,000	74,165	72,584		

		(c) Description of Investment, Including:							
(b) Identity of Issue, Borrower, Lessor, or Similar Party				Rate of	Par/Maturity				
(a)	Description	Collateral	Maturity Date	Interest	Value	(d) Cost	(e) Current Value		
	Kroger Co	Corporate Bond	N/A	9/15/2029	8.000%	65,000	73,247	72,738	
	Laboratory Corp Amer Hldgs	Corporate Bond	N/A	12/1/2029	2.950%	50,000	47,348	45,374	
	Lazard Group Llc	Corporate Bond	N/A	9/19/2028	4.500%	125,000	121,431	122,181	
	Lazard Group Llc	Corporate Bond	N/A	3/1/2029	4.375%	50,000	47,136	48,703	
	Lilly Eli & Co	Corporate Bond	N/A	3/15/2027	5.500%	40,000	41,353	40,918	
	Marathon Oil Corp	Corporate Bond	N/A	7/15/2027	4.400%	75,000	74,225	74,217	
	Marriott Intl Inc New	Corporate Bond	N/A	6/15/2030	4.625%	70,000	68,517	68,677	
	Mcdonalds Corp	Corporate Bond	N/A	1/8/2028	6.375%	50,000	52,052	51,866	
	Mcdonalds Corp	Corporate Bond	N/A	9/1/2029	2.625%	50,000	46,975	45,517	
	Meta Platforms Inc	Corporate Bond	N/A	8/15/2032	3.850%	70,000	69,072	65,076	
	Meta Platforms Inc	Corporate Bond	N/A	5/15/2030	4.800%	50,000	50,007	50,434	
	Metlife Inc	Corporate Bond	N/A	3/23/2030	4.550%	70,000	69,223	69,032	
	Micron Technology Inc	Corporate Bond	N/A	11/1/2029	6.750%	95,000	99,646	101,173	
	Morgan Stanley	Corporate Bond	N/A	12/31/2099	5.875%	75,000	72,821	74,291	
	Morgan Stanley	Corporate Bond	N/A	4/23/2027	3.950%	100,000	102,784	97,979	
	Mylan Inc Sr Nt	Corporate Bond	N/A	4/15/2028	4.550%	50,000	48,687	48,976	
	Mylan Inc Sr Nt	Corporate Bond	N/A	4/15/2028	4.550%	75,000	75,048	73,463	
	National Fuel Gas Co N J	Corporate Bond	N/A	7/15/2025	5.200%	60,000	60,324	59,962	
	Newell Rubbermaid Inc	Corporate Bond	N/A	4/1/2026	5.700%	24,000	22,732	23,990	
	Newell Rubbermaid Inc	Corporate Bond	N/A	9/15/2027	6.375%	50,000	50,519	50,165	
	Newell Rubbermaid Inc	Corporate Bond	N/A	4/1/2026	5.700%	64,000	60,798	63,972	
	Nordstrom Inc	Corporate Bond	N/A	3/15/2027	4.000%	100,000	101,086	95,453	
	Norfolk Southn Corp	Corporate Bond	N/A	2/15/2031	7.250%	75,000	84,774	82,964	
	Northrop Grumman Corp	Corporate Bond	N/A	5/1/2030	4.400%	70,000	68,891	68,165	
	Omega Healthcare Investors Inc	Corporate Bond	N/A	1/15/2028	4.750%	50,000	45,756	49,320	
	Owens Corning New	Corporate Bond	N/A	8/15/2029	3.950%	50,000	50,066	47,622	
	Owl Rock Cap Corp	Corporate Bond	N/A	3/30/2025	4.000%	100,000	100,008	99,703	
	Paramount Global	Corporate Bond	N/A	7/30/2030	7.875%	35,000	38,125	37,881	
	Phillips 66	Corporate Bond	N/A	12/1/2027	4.950%	55,000	54,288	55,443	
	Polaris Inc	Corporate Bond	N/A	3/15/2029	6.950%	150,000	158,959	157,860	
	Royal Bank Of Canada	Corporate Bond	N/A	9/30/2027	0.000%	80,000	80,000	83,288	
	Royal Bank Of Canada	Corporate Bond	N/A	9/28/2029	0.000%	80,000	80,850	73,680	
	Santander Hldgs Usa Inc	Corporate Bond	N/A	7/17/2025	4.500%	30,000	30,099	29,909	
	Select Income Reit	Corporate Bond	N/A	2/1/2025	4.500%	50,000	50,006	49,335	
	Sixth Street Specialty Lending	Corporate Bond	N/A	8/1/2026	2.500%	75,000	65,150	72,016	
	Southwestern Elec Pwr Co	Corporate Bond	N/A	9/15/2028	4.100%	75,000	72,019	72,776	
	Stanley Black & Decker Inc	Corporate Bond	N/A	11/15/2028	4.250%	75,000	72,566	73,217	
	Sysco Corp	Corporate Bond	N/A	4/1/2030	5.950%	150,000	158,139	156,251	
	Textron Inc	Corporate Bond	N/A	3/15/2026	4.000%	50,000	50,106	49,506	
	The Charles Schwab Corp	Corporate Bond	N/A	2/1/2029	4.000%	50,000	48,490	48,425	
	Toledo Hospital / The	Corporate Bond	N/A	11/15/2028	5.325%	50,000	47,103	49,167	
	Toronto Dominion Bank	Corporate Bond	N/A	2/17/2027	5.150%	50,000	50,044	48,933	
	Toyota Mtr Cr Corp Sr Nt	Corporate Bond	N/A	9/20/2027	4.550%	40,000	40,113	39,993	
	Truist Finl Corp	Corporate Bond	N/A	6/5/2025	3.700%	50,000	48,322	49,768	
	Tyson Foods Inc	Corporate Bond	N/A	3/15/2059	5.400%	75,000	75,596	75,829	
	United Parcel Svcs Amer Inc	Corporate Bond	N/A	4/1/2030	7.620%	70,000	81,357	78,463	
	Valero Energy Corp New	Corporate Bond	N/A	9/15/2026	3.400%	75,000	73,385	73,388	
	Verizon Communications Inc Sr	Corporate Bond	N/A	12/3/2029	4.016%	50,000	50,871	47,973	
	Vmware Inc	Corporate Bond	N/A	8/21/2027	3.900%	75,000	75,584	73,310	
	Voya Finl Inc	Corporate Bond	N/A	6/15/2026	3.650%	75,000	75,403	73,740	
	Vulcan Matls Co	Corporate Bond	N/A	4/1/2027	3.900%	75,000	76,529	73,725	
	Wal-Mart Stores Inc	Corporate Bond	N/A	2/15/2030	7.550%	65,000	74,228	74,068	
	Wells Fargo & Co	Corporate Bond	N/A	7/22/2027	4.300%	75,000	73,194	73,944	
	Wells Fargo & Co	Corporate Bond	N/A	1/24/2019	4.150%	50,000	48,872	48,471	
	Wells Fargo & Co (Name Change	Corporate Bond	N/A	8/1/2026	7.574%	100,000	104,376	103,795	
	Wells Fargo Co	Corporate Bond	N/A	11/15/2029	7.950%	75,000	83,054	83,246	
	Western Digital Corp	Corporate Bond	N/A	2/15/2026	4.750%	40,000	37,813	39,614	
	Westvaco Corp	Corporate Bond	N/A	1/15/2030	8.200%	70,000	79,320	79,408	
	Whirlpool Corp Deb	Corporate Bond	N/A	2/26/2029	4.750%	70,000	69,299	68,986	
	<b>Total Corporate Bonds</b>						<b>10,688,857</b>	<b>10,582,151</b>	
	<b>Total Assets (Held at End of Year)</b>						<b>\$ 13,242,585</b>	<b>\$ 13,291,771</b>	

\* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

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

**Name of Plan:** Denver Theatrical Stage Employees' Union  
Local No. 7 Health and Welfare Trust Fund

**Plan Sponsor's Name:** Board of Trustees  
Denver Theatrical Stage Employees' Union  
Local No. 7 Health and Welfare Trust Fund

**Year Ending:** December 31, 2024

**EIN:** 46-7508056

**PIN:** 501

Schedule H, line 4i - Schedule of Assets (Held at End of Year) is included within the attached audit report.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

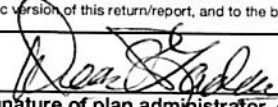
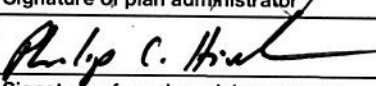
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report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

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

<b>1a</b> Name of plan DENVER THEATRICAL STAGE EMPLOYEES' LU 7 H&W TRUST	<b>1b</b> Three-digit plan number (PN) ▶ 501
	<b>1c</b> Effective date of plan 12/31/1985
<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-DENVER THEATRICAL STAGE EMP LU 7 H&W TRUST  1475 CURTIS STREET  DENVER CO 80202	<b>2b</b> Employer Identification Number (EIN) 46-7508056 <b>2c</b> Plan Sponsor's telephone number (303) 534-2423 <b>2d</b> Business code (see instructions) 711100

**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> 	<b>5/27/2005</b>	<b>DEAN LADANY</b>
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> 	<b>8/25/2025</b>	<b>PHILIP HIESTER</b>
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311