Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [X] 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

1a Name of plan
CONTRACTORS HEALTH TRUST

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan
03/29/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES - CONTRACTORS HEALTH TRUST

2380 SOUTH TEJON STREET
ENGLEWOOD, CO 80110

2b Employer Identification Number (EIN)
84-6067792

2c Plan Sponsor's telephone number
303-935-2375

2d Business code (see instructions)
238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	ROBERT LANTZY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2226
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2226
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2095
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2095
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....……..…. [X] 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.) ……..... [X] 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 161638904

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTRACTORS HEALTH TRUST	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES - CONTRACTORS HEALTH TRUST	84-6067792

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

VISION CARE

(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
06-1227840	39616	30107875	682	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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** [X] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	77633
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.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTRACTORS HEALTH TRUST	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES - CONTRACTORS HEALTH TRUST	84-6067792

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	OOOOOOWO717	1546	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	413278		
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	413278
b Benefit charges (1) Claims paid	9b(1)	411161		
(2) Increase (decrease) in claim reserves	9b(2)	-2812		
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	408349
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)	38476		
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)	8266		
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	46742
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	34126
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTRACTORS HEALTH TRUST	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES - CONTRACTORS HEALTH TRUST	84-6067792

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

BETA HEALTH

(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
84-1146388	81300	90000518	100	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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** [X] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	20474
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.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTRACTORS HEALTH TRUST	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES - CONTRACTORS HEALTH TRUST	84-6067792

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

OPTUM HEALTH

(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
52-1996029	91529	UNI-201508	2104	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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** [X] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1995762
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.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
CONTRACTORS HEALTH TRUST	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
TRUSTEES - CONTRACTORS HEALTH TRUST	84-6067792

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

UNITED HEALTHCARE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
36-2739571	79413	301347	2932	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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

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

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** [X] 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** [X] Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	72057
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.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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

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

A Name of plan
CONTRACTORS HEALTH TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES - CONTRACTORS HEALTH TRUST

D Employer Identification Number (EIN)
84-6067792

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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

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(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)

ROCKY MOUNTAIN HOSPITAL & MEDICAL

84-0747736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	1821977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDIMPACT HEALTHCARE SYSTEMS, INC.

33-0567651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	220893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

2MH LLC

27-3683791

(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?
22 50	NONE	158439	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

GLENWOOD INSURANCE AGENCY

84-1483596

(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?
22 50	NONE	117826	Yes [X] No [ ]	Yes [X] No [ ]	120000	Yes [ ] No [X]

(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	58812	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40179	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

SAGE BENEFIT ADVISORS

87-1698691

(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?
22 50	NONE	38654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRANSFORM WEALTH

81-1683097

(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?
28 50	NONE	27062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHIRAZI-MILLER BENEFITS, LLC

20-4862626

(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?
22 50	NONE	26275	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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)

DIGITAL INSURANCE LLC

58-2522668

(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?
22 50	NONE	25520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTRACTORS HEALTH TRUST

84-6067792

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GERALD L LUKTON CO

74-2443648

(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?
22 50	NONE	5461	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
EXPRESS SCRIPTS, INC. 43-1420563	23 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MOUNTAIN WEST INSURANCE & FINANCIAL 47-2532916	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MICHAEL SAILOR INSURANCE INC 84-1373942	53	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
THE SEGAL COMPANY 94-1503999	50 99	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
WOODRIDGE ADVISORS LLC 45-4890321	49 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
AMES-GRENZ INSURANCE SERVICES 95-1545255	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
COLORADO INSURANCE BENEFITS, INC. 42-1638219	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
COLORADO INSURANCE STORE 02-0775582	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
DEVLIN FINANCIAL SERVICES 20-1475067	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
FIRST INSURANCE GROUP LLC 14010 FNB PARKWAY SUITE 300 OMAHA, NE 68154	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
HUB INTERNATIONAL INSURANCE SERVICE 43-1155276	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
IMA, INC. 1550 17TH ST UNIT 600 DENVER, CO 80202	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
LEAVITT GROUP 84-1346644	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MICHAEL SAILOR INSURANCE 84-1373942	53	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MOODY INSURANCE 84-0622206	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
MOUNTAIN WEST INSURANCE & FINANCIAL 47-2532916	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
NEIL GARING AGENCY 84-0971036	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
YOU BENEFIT INSURANCE SERVICES 755 BAYWOOD DR 2ND FLOOR PETALUMA, CA 94954	22 50	DOESN'T REPLY TO OUR EMAIL SENT OUT FOR THE REQUEST OF SCHEDULE C.

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

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

A Name of plan
CONTRACTORS HEALTH TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES - CONTRACTORS HEALTH TRUST

D Employer Identification Number (EIN)
84-6067792

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	43211	243679
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	849047	671149
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1153858	881019
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	491484	55990
(2) U.S. Government securities	1c(2)	2787807	967252
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2740935	4003274
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		259329
(B) Common	1c(4)(B)	246477	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		251222
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	164046	86676
f Total assets (add all amounts in lines 1a through 1e)	1f	8476865	7419590
Liabilities			
g Benefit claims payable	1g	3628461	2918462
h Operating payables	1h	151855	80198
i Acquisition indebtedness	1i		
j Other liabilities	1j	4274000	3820000
k Total liabilities (add all amounts in lines 1g through1j)	1k	8054316	6818660
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	422549	600930

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	30444277	
(B) Participants	2a(1)(B)	156739	
(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)		30601016
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13663	
(B) U.S. Government securities	2b(1)(B)	18485	
(C) Corporate debt instruments	2b(1)(C)	137789	
(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)		169937
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	13927	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4270	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		18197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3369537	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3341235	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		28302
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	56202	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		56202

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1493538
d Total income. Add all **income** amounts in column (b) and enter total	2d		32367192
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26049054	
(2) To insurance carriers for the provision of benefits	2e(2)	2505723	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		28554777
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	662063	
(2) Contract administrator fees	2i(2)	1432495	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40179	
(5) Investment advisory and investment management fees	2i(5)	18520	
(6) Bank or trust company trustee/custodial fees	2i(6)	6633	
(7) Actuarial fees	2i(7)	262198	
(8) Legal fees	2i(8)	58812	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1153134	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3634034
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		32188811
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		178381
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NEEDLES & ASSOCIATES **(2)** EIN: 51-0435869

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

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

Part IV Compliance Questions

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

During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

CONTRACTORS HEALTH TRUST

FINANCIAL STATEMENTS
December 31, 2023 and 2022

CONTRACTORS HEALTH TRUST

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December 31, 2023 and 2022

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NEEDLES & Associates LLC
CERTIFIED PUBLIC ACCOUNTANTS

Kurt D. Needles, CPA | Randy Eck, CPA | Tosin Oyewo, CPA

350 Interlocken Blvd., Suite 360 Broomfield, CO 80021
Phone (303) 430-4225 Toll Free (877) 430-4225 Fax (303) 430-4231

INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees
Contractors Health Trust
Englewood, CO

Opinion

We have audited the accompanying financial statements of Contractors Health Trust , 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, 2023 and 2022, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Contractors Health Trust as of December 31, 2023 and 2022, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Contractors Health Trust 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 Contractors Health Trust 's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Contractors Health Trust '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 Contractors Health Trust 's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and of reportable transactions, together referred to as "supplemental information," are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and

reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Needle & Associates, LLC

Broomfield, CO
July 23, 2024

CONTRACTORS HEALTH TRUST

Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
Assets		
Cash and cash equivalents	$ 43,211	$ 809,155
Investments, at fair value		
Interest bearning cash	2,005	-
Money market funds	489,479	1,463,971
Government bonds	-	25,656
US Treasury bonds	2,787,807	1,015,756
Corporate bonds	2,740,935	2,386,925
Preferred stock	246,477	210,227
Total investments, at fair value	6,266,703	5,102,535
Receivables		
Employers' contributions	849,047	800,508
Accrued interest	40,184	21,142
Other receivables	1,090,967	923,993
Total receivables	1,980,198	1,745,643
Other assets		
Prepaid expenses	22,707	20,530
Right-of-Use Asset- Lease	-	66,099
Property and equipment, net	164,046	42,354
Total assets	$ 8,476,865	$ 7,786,316
Liabilities		
Accounts payable		
Payroll liabilities	$ 10,637	$ 6,038
Operating	141,218	240,277
Due to broker	-	500,215
Lease Liability	-	62,790
Total liabilities	$ 151,855	$ 809,320
Net assets available for benefits	$ 8,325,010	$ 6,976,996

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

CONTRACTORS HEALTH TRUST

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Contributions		
Employers'	$ 34,983,449	$ 36,532,450
Participants'	205,504	247,721
Total contributions	35,188,953	36,780,171
Investment earnings		
Interest	19,042	91,839
Dividends	122,193	16,785
Net appreciation (depreciation) fair value	203,186	(528,398)
Total investment earnings	344,421	(419,774)
Other income	1,806,190	1,615,260
Total additions	$ 37,339,564	$ 37,975,657
Deductions		
Benefit payments		
Self-funded claims paid, net	$ 29,548,629	$ 34,378,658
Insurance premiums paid	2,538,889	2,836,624
Total benefit payments	32,087,518	37,215,282
Operating expenses (Note H)	3,904,032	4,052,783
Total deductions	$ 35,991,550	$ 41,268,065
Net increase (decrease)	1,348,014	(3,292,408)
Net assets available for benefits		
Beginning of year	$ 6,976,996	$ 10,269,404
End of year	$ 8,325,010	$ 6,976,996

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

CONTRACTORS HEALTH TRUST

Statements of Benefit Obligations
December 31, 2023 and 2022

	2023	2022
Other obligations for current benefit coverage, at present value of estimated amounts		
Claims payable and claims incurred but not reported	3,296,000	5,364,000
Premium obligations	332,461	217,530
Estimated future benefits based on participants accumulated eligibility	4,274,000	3,713,000
Total obligations other than postretirement benefit obligations	$ 7,902,461	$ 9,294,530
Total benefit obligations	$ 7,902,461	$ 9,294,530

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

CONTRACTORS HEALTH TRUST

Statements of Changes in Benefit Obligations
Years Ended December 31, 2023 and 2022

	2023	2022
Other obligations for current benefits at present value of estimated amounts		
Balance at beginning of year	$ 9,294,530	$ 8,660,681
Net change during year:		
Claims incurred, but not reported	(2,068,000)	519,000
Premium obligation	114,931	(28,151)
Estimated future benefits based on participants accumulated eligibility	561,000	143,000
Balance at end of year	$ 7,902,461	$ 9,294,530
Total benefit obligations	$ 7,902,461	$ 9,294,530

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

NOTE A - DESCRIPTION OF PLAN

The following description of Contractors Health Trust (Plan) provides only general information. Participants should refer to the Trust Documents and Plan Documents for a complete description of the Plan's provisions.

- **General**

  The Plan was established on April 1, 1968 for the purpose of creating a voluntary employee health and welfare trust (the "Trust") for the employees of member firms of the Colorado Contractors Association. The plan document was subsequently amended to include employees of member firms of the Associated General Contractors of Colorado, Building Chapter, Inc.

  The Plan provides health benefits for qualified participants primarily in Colorado, New Mexico, and Arizona. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended, and state regulatory agencies. The Plan is directed by the five-member board of trustees, three appointed by the president of the Colorado Contractors Association and two appointed by the president of the Associated General Contractors of Colorado, Building Chapter, Inc.

  The Plan is self-administered by the Fund office to manage daily operations headed by Robert Lantzy and Transform Wealth advisers as custodian of Plan assets.

- **Tax status**

  The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC); accordingly, the Plan's net investment income is exempt from income taxes when the investments of the Plan do not exceed amounts allowable under the IRC. The Internal Revenue Service (IRS) has issued a determination letter, dated July 11, 1977, stating that the requirements for qualification had been met by the Plan. The Plan has been amended since that date. In the opinion of the board of trustees and the Plan's legal counsel, the Trust and the Plan are designed and are being operated in compliance with the applicable provisions of the IRC.

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

NOTE A - DESCRIPTION OF PLAN (continued)

The Plan may be subject to unrelated business income tax based on its net investment income pursuant to IRC Section 512(b)(3). As of December 31, 2023 and 2022, the Plan had income tax expense of $139,127 and $165,356, respectively.

- **Funding**

  The plan agreement provides that the board of trustees will determine the contribution rates for each plan based upon input from the plan actuary. Plan C premiums are paid monthly for eligible Plan C participants. Plan B rates are applied to each hour worked by eligible Plan B participants. Standard rates are adjusted for each employer based on a risk analysis performed by the Plan. Under a Federal Law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), participants may elect to contribute a specified fixed amount, determined periodically by the Board of Trustees, to temporarily continue health coverage when there is a "qualifying event" that would result in loss of health coverage.

- **Benefits**

  The Plan self-insures health benefits (medical, optional vision, optional dental, and prescription drugs). Additionally, the Plan fully insures life insurance and accidental death and dismemberment benefits through the purchase of annual insurance contracts. The Plan also provides continuation of benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

  Plan B (Hourly) - Provides benefits to participants employed as field and shop employees who are paid solely on the hours worked and not covered by a collective bargaining agreement, as well as superintendents and foremen, regardless of how they are paid, if the contributing employer elects to provide hour bank coverage. These employees, as well as their spouses and covered dependents, shall become eligible on the first day of the second calendar month following any period of no more than four consecutive calendar months during which the employee works a total of at least 300 hours. The Plan also provides health benefits to employees and their dependents for employees who work less than the required 150 hours in a month, provided they have accumulated sufficient hours in the current year or prior years to be credited with 150 hours for that month's eligibility. Accumulated eligibility credits may be carried forward. In the event an employee becomes ineligible to participate in the Plan, a safe harbor test is implemented to determine if the employee, as well as the employee's spouse and covered dependent(s), would be eligible to participate in accordance with the Affordable Care Act. The Plan provides optional employer-selected combined vision and dental coverage.

  Plan C (Employer Defined) - Provides benefits to all participants not enrolled under Plan B. Eligible employees primarily include participants working full time and receiving a constant weekly or monthly salary, office workers (regardless of the basis on which they are paid), owner-employees of an associated organization, nonseasonal hourly employees performing substantial services at the associated organization's principal place of business, and all field

NOTE A - DESCRIPTION OF PLAN (continued)

or shop employees paid solely by the hours worked if the contributing employer has not elected to provide hour bank coverage. Plan C is available to employers with eligible participants not covered by a collective bargaining agreement. The Plan provides the employer options in establishing employee waiting periods up to 90 days, medical deductibles, and optional employer-selected combined vision and dental coverage.

- **Stop-loss insurance**
  The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits of individual participant claims in excess of $275,000. The Plan is also responsible for an additional $250,000 in aggregate claims for participants whose claims exceed $275,000 in a calendar year. There is no lifetime maximum benefit. The Plan also provides certain vision coverage on a self-insured basis, assuming full responsibility for all claims under this coverage. The Plan fully insures dental, life, and accidental death and dismemberment benefits. The Plan purchases annual insurance contracts for these insured benefits and purchases stop-loss insurance coverage in an effort to limit its exposure for self-insured benefits. The Plan will prepay for insurance coverage up to a contracted amount. If the coverage amount is not reached, a refund is issued to the Plan. During the years ended December 31, 2023 and 2022, stop loss reimbursements totaling $1,435,988 and $2,831,662, respectively, have been netted against benefit payments. Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits.

- **Refunds and Rebates.**
  The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Prescription refunds due from the Plan's PBM are recorded when earned. During the years ended December 31, 2023 and 2022, prescription drug rebates totaling $1,757,382 and $1,530,596, respectively, have been netted against benefit payments.

  Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid.

- **Termination of the Plan**
  Although it has not expressed any intention to do so, the Plan's Board of Trustees, as Sponsor, has the right under the Plan to modify the benefits provided to, and contributions required of, participants or to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets, after payment of liabilities, will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants, including the transfer of said assets to another Plan established for the same general purpose. No assets of the Plan may revert to a contributing employer or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

- **Basis of accounting**
  The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and presented in a format to coincide with the Form 5500.

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

- **Investment valuation and income recognition**
  Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment custodian(s) and investment advisor(s).
  Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

  All plan investments are non-participant directed. Investments are managed by an investment advisor in accordance with the Plan's investment strategy, as determined by the board of trustees.

- **Employers' contributions receivable**
  Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represent contributions applicable to work months prior to December 31, 2023 and 2022, but collected subsequent to those dates. For Plan B, contributions are due when hours are worked, and employers must submit hours worked for the previous month by the first day of the following month. For Plan C, employers pay a consistent rate that is due at the beginning of each month for coverage in that month. Contributions receivable is considered delinquent if not paid by the 15th day of the month in which they are billed. A monthly delinquency fee is charged and recorded when paid by the employer. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing agreed-upon procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

- **Plan of continuing eligibility (hour bank liability)**
  The Plan has established a plan of continuing eligibility under an "hour bank reserve" method. The Plan provides that participants accumulate rights to future benefits, after initial eligibility, when they work more than the one hundred fifty (150) hours required to maintain current eligibility. The hour bank is drawn upon only when actual hours worked are insufficient to otherwise maintain eligibility. The maximum "hour bank reserve" is four hundred and fifty (450) hours after deduction for the current month's coverage. The liability for participants' future benefits is calculated by multiplying the additional months of eligibility in the "hour bank reserve" times the projected cost per eligible. This cost includes estimated insurance premiums, self-funded benefits, and cost of administration as projected by the Plan's consultant. The obligations are calculated on a basis of assumptions, which is consistent from year to year. The following table represents the benefit trend factors utilized in developing the actuarial assumptions:

	2023	2022
Medical	8.00%	6.00%
Prescription drug	12.00%	10.00%

- **Claims incurred but not reported**
  Plan obligations at December 31, 2023 and 2022 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's Fund office. These amounts are paid by the Plan only if claims are submitted and approved for payment. In addition to the claims incurred but not reported, premium obligation was recorded which represents amounts of fully insured premiums incurred as of the year end but paid subsequently.

- **Payment of benefits**
  Claim payments are recorded when paid by the third-party claim's processor.

- **Property, Equipment and Capitalized Software costs**

  Furniture, equipment, and leasehold improvements are stated at cost. Depreciation is computed using the straight-line method at rates designed to amortize the costs of the assets over their estimated useful lives, which is three years.

  The Plan capitalizes significant costs incurred in the production of software to be sold, leased, or marketed. All costs incurred prior to technological feasibility being established are expensed as incurred. Once technological feasibility has been established, the Plan capitalizes significant costs related to producing product masters, software costs, materials, and payroll and payroll-related costs for employees involved in developing the software. Costs incurred during the preliminary project stage and postimplementation/operation stage are expensed as incurred. The Plan capitalized $0 in property costs in 2023 and 2022.

NOTE B - SUMMARY OF ACCOUNTING POLICIES (continued)

- **Recently Adopted Accounting Guidance-Leases**
  In February 2016, the Financial Accounting Standards Board (FASB) issued guidance (Accounting Standards Codification [ASC] 842, *Leases*) to increase transparency and comparability among organizations by requiring the recognition of right-of-use (ROU) assets and lease liabilities on the balance sheet. Most prominent among the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases. Under the standard, disclosures are required to meet the objective of enabling users of financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases. We adopted the standard effective January 1, 2022 and recognized and measured leases existing at, January 1, 2022 (the beginning of the period of adoption) through a cumulative effect adjustment. The leases were for the office building and the Pitney Bowes mail- meter; recognized as operating leases.

  After reviewing the termination clauses in the leases, it was determined that this standard does not apply to the plan- as a result the ROU assets and lease liability were removed- the net effect on the financial statements are immaterial.

- **Subsequent events**
  Plan management has evaluated subsequent events through July 23, 2024, the date the financial statements were available to be issued. No subsequent events have occurred requiring accrual or disclosure.

NOTE C - PROPERTY, EQUIPMENT AND CAPITALIZED SOFTWARE

Property, equipment, and capitalized software costs are summarized as follows:

	2023	2022
Building improvements	$ 6,237	$ 6,237
Computer equipment and software	580,650	415,650
Total Cost of Fixed Assets	$ 592,853	$ 421,887
Less Accumulated depreciation and amortization	(428,807)	(379,533)
Property, Equipment, amd capitalized software costs	$ 164,046	$ 42,354

Depreciation and amortization expense for 2023 and 2022 was $49,274 and $21,177, respectively, which is reported in administrative fees on the statement of changes in net assets available for benefits.

NOTE D - 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.

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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Interest bearing cash, money market funds, mutual funds, preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for

NOTE D - FAIR VALUE MEASUREMENTS (continued)

certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investments have no unfunded commitment and can be redeemed at will by the Plan.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at fair value as of December 31, 2023

Description	Level 1	Level 2	Level 3	Total
Interest bearning cash	$ 2,005	$ -	$ -	$ 2,005
Money market funds	489,479	-	-	489,479
US Treasury bonds	-	2,787,807	-	2,787,807
Corporate bonds	-	2,740,935	-	2,740,935
Preferred stock	246,477	-	-	246,477
Total assets in the fair value hierachy	737,961	5,528,742	-	6,266,703
Total assets at fair value	$ 737,961	$ 5,528,742	$ -	$ 6,266,703

Assets at fair value as of December 31, 2022

Description	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,463,971	$ -	$ -	$ 1,463,971
Government bonds	-	25,656	-	25,656
US Treasury bonds	-	1,015,756	-	1,015,756
Corporate bonds	-	2,386,925	-	2,386,925
Preferred stock	210,227	-	-	210,227
Total assets in the fair value hierachy	1,674,198	3,428,337	-	5,102,535
Total assets at fair value	$ 1,674,198	$ 3,428,337	$ -	$ 5,102,535

NOTE E - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement 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 employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

NOTE F – RELATED PARTY and PARTY-IN-INTEREST TRANSACTIONS

Payments for professional services such as administration, consulting, investment management, legal, auditing, and other services rendered by parties-in-interest are considered reasonable and customary for such services. These transactions are considered exempt party in interest transactions under ERISA.

During the years ended December 31, 2023 and 2022, the Plan has an ongoing operating building lease agreement with James S. Brown Estate. The former director of the Plan, Robert Brown is related to the lessor as indicated above. The lease-rental payments are consistent with market rate and the transactions have been at arm's-length. The rental payments by the Plan for totaled $31,920 and $29,670 for the years ended December 31, 2023 and 2022, respectively

During the years ended December 31, 2023 and 2022, the Plan received administrative, accounting, and other professional services from an employer participating in the Plan. The fees paid by the Plan for these services totaled $642,707and $494,411 for the years ended December 31, 2023 and 2022, respectively.

Certain plan investments are managed by Transform Wealth Advisers. who is also the asset custodian, as defined by the Plan; therefore, these transactions qualify as party in interest and are exempt from the prohibited transaction rules.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2023	2022
Per financial statements	$ 8,325,010	$ 6,976,996
Less: Claims incurred but not reported	(3,296,000)	(5,364,000)
Less: Premium obligation	(332,461)	(217,530)
Less: Hour bank liability	(4,274,000)	(3,713,000)
Per Form 5500	$ 422,549	$ (2,317,534)

Claims incurred but not reported, premium obligations and accumulated eligibility credits are not considered liabilities under accounting principles generally accepted in the United States of America and, therefore, are not presented as liabilities in the accompanying financial statements, but are recorded on the Form 5500 as a liability.

NOTE H - OPERATING EXPENSES

The following is a detailed summary of the Plan's operating expenses for the years ended December 31, 2023 and 2022:

	2023	2022
Rent expense	$ 31,920	$ 29,670
Network fees	1,559,882	1,904,639
Custodial fees	7,575	7,086
Investment management - advisor	27,359	24,458
Consulting fees	218,200	159,550
Broker commissions	879,183	1,000,078
Legal fees	53,015	64,869
Audit fees	58,261	16,000
Insurance - bonding premiums	24,756	21,007
Office expenses	66,762	50,913
Business Taxes	139,127	165,356
Other expenses	39,961	15,665
Payroll and related taxes	559,164	435,279
Fringe benefits	83,542	59,132
Information technology expenses	106,051	77,904
Depreciation expense	49,274	21,177
Total operating expenses	$ 3,904,032	$ 4,052,783

NOTE I - CONCENTRATION OF RISK

The Plan maintains cash balances at one or more financial institutions in Colorado. Accounts at each institution are insured by the FDIC. The Plan's cash balances, at times, exceeded the federally insured limits. Plan management monitors the credit and financial condition of its financial institutions and believes the Plan's risk is negligible. The Plan has not experienced any losses in such accounts.

NOTE J - AMENDMENTS

The Board of Trustees approved amendments to the Restated and Amended Plan Document which incorporated the following changes:

Amendment No. 2
This amendment adopts changes to the plan document effective January 1, 2022 to comply with the State of Colorado's mandatory coverage provisions.

Amendment No. 4
This amendment adopts changes to the plan document effective January 1, 2023 to comply with the State of Colorado's mandatory coverage provisions.

Amendment No. 6
This amendment adopts changes to the plan document effective December 30, 2023 to comply with the State of Colorado's mandatory coverage provisions with regards to drugs.

Amendment No. 7
This amendment adopts changes to the plan document effective January 1, 2024 to comply with the State of Colorado's mandatory coverage provisions with regards to drugs.

Participants should refer to the Plan Documents and / or Summary Plan Description for a complete description of the Plan's provisions.

NOTE K - CHANGES IN CLASSIFICATION AND RECLASSIFICATION

The presentation of certain financial statement amounts of the previous year has been changed to reflect the presentation adopted for the current year.

CONTRACTORS HEALTH TRUST

EIN: 84-6067792, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Interest bearing Cash					
	Cash in sweep account				$ 2,005	$ 2,005
					$ 2,005	$ 2,005
	Money market funds					
	Schwab Treasury Obliga Mo				$ 489,479	$ 489,479
	Total money market funds				$ 489,479	$ 489,479
	Government bonds					
	US Treas TIPS 01/15/2024 0.625%			575,000	$ 759,349	$ 755,854
	US TREASURY NT 2.125% 03/31/2024			500,000	488,009	496,094
	US TREASURY NT 1.75% 06/30/2024			375,000	363,773	368,672
	US TREASURY NT 0.375% 09/15/2024			500,000	476,406	484,063
	US TREASURY NT4.25% 12/31/2024			400,000	394,781	397,937
	US TREASURY NT 0.5% 03/31/2025			300,000	280,538	285,187
	Total government bonds				$ 2,762,856	$ 2,787,807
	Corporate bonds					
	JPMorgan Chase 04/01/2026 3.300%			793,000	$ 793,533	$ 768,039
	Johnson & Johnson 03/01/2026 2.450%			1,000,000	977,435	960,671
	Bank of America Cor 01/22/2025 4.0%			150,000	146,178	147,564
	Citigroup Inc. 04/27/2025 3.30%			150,000	144,485	146,306
	Wells Fargo Bk N A 04/22/2026 3.000%			750,000	733,067	718,355
	Total corporate bonds				$ 2,794,698	$ 2,740,935
	Preferred stock					
	JPM Chase PFD L 4.625%			11,804	$ 305,767	$ 246,477
	Total common stocks				$ 305,767	$ 246,477
	Total assets (held at end of year)				$ 6,450,859	$ 6,266,703

CONTRACTORS HEALTH TRUST

EIN: 84-6067792, Plan Number 501
Form 5500, Schedule H, line 4j
Schedule of Reportable Transactions
Year Ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Charles Schwab Trust Bank	6,401,404	-	N/A	N/A	6,401,404	6,401,404	-
	Charles Schwab Trust Bank		6,899,615	N/A	N/A	6,899,615	6,899,615	-
	Schwab Treasury Obliga Mo	1,833,416		N/A	N/A	1,833,416	1,833,416	-
	Schwab Treasury Obliga Mo		2,104,400	N/A	N/A	2,104,400	2,104,400	-
	US TREASURY BILL 09/28/23	590,852						

2024 EMPLOYERS

Name	Fed Tax ID	Total Contributions by ER	Percent
2MH, LLC	27-3683791	37,764.00	0.12%
A Phase Electrical LLC	72-1523575	68,546.00	0.22%
AC Excavating, Inc.	84-1223844	33,086.40	0.11%
Advanced Concrete Solutions	33-1023360	91,378.00	0.30%
Ainsworth Rock Sales	84-0856296	35,668.75	0.12%
Ajax Estate Management	45-1581371	10,900.00	0.04%
Alpine Valley Services	84-1326323	59,424.00	0.19%
Anderson Property Management	61-1531519	37,632.00	0.12%
Arbortec Tree Service	84-1493099	54,436.00	0.18%
Architectural Windows & Doors, Inc.	80-0028265	123,364.00	0.40%
Ardent Traffic Services Inc	87-0856190	268,326.52	0.87%
Aspen Digger, Inc.	84-0710652	66,535.00	0.22%
Aspen Property Management Inc	20-4216854	193,359.00	0.63%
Aspen Solar Inc	84-1571602	16,646.00	0.05%
Aspen Survey LLC	84-0998430	33,696.00	0.11%
Associated General Contractors	84-0187229	249,749.00	0.81%
ATP Oilfield Services	37-1758285	10,578.00	0.03%
Beacon Construction LLC	46-4031151	173,484.00	0.57%
Beck Building Company	84-0844813	472,698.00	1.54%
Bishop Plumbing and Heating, Inc.	84-1570025	258,452.00	0.84%
Bonham Construction LLC	84-2437370	66,912.00	0.22%
Bradley Engineering	84-0909413	91,887.66	0.30%
Brewster Mcleod Architects Inc	20-5372748	22,320.00	0.07%
Bryan May Architecture	83-2000009	47,882.00	0.16%
Burlingame Construction	97-1165909	101,252.00	0.33%
Busy Beavers Gardening, LLC	20-8128510	61,254.00	0.20%
BVB General Contractors, LLC	87-0708723	209,076.00	0.68%
C & C Plumbing and Mechanical	84-1488751	126,592.00	0.41%

C.A.M. Electric Inc	74-3035737	205,242.00	0.67%
Calco Concrete Pumping Inc	84-1171225	208,082.00	0.68%
Campbell Audio Video	26-3086518	11,472.00	0.04%
Capitol Peak Painting LLC	84-2461690	17,782.00	0.06%
Cheney Plumbing & Heating	84-1246507	136,866.00	0.45%
Christopher Klein Construction Inc	84-1535370	98,108.00	0.32%
CHT Resources LLC	87-1773183	39,926.00	0.13%
Clear Creek Trucking Co.	84-0859173	257,031.62	0.84%
Cody Flooring & Tile, Inc.	84-1423519	50,870.10	0.17%
Coe Construction Inc.	84-1150008	129,810.00	0.42%
Coffman & Laub Construction LLC	88-0903944	114,625.00	0.37%
Collab Architecture LLC	85-1352829	45,620.00	0.15%
Colorado Insurance Benefits, Inc.	42-1638219	47,700.00	0.16%
Colorado Site Service	47-5259681	155,918.00	0.51%
Colorado Structural Inc	20-4357116	27,420.00	0.09%
Commercial Floor Service Inc	20-5087540	35,654.00	0.12%
Connect One Design	27-3159343	93,859.00	0.31%
Construction by Genesis	84-1253321	10,733.00	0.03%
Construction Concepts, Inc	84-1176277	65,339.00	0.21%
Contractors Health Trust	84-6067792	76,912.00	0.25%
Controlled Hydronics, Inc.	84-1311922	153,088.00	0.50%
Cornerstone Coatings	84-1317785	81,771.00	0.27%
Cosner Financial Group, Inc.	30-0501283	32,811.00	0.11%
Coulson Excavating	84-0702158	1,710,395.47	5.58%
Crystal Valley Plumbing & Heating Inc.	84-1257673	44,546.00	0.15%
Defalco Construction Company	84-0486436	246,937.06	0.81%
Devlin Financial Services	20-1475067	95,928.00	0.31%
DG Construction, Inc.	84-1262976	105,228.00	0.34%
Dick Casey Concrete Co	84-1228674	39,938.00	0.13%
Douglas County Asphalt Co.	84-0890084	8,352.00	0.03%
Durgin Electric LLC	20-8257178	215,218.00	0.70%

Elder Trucking Inc	84-1511781	83,724.00	0.27%
Epic Home Management	20-4267419	26,068.00	0.09%
Evans Chaffee Construction Group	84-1447915	54,395.00	0.18%
Ewing Trucking and Construction LLC	87-0721806	288,239.00	0.94%
Excel Electric, Inc.	93-3413593	129,066.00	0.42%
F&M Architects	47-1135871	141,406.00	0.46%
Fischer Construction	84-0570121	46,270.00	0.15%
Flag Resources Inc	84-0872523	145,864.00	0.48%
Flying Y LLC	82-135572	30,052.00	0.10%
Focal Studio LLC	83-2913869	28,032.00	0.09%
Fox Electric LLC	47-2797108	23,687.00	0.08%
Galambos Architects, Inc.	84-1582876	51,284.00	0.17%
Gerber Berend Design Build, Inc.	68-0579518	274,108.00	0.89%
Giant Properties Inc	26-0162404	32,640.00	0.11%
Good Earth Landscaping & Maintenan	81-4182882	304,416.00	0.99%
Good Property Company LLC	20-1617577	10,128.00	0.03%
Goodell Machinery	90-0438331	122,865.00	0.40%
Gould Construction	74-2034624	554,667.00	1.81%
Grand River Construction	84-0825141	546,947.45	1.78%
Green Electrical Solutions	84-1373942	100,022.00	0.33%
Groundskeepers of Aspen Inc.	84-1481168	44,856.00	0.15%
H E Whitlock, Inc.	84-0484282	144,736.00	0.47%
Haas Land Planning	84-1508077	32,784.00	0.11%
HAC Solutions LLC	84-4245306	1,058.00	0.00%
Hagist Excavation LLC	47-4378816	50,657.00	0.17%
Haps Plumbing & Heating, Inc.	13-4362797	23,340.00	0.08%
Harris Constructors	74-3111583	29,147.00	0.10%
Helpers Disaster Restoration LLC	47-1855847	64,117.00	0.21%
Heyl Construction	26-3920715	191,187.00	0.62%
Highland Development Services Inc	83-2352393	29,518.00	0.10%
Hired Gun Weed & Pest Control	45-4392932	41,736.00	0.14%

Horizon Roofing Inc	84-1339590	68,135.00	0.22%
Horner Painting Inc	84-1559884	48,834.00	0.16%
Housing & Building Association of Co S	84-0426532	97,969.00	0.32%
Ideal Fencing Corp	84-0960348	66,965.63	0.22%
Intermountain Power Services Inc	27-0175605	76,599.00	0.25%
InVision Communications	84-1495231	93,294.00	0.30%
Iron Fly Steel Fabrication	84-3088130	96,147.00	0.31%
IronStride Solutions PC	83-3168252	263,036.00	0.86%
Jalisco International Inc.	84-0995655	65,888.60	0.21%
JLB Glass LLC	81-2562653	49,368.00	0.16%
JM Weston Homes	26-4688973	155,984.00	0.51%
Jobsite, Inc.	84-0756171	20,233.00	0.07%
Johnson Construction Inc.	84-0973911	140,175.00	0.46%
JTB Co dba Western Refrigeration & He	83-3279259	80,982.00	0.26%
JW Diesel	42-2757250	33,696.00	0.11%
Karl W Adam CPA, LLC	47-2423688	43,224.00	0.14%
Key Elements Construction	26-1266837	67,872.00	0.22%
KIMA Inc dba Elevated Views	85-3259148	36,266.00	0.12%
Kristin Dittmar Design	27-5562098	44,836.00	0.15%
Kuersten Construction LLC	48-1290640	100,001.00	0.33%
Land & Shelter Inc.	75-3205626	31,212.00	0.10%
Landscape Workshop	84-1196588	140,038.00	0.46%
Lawrence Construction Co	84-0471706	800,755.62	2.61%
Lillard and Clark Construction Compa	84-0619278	253,510.00	0.83%
Littell Electric	27-0366746	61,862.00	0.20%
Living Design Studios	84-1573571	140,194.00	0.46%
Longshot Concrete Pumping LLC	20-3974617	24,382.00	0.08%
Loveland Barricade, LLC	46-2905041	285,131.00	0.93%
LS Group LLC	47-1620933	32,611.00	0.11%
Luxury Estate Managers of Aspen LLC		22,515.00	0.07%
M & E Painting, LLC	47-0946362	71,419.00	0.23%

Madigan & Company	81-3370173	274,449.00	0.89%
Maggard and Hood, P.C.	84-0717842	56,942.00	0.19%
Mantell-Hecathorn Builders Inc	30-0008275	35,934.00	0.12%
Marolt LLP CPAs	84-1364489	64,940.00	0.21%
Martin, Vejvoda & Assoc.	84-1038838	233,829.00	0.76%
Masterworks Mechanical Inc	84-1300600	326,903.41	1.07%
Matter Planning & Design LLC	20-2630621	48,686.00	0.16%
Mauldin Plumbing & Heating Inc	84-1294386	51,107.00	0.17%
Menendez Architects PC	20-1569876	43,368.00	0.14%
Metcalf Excavation Inc	26-3976332	9,147.00	0.03%
Miscione Design Studio PLLC	84-4157059	22,752.00	0.07%
Morgan Holdings	46-4763723	25,170.00	0.08%
Mountain Constructors, Inc	84-0895413	479,333.68	1.56%
Mountain Lion Garden Supply	81-3849489	18,348.00	0.06%
Mr Vac Cleaning & Restoration	76-0714549	93,030.00	0.30%
Mulliken Weiner Berg & Jolivet	84-1183886	222,555.00	0.73%
Myers and Sons Construction	27-1829007	609,771.94	1.99%
Native Excavating Inc	84-0912818	533,368.00	1.74%
Next Level Management Services	20-3059448	158,048.00	0.52%
Nordic Gardens Landscape Co	84-1254613	65,268.00	0.21%
Northwest Data Services, Inc.	81-0730178	113,940.00	0.37%
O'Kelly Consulting Group Inc	81-388-5845	65,032.00	0.21%
Olive Ridge Cooling LLC dba Colorado	84-4728435	59,553.00	0.19%
One Seven Advisors	46-2321192	42,668.00	0.14%
Onset Solutions, Inc.	84-1601197	48,481.00	0.16%
Pacific Sheet Metal, Inc.	84-1119383	408,681.00	1.33%
Pascal Construction Co	84-1613148	53,427.94	0.17%
Peak Architecture LLC	81-1387947	53,230.00	0.17%
Poss Architecture	84-1120008	448,817.00	1.46%
Precision Excavating, Inc.	84-2085393	31,548.00	0.10%
Precision Siding	84-1177435	76,381.00	0.25%

Pro Roofing America	86-1831023	28,404.00	0.09%
Quest Building Company, LLC	84-1582036	24,072.00	0.08%
Rawley Design Planning LLC	93-3173085	22,192.00	0.07%
RCD Construction Inc	46-4755567	168,464.00	0.55%
Redline Underground LLC	86-1889695	64,800.00	0.21%
Renovate	52-2404799	32,748.00	0.11%
ReyLenn Construction	27-1434535	93,216.00	0.30%
Rice And Rice, Inc.	75-3077987	80,363.71	0.26%
Ridge Runner Construction Company I	47-0920274	79,710.00	0.26%
Rifleworks Inc	84-1229585	16,908.00	0.06%
Riggs Water Service, LLC	45-2845346	10,136.00	0.03%
Roaring Fork Plumbing & Mechanical	93-1488548	64,290.00	0.21%
Roaring Fork Rentals Inc	84-1081476	100,260.00	0.33%
Rocky Mtn TLC Inc dba Carpet One	84-1424874	41,991.00	0.14%
Rubberosion Inc	46-1551949	2,988.00	0.01%
S & S Construction	84-1245545	65,832.00	0.21%
S2 Architects	82-4196012	25,039.00	0.08%
Sacred Ground Excavation LLC	27-0818419	47,904.00	0.16%
Saddletree Holdings, Inc.	26-1499062	183,462.00	0.60%
Sage Design Build LLC	82-1950916	68,878.00	0.22%
Sapphire Realty LLC dba JD Works	47-5168756	22,928.00	0.07%
Saunders Construction, Inc.	84-0706521	1,214,852.60	3.96%
Schlosser Inc	84-0613770	39,485.00	0.13%
Schmidt Construction Co.	38-1253012	3,089,210.31	10.07%
Signature Stone	27-0010871	63,250.00	0.21%
Sinclair Building Architecture Developı	51-0468731	10,093.00	0.03%
Site Architects Inc	93-2122097	22,356.00	0.07%
SMT Colorado LLC	85-0511280	63,972.00	0.21%
Stan Clauson Associates Inc	59-3827700	5,776.00	0.02%
Steel Gen LLC	87-2348603	104,870.00	0.34%
Steev Wilson Architect	20-5642831	78,477.00	0.26%

Stoneworks of Colorado	20-1110329	58,125.00	0.19%
Stormwater Risk Management LLC	20-4616661	246,237.00	0.80%
Stutsman-Gerbaz, Inc.	84-0520673	949,959.00	3.10%
Suarez Masonry LLC	90-0089090	70,423.00	0.23%
Summit Partners LTD	35-2702086	79,114.00	0.26%
T & E Marshall	84-1262252	17,981.00	0.06%
T Lowell Construction Co.	84-1158165	717,140.34	2.34%
TE Builders	81-1869775	92,913.00	0.30%
Trilogy Industrial Supply LLC	84-2437471	54,011.00	0.18%
Trim Worx LLC	65-1280268	44,070.00	0.14%
Trulog Siding	26-4832611	120,171.00	0.39%
Two Seven Ink	30-0880737	24,492.00	0.08%
Type Five Builders LLC	86-1850544	50,350.00	0.16%
Upfront Glass Inc	27-1548645	43,931.00	0.14%
Vertix Builders Inc	46-5141051	477,415.00	1.56%
VSE Electrical/Vision Security LLC	20-1444778	128,477.00	0.42%
Waldo Excavation Inc	84-1594779	41,196.00	0.13%
Wallace Oil	84-0516153	116,178.00	0.38%
Walters Company	84-0915970	12,354.00	0.04%
Warren Industries Inc dba Roto Rooter	84-1247535	82,301.00	0.27%
WCS Capital Group ltd	84-0430683	74,160.00	0.24%
Welcome Home Management	84-1583785	35,268.00	0.12%
White River Electric Inc	84-0940592	85,968.00	0.28%
Workspace Innovations, Ltd	26-3585971	64,761.00	0.21%
Z Group Architects	20-3117393	82,658.00	0.27%
Zak Dirt, Inc.	84-0713877	1,439,503.94	4.69%
209 Employers		30,667,025.75	100%

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.	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
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ___

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

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

D Check box if filing under:
- [X] 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

1a Name of plan
Contractors Health Trust

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 03/29/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Trustees - Contractors Health Trust

2380 South Tejon Street

Englewood CO 80110

2b Employer Identification Number (EIN) 84-6067792

2c Plan Sponsor's telephone number (303) 935-2375

2d Business code (see instructions) 238900

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

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

SIGN HERE	Signature of plan administrator	8/18/25 Date	ROBERT LANTZY Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

CONTRACTORS HEALTH TRUST

EIN: 84-6067792, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value: Maturity Date	Rate of Interest	Maturity Value	(d) Cost	(e) Current value
	Interest bearing Cash					
	Cash in sweep account				$ 2,005	$ 2,005
					$ 2,005	$ 2,005
	Money market funds					
	Schwab Treasury Obliga Mo				$ 489,479	$ 489,479
	Total money market funds				$ 489,479	$ 489,479
	Government bonds					
	US Treas TIPS 01/15/2024 0.625%			575,000	$ 759,349	$ 755,854
	US TREASURY NT 2.125% 03/31/2024			500,000	488,009	496,094
	US TREASURY NT 1.75% 06/30/2024			375,000	363,773	368,672
	US TREASURY NT 0.375% 09/15/2024			500,000	476,406	484,063
	US TREASURY NT4.25% 12/31/2024			400,000	394,781	397,937
	US TREASURY NT 0.5% 03/31/2025			300,000	280,538	285,187
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	Corporate bonds					
	JPMorgan Chase 04/01/2026 3.300%			793,000	$ 793,533	$ 768,039
	Johnson & Johnson 03/01/2026 2.450%			1,000,000	977,435	960,671
	Bank of America Cor 01/22/2025 4.0%			150,000	146,178	147,564
	Citigroup Inc. 04/27/2025 3.30%			150,000	144,485	146,306
	Wells Fargo Bk N A 04/22/2026 3.000%			750,000	733,067	718,355
	Total corporate bonds				$ 2,794,698	$ 2,740,935
	Preferred stock					
	JPM Chase PFD L 4.625%			11,804	$ 305,767	$ 246,477
	Total common stocks				$ 305,767	$ 246,477
	Total assets (held at end of year)				$ 6,450,859	$ 6,266,703

CONTRACTORS HEALTH TRUST

EIN: 84-6067792, Plan Number 501
Form 5500, Schedule H, line 4j
Schedule of Reportable Transactions
Year Ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	Charles Schwab Trust Bank	6,401,404	-	N/A	N/A	6,401,404	6,401,404	-
	Charles Schwab Trust Bank		6,899,615	N/A	N/A	6,899,615	6,899,615	-
	Schwab Treasury Obliga Mo	1,833,416		N/A	N/A	1,833,416	1,833,416	-
	Schwab Treasury Obliga Mo		2,104,400	N/A	N/A	2,104,400	2,104,400	-
	US TREASURY BILL 09/28/23	590,852						