

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

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

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

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

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

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

special extension (enter description)

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

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

|  |  |
|--|--|
| <p><b>1a</b> Name of plan<br/> <u>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</u></p>   | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>         Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>         City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/> <u>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</u></p> <p><u>5511 W. 56TH AVENUE</u><br/> <u>SUITE 250</u><br/> <u>ARVADA, CO 80002</u></p> | <p><b>1c</b> Effective date of plan<br/> <u>05/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/> <u>84-6044454</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/> <u>303-430-1118</u></p> <p><b>2d</b> Business code (see instructions)<br/> <u>445110</u></p> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 02/03/2026 | MARTIN GARCIA  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 02/10/2026 | HENRY B. TAYLOR, III   |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 8864 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 8864 |
|   | <b>6a(2)</b>                               | 8950 |
|   | <b>6b</b>                                  |      |
|   | <b>6c</b>                                  |      |
|   | <b>6d</b>                                  | 8950 |
|   | <b>6e</b>                                  |      |
|   | <b>6f</b>                                  |      |
|   | <b>6g(1)</b>                               |      |
| <b>6g(2)</b>  |  |      |
| <b>6h</b>   |  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   | 6    |

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

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

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

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

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

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

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

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

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

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

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

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b>   |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>84-6044454</b> |

**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  
**UNITEDHEALTHCARE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>36-2739571</b> | <b>79413</b>         | <b>932793</b>                                | <b>2658</b>  | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|          |  |            |          |
|----------|--|------------|----------|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 17881283 |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |          |

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b></p>   | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>84-6044454</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-1423090 | 69744         | G3307 C4569                           | 8663  | 08/01/2023              | 07/31/2024 |

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

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

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

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

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

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

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|---|---------------------------------|-------------|-----------------------|
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|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   |                                 |             |                       |

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 274418 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b>   |  | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>84-6044454</b> |

**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  
**UNITEDHEALTHCARE STOP LOSS**

| <b>(b)</b> EIN | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |               |
|----------------|----------------------|--|--|--------------------------------|---------------|
|                |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To |
| 36-2739571     | 79413                | 417005413696                                 | 6727   | 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.

|   |  |
|---|--|
| <b>(a)</b> Total amount of commissions paid<br><b>0</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|---|--|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 204147 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</b> | <b>D</b> Employer Identification Number (EIN)<br><b>84-6044454</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UMR, INC.

39-1995276

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 73                  | NONE  | 2882955  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 97961   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ZENITH AMERICAN SOLUTIONS

52-1590516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 14 36            | NONE  | 2123927  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16                  | NONE  | 299519   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

DELTA DENTAL OF COLORADO

83-4416613

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13                  | NONE  | 295823   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

REINHART BOERNER VAN DEUREN S.C.

39-1126909

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 264435   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SPENCER FANE LLP

44-0561981

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 203090   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MINES AND ASSOCIATES, INC.

84-1028610

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12                     | NONE  | 189596   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

OPTUM RX

33-0441200

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 50 62<br>99         | NONE  | 139398   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 46217   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16                  | NONE  | 131050   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LEGACY PROFESSIONALS LLP

32-0043599

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 15                  | NONE  | 70477  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TRILOGY CONSULTING GROUP, INC.

36-4016705

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | NONE  | 34234  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NORTHERN TRUST COMPANY

36-1561860

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 50 62<br>68 71      | NONE  | 16707  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LAZARD ASSET MANAGEMENT

30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 68<br>71         | NONE  | 16575  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SEGAL MARCO ADVISORS

13-2646110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 50                  | NONE  | 11250  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FRSECURE, LLC

26-3547185

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | NONE  | 5196   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>                                       |  |
| <b>A</b> Name of plan<br><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b>   | <b>B</b> Three-digit plan number (PN) ▶ <b>501</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS HEALTH BENEFIT PLA</b> | <b>D</b> Employer Identification Number (EIN)<br><b>84-6044454</b> |

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

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

| Assets   | (a) Beginning of Year   | (b) End of Year |
|--|-------------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b> 14264591      | 1956174         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                         |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b> 9997055    | 9849856         |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b> 457107     | 479230          |
| <b>(3)</b> Other .....   | <b>1b(3)</b> 1901368    | 4479530         |
| <b>c</b> General investments:  |                         |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b> 2748564    | 12653429        |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b> 7841125    | 7907808         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                         |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b>         |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> 2673546 | 3427168         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                         |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b>         |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b>         |                 |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>            |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>            |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>            |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>            |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>            |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>           |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>           |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>           |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b> 561297    | 573721          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>           |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>           |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 40444653              | 41326916        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 11156000              | 13653000        |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 130262                | 146927          |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 4589                  | 2928            |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 11290851              | 13802855        |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 29153802              | 27524061        |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 118183216  |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 6019735    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 124202951 |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 462391     |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 409904     |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 137143     |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1009438   |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 38933      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 38933     |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 125952680  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 125835364  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            | 117316    |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 182973     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 11582     |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 8584549   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 134147742 |

**Expenses**

|  |               |           |           |
|--|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 109915045 |           |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 19049938  |           |
| (3) Other.....   | <b>2e(3)</b>  | 3501903   |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |           | 132466886 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |           |           |
| <b>h</b> Interest expense.....   | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:  |               |           |           |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  | 1810106   |           |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  | 21735     |           |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  | 48742     |           |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 27825     |           |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 24576     |           |
| (7) Actuarial fees .....   | <b>2i(7)</b>  | 431889    |           |
| (8) Legal fees .....   | <b>2i(8)</b>  | 467525    |           |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> | 29898     |           |
| (11) Other expenses.....   | <b>2i(11)</b> | 448301    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |           | 3310597   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |           | 135777483 |

**Net Income and Reconciliation**

|   |              |  |          |
|---|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -1629741 |
| <b>l</b> Transfers of assets:   |              |  |          |
| (1) To this plan.....   | <b>2l(1)</b> |  |          |
| (2) From this plan .....  | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan**

Financial Statements

April 30, 2025

# Rocky Mountain UFCW Unions & Employers Health Benefit Plan

Financial Statements with Supplementary Information

April 30, 2025 and 2024

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## **Report of Independent Auditors**

To the Participants and Trustees of  
Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan

### ***Opinion***

We have audited the financial statements of Rocky Mountain UFCW Unions & Employers Health Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Rocky Mountain UFCW Unions & Employers Health Benefit Plan as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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

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

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

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

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

***Responsibilities of Management for the Financial Statements (continued)***

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

*Legacy Professionals LLP*

Westchester, Illinois

February 10, 2026

**Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan**

**Statements of Net Assets Available for Benefits**

April 30, 2025 and 2024

|                                   | <u>2025</u>          | <u>2024</u>          |
|-----------------------------------|----------------------|----------------------|
| <b>Assets</b>                     |                      |                      |
| Cash                              | \$ 6,623,068         | \$ 14,264,591        |
| Receivables                       |                      |                      |
| Employer contributions            | 9,849,856            | 9,997,055            |
| Participant contributions         | 479,230              | 457,107              |
| Prescription drug rebates         | 4,017,941            | 1,727,890            |
| HMO premium rebates               | 247,636              | -                    |
| Accrued interest and dividends    | 162,665              | 125,339              |
| Total receivables                 | <u>14,757,328</u>    | <u>12,307,391</u>    |
| Investments - at fair value       |                      |                      |
| U.S. Government obligations       | 7,907,808            | 7,841,125            |
| Corporate bonds and notes         | 3,427,168            | 2,673,546            |
| Mutual funds                      | 8,560,256            | 3,309,861            |
| Total investments                 | <u>19,895,232</u>    | <u>13,824,532</u>    |
| Prepaid expenses                  | 51,288               | 48,139               |
| Total assets                      | <u>41,326,916</u>    | <u>40,444,653</u>    |
| <b>Liabilities and Net Assets</b> |                      |                      |
| Liabilities                       |                      |                      |
| Accounts payable                  | 146,927              | 130,262              |
| Due to related organization - net | 202                  | 2,308                |
| Due to broker                     | 2,726                | 2,281                |
| Total liabilities                 | <u>149,855</u>       | <u>134,851</u>       |
| Net assets available for benefits | <u>\$ 41,177,061</u> | <u>\$ 40,309,802</u> |

See accompanying notes to financial statements.

**Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan**

**Statements of Changes in Net Assets Available for Benefits**

Years Ended April 30, 2025 and 2024

|  | <u>2025</u>          | <u>2024</u>          |
|--|----------------------|----------------------|
| <b>Additions</b>   |                      |                      |
| Investment income  |                      |                      |
| Net appreciation (depreciation)                              |                      |                      |
| in fair value of investments                                 | \$ 311,871           | \$ (47,437)          |
| Interest and dividends                                       | <u>1,048,371</u>     | <u>767,193</u>       |
|  | 1,360,242            | 719,756              |
| Less investment expenses                                     | <u>(31,343)</u>      | <u>(20,122)</u>      |
| Investment income - net                                      | 1,328,899            | 699,634              |
| Employer contributions                                       | 118,183,216          | 118,371,312          |
| Participant contributions                                    | 6,019,735            | 5,799,231            |
| Prescription drug rebates                                    | 8,190,682            | 5,537,985            |
| HMO premium rebates  | <u>393,867</u>       | <u>-</u>             |
| Total additions  | <u>134,116,399</u>   | <u>130,408,162</u>   |
| <b>Deductions</b>  |                      |                      |
| Cost of benefits   |                      |                      |
| Medical and lost time  | 80,745,976           | 68,605,862           |
| HMO premiums   | 18,566,794           | 24,377,939           |
| Prescription drug  | 23,145,435           | 16,641,748           |
| Dental   | 3,126,905            | 3,362,624            |
| Vision   | 399,729              | 342,303              |
| Life insurance premiums                                      | 276,284              | 273,997              |
| Stop-loss premiums   | 206,860              | 187,106              |
| Provider access, administrative and<br>cost containment fees | <u>3,501,903</u>     | <u>3,942,139</u>     |
| Total cost of benefits                                       | 129,969,886          | 117,733,718          |
| Administrative expenses                                      | <u>3,279,254</u>     | <u>3,495,301</u>     |
| Total deductions   | <u>133,249,140</u>   | <u>121,229,019</u>   |
| <b>Net increase</b>  | 867,259              | 9,179,143            |
| <b>Net assets available for benefits</b>                     |                      |                      |
| Beginning of year  | <u>40,309,802</u>    | <u>31,130,659</u>    |
| End of year  | <u>\$ 41,177,061</u> | <u>\$ 40,309,802</u> |

See accompanying notes to financial statements.

**Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan**

**Statements of Benefit Obligations**

April 30, 2025 and 2024

|   | <u>2025</u>                 | <u>2024</u>                 |
|---|-----------------------------|-----------------------------|
| <b>Amounts currently payable</b>  |                             |                             |
| Claims payable and claims incurred<br>but not reported                          | <u>\$ 13,653,000</u>        | <u>\$ 11,156,000</u>        |
| <b>Other obligations for current benefit<br/>coverage, at estimated amounts</b> |                             |                             |
| Future eligibility  | 22,284,000                  | 19,533,000                  |
| Accumulated eligibility credits   | <u>1,732,000</u>            | <u>3,158,000</u>            |
| Total other obligations for current benefit<br>coverage                         | <u>24,016,000</u>           | <u>22,691,000</u>           |
| Total benefit obligations   | <u><u>\$ 37,669,000</u></u> | <u><u>\$ 33,847,000</u></u> |

See accompanying notes to financial statements.

**Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan**

**Statements of Changes in Benefit Obligations**

Years Ended April 30, 2025 and 2024

|   | <u>2025</u>                 | <u>2024</u>                 |
|---|-----------------------------|-----------------------------|
| <b>Amounts currently payable</b>  |                             |                             |
| Balance at beginning of year  | \$ 11,156,000               | \$ 11,035,000               |
| Increase during the year<br>attributable to changes in                          |                             |                             |
| Claims payable and claims incurred but not reported                             | <u>2,497,000</u>            | <u>121,000</u>              |
| Balance at end of year  | <u>13,653,000</u>           | <u>11,156,000</u>           |
| <b>Other obligations for current benefit<br/>coverage, at estimated amounts</b> |                             |                             |
| Balance at beginning of year  | 22,691,000                  | 24,266,000                  |
| Increase (decrease) during the year<br>attributable to changes in               |                             |                             |
| Future eligibility  | 2,751,000                   | (831,000)                   |
| Accumulated eligibility credits   | <u>(1,426,000)</u>          | <u>(744,000)</u>            |
| Balance at end of year  | <u>24,016,000</u>           | <u>22,691,000</u>           |
| Total benefit obligations   | <u><u>\$ 37,669,000</u></u> | <u><u>\$ 33,847,000</u></u> |

See accompanying notes to financial statements.

# Rocky Mountain UFCW Unions & Employers Health Benefit Plan

## Notes to Financial Statements

April 30, 2025 and 2024

### Note 1. Summary of Significant Accounting Policies

**Method of Accounting** - The accompanying financial statements of Rocky Mountain UFCW Unions & Employers Health Benefit Plan (the Plan) have been prepared using the accrual basis of accounting.

**Investments** - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

**Contributions Receivable** - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Deficiencies identified through payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

**Employer Contribution Income** - Employer contributions are recognized in the period in which covered work is performed, based on the number of eligible participants and the contribution rate currently in effect, as set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within the grocery industry primarily located in the states of Colorado and Wyoming.

**Benefit Obligations** - Benefit obligations are determined by the Plan's actuarial consultant using accepted actuarial principles, based on claims experience, Plan benefits and other data as considered necessary.

The obligation for future eligibility is an estimate of claims which will be due the following year for participants who had been credited with sufficient contributions prior to April 30 to maintain eligibility after year end.

The obligation for accumulated eligibility credits is an estimate of lost time (disability) benefits earned through April 30 based on extended disability benefits data.

## **Note 1. Summary of Significant Accounting Policies (continued)**

**Prescription Drug Rebates** - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable.

**HMO Premium Rebates** - The Plan utilizes a health maintenance organization (HMO) insurance carrier who periodically makes refunds to the Plan if a minimum percentage of the insurance carrier's premium receipts are not spent on medical claims or healthcare quality improvements as required by the Affordable Care Act. Refunds due from the Plan's HMO provider are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable.

**Stop-Loss Insurance** - The Plan maintains a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits. Under the terms of the arrangement, individual participant claims incurred in excess of specific limits within the contract year, as well as its aggregate exposure for all claims, are reimbursed to the Plan. Specific limits under the arrangement are those claims incurred in excess of \$2,000,000. No reimbursements were received under this arrangement during the years ended April 30, 2025 and 2024.

**Expenses** - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

**Reclassifications** - Certain prior year amounts have been reclassified to conform with the current year's presentation.

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

**Subsequent Events** - Subsequent events have been evaluated through February 10, 2026, which is the date the financial statements were available to be issued.

## **Note 2. Description of the Plan**

The Plan was established as a result of collective bargaining agreements to provide health care, prescription drug, lost time (disability), vision, life and dental benefits for eligible participants and their dependents. The Plan offers the option of participating in a health maintenance organization that participants can choose. Life insurance benefits are provided through an insurance arrangement. All other benefits are self-insured.

The Plan is a multiemployer welfare plan covering substantially all participants covered under collective bargaining agreements between participating unions and employers, who have fulfilled minimum service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

## **Note 2. Description of the Plan (continued)**

Participants become initially eligible for benefits based on their employment category. Part-time non-courtesy clerks generally become initially eligible for benefits as of the first day of the month after working an average of 20 hours per week during the 12 months after their date of hire. Courtesy clerks become initially eligible as of the date set forth in the collective bargaining agreement or, if earlier:

- For the first 36 months of employment, the first day of the month after working an average of 30 hours per week during the 12 months after their date of hire or in a subsequent 12-month period following the participant's anniversary date; or
- After 36 months of employment, the first day of the month after working an average of 20 hours per week for a 12-month period.

In the event certain participants work less than the required minimum hours necessary for coverage, they may continue their eligibility by making self-payments to the Plan.

Under certain provisions of the Plan, the Plan utilizes a 1-2-3 lag month reporting process for eligibility, regardless of the plan of benefits for which the participant is eligible, as follows:

(1) Work month:

The month for which contributions are required on the participant's behalf.

(2) Report month:

The month that the Plan receives the required contributions on the participant's behalf, which is the month following the work month (1).

(3) Coverage month:

One month following the report month, except for the initial month of eligibility, which includes coverage retroactive to the first day of the report month (2).

The participant's classification is determined by the employer contribution rate and service time of the participant as established in the collective bargaining agreement under which the participant is covered. Plan classifications include Plan A, B and C. Initial eligibility for dental benefits and Plan C differ from the process described above, and participants should refer to the most current summary plan description for a summary of that process.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

Participants should refer to the applicable summary plan description for more complete information.

### **Note 3. Priorities upon Termination**

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

### **Note 4. Tax Status**

The Plan's notice of exemption is dated November 5, 1981, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

### **Note 5. Fair Value Measurements**

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

#### Basis of Fair Value Measurement

|         |   |
|---------|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities                              |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable   |

## Note 5. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of April 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

|                             | Total                | Fair Value Measurements at 4/30/25 Using                                      |   |  |
|-----------------------------|----------------------|---|---|--|
|                             |                      | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| U.S. Government obligations | \$ 7,907,808         | \$ 7,907,808  | \$ -  | \$ -   |
| Corporate bonds and notes   | 3,427,168            | -   | 3,427,168   | -  |
| Mutual funds                | 8,560,256            | 8,560,256   | -   | -  |
| Total                       | <u>\$ 19,895,232</u> | <u>\$ 16,468,064</u>  | <u>\$ 3,427,168</u>                                       | <u>\$ -</u>  |

|                             | Total                | Fair Value Measurements at 4/30/24 Using                                      |   |  |
|-----------------------------|----------------------|---|---|--|
|                             |                      | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| U.S. Government obligations | \$ 7,841,125         | \$ 7,841,125  | \$ -  | \$ -   |
| Corporate bonds and notes   | 2,673,546            | -   | 2,673,546   | -  |
| Mutual funds                | 3,309,861            | 3,309,861   | -   | -  |
| Total                       | <u>\$ 13,824,532</u> | <u>\$ 11,150,986</u>  | <u>\$ 2,673,546</u>                                       | <u>\$ -</u>  |

### Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which consist principally of marketable fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of the period presented.

## **Note 5. Fair Value Measurements (continued)**

### Level 2 Measurements

Corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

## **Note 6. Risks and Uncertainties**

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

Benefit obligations are reported based on certain assumptions pertaining to health care inflation rates, participant demographics and projections based on claims experience, 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 7. Related Party and Party-in-Interest Transactions**

The Plan has several related organizations, which include two labor unions, a pension plan and a retiree welfare plan.

At April 30, 2025 and 2024, a net total of \$202 and \$2,308 respectively, was due to the related retiree welfare plan for its share of certain rebates and credits, based on actual claims incurred by retirees. Additionally, amounts may sometimes be owed for administrative expenses inadvertently paid by the Plan or on the Plan's behalf.

The Plan pays fees and receives rebates under several arrangements with service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

**Note 8. Funding Policy**

Participating employers contribute such amounts as required in their respective collective bargaining agreements. For the years ended April 30, 2025 and 2024, monthly contribution rates ranged from \$469 to \$1,276 depending on the type of coverage selected.

Certain participants are required to contribute weekly co-payments ranging from \$8.50 to \$26 based on the coverage option selected. In addition, COBRA benefits are available to participants at a monthly rate, which ranged from \$869 to \$1,767 and from \$872 to \$1,977 for the years ended April 30, 2025 and 2024, respectively. COBRA contribution rates are determined annually by the Trustees based on Plan experience and vary according to the coverage option selected.

**Note 9. Major Employers**

Contributions from two employers accounted for approximately 97% of total employer contributions during each of the years ended April 30, 2025 and 2024. In the event these employers were to suspend contributions, the Plan would terminate coverage to the employers' participants as required under the Plan document. The Plan would retain the risk of paying fixed administrative expenses until the appropriate adjustments were made.

**Note 10. Concentration of Cash**

The Plan places its cash with a financial institution deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000. At April 30, 2025, balances exceeded federally insured limits by approximately \$2,207,000.

**Note 11. Litigation**

The Plan may be subject to claims and lawsuits which primarily arise in the ordinary course of its operations. The Trustees and legal counsel of the Plan are not able to predict the probability of any such claims. The Trustees believe any unfavorable outcome would not have a materially adverse effect on the operations or financial condition of the Plan.

**Note 12. Participant Contributions**

Employers withhold participant contributions through payroll deductions. A number of employers may have remitted the contributions to the Plan more than 90 days after the following month, which does not meet the timeliness requirements as prescribed by U.S. Department of Labor (DOL) regulations.

The Plan has a collection program that pursues legal action against delinquent employers. As part of its collection program, the Plan regularly collects contributions, liquidated damages, interest and attorney fees from delinquent employers. Delinquent contributions are credited upon receipt.

### Note 13. 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:

|  | <u>2025</u>          | <u>2024</u>          |
|--|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 41,177,061        | \$ 40,309,802        |
| Less - benefit obligations currently payable                   | <u>(13,653,000)</u>  | <u>(11,156,000)</u>  |
| Net assets available for benefits per the Form 5500            | <u>\$ 27,524,061</u> | <u>\$ 29,153,802</u> |

The following is a reconciliation of total cost of benefits per the financial statements to the Form 5500 for the year ended April 30, 2025:

|   |                       |
|---|-----------------------|
| Total cost of benefits per the financial statements   | \$ 129,969,886        |
| Add - amounts currently payable at end of year        | 13,653,000            |
| Less - amounts currently payable at beginning of year | <u>(11,156,000)</u>   |
| Total cost of benefits per the Form 5500              | <u>\$ 132,466,886</u> |

**Report of Independent Auditors on Supplemental Schedules**

To the Participants and Trustees of  
Rocky Mountain UFCW Unions &  
Employers Health Benefit Plan

We have audited the financial statements of Rocky Mountain UFCW Union & Employers Health Benefit Plan (the Plan) as of and for the years ended April 30, 2025 and 2024, and our report thereon dated February 10, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 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 GAAS.

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

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

*Legacy Professionals LLP*

Westchester, Illinois

February 10, 2026

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

SUPPLEMENTAL SCHEDULE 1

Rocky Mountain UFCW Unions & Employers Health Benefit Plan  
EIN # 84-6044454  
PN # 501  
Year Ended April 30, 2025

Schedule H, Part IV, Item 4i - Schedule of Investments Held

|  | <b>Cost @<br/>4/30/2025</b> | <b>Market Value @<br/>4/30/2025</b> |
|--|-----------------------------|-------------------------------------|
| <b>Interest Bearing Cash (Including Money Market Accounts):</b>              |                             |                                     |
| PNC Bank Cash Sweep Account  | 4,666,894                   | 4,666,894                           |
| Northern Inst. Treasury Portfolio Money Market Fund                          | 7,986,535                   | 7,986,535                           |
|  | <u>12,653,429</u>           | <u>12,653,429</u>                   |
| <b>U.S Government Securities</b>   |                             |                                     |
| Federal Farm Credit Bank 4.36% 10/28/2027                                    | 294,499                     | 295,125                             |
| United States of America Treasury Notes 4.125% 11/15/2027                    | 1,502,162                   | 1,524,224                           |
| United States of America Treasury Notes 4.25% 1/15/2028                      | 3,734,785                   | 3,797,590                           |
| United States of America Treasury Notes 4.5% 11/15/2025                      | 1,321,881                   | 1,322,243                           |
| United States of America NTS DTD 3.875% 3/15/2028                            | 658,633                     | 660,373                             |
| United States of America NTS 4.0% 12/15/2027                                 | 305,905                     | 308,253                             |
|  | <u>7,817,865</u>            | <u>7,907,808</u>                    |
| <b>Corporate debt securities (other than employer securities): All Other</b> |                             |                                     |
| American Honda Financial Corp. Medium Term NTS 5.25% 7/7/2026                | 277,479                     | 277,750                             |
| Bank of America Corp. 2.551% 2/4/2028  | 334,019                     | 338,628                             |
| Boeing Co. Fixed 2.196% 2/4/2026   | 142,076                     | 146,966                             |
| Citigroup Inc. 3.887% 1/10/2028  | 344,022                     | 346,328                             |
| Energy Transfer Fixed 5.5% 6/1/2027  | 307,350                     | 304,610                             |
| General Motors Co. 5.0% 4/9/2027   | 301,406                     | 300,184                             |
| Goldman Sachs 4.937% 4/23/28   | 285,000                     | 287,597                             |
| HCA Inc. 4.5% 2/15/2027  | 300,197                     | 299,329                             |
| Intel Corp. Fixed 3.75% 8/5/2027   | 268,116                     | 270,190                             |
| JP Morgan Chase Fltg Rt 1.045% 11/19/2026                                    | 288,700                     | 294,144                             |
| Morgan Stanley Fixed 1.593% 5/4/2027   | 264,847                     | 267,005                             |
| T-Mobile USA Inc. 2.625% 4/15/2026   | 288,198                     | 294,437                             |
|  | <u>3,401,410</u>            | <u>3,427,168</u>                    |
| <b>Value of interest in registered investment companies</b>                  |                             |                                     |
| Lazard U.S. High Yield Portfolio Fund - Institutional Shares                 | 575,110                     | 573,721                             |
|  | <u>575,110</u>              | <u>573,721</u>                      |
| Total Investments  | <u>24,447,814</u>           | <u>24,562,126</u>                   |

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|            |                                      |             |
|------------|--------------------------------------|-------------|
| SCHEDULE C | OTHER SERVICE PROVIDER SERVICE CODES | STATEMENT 1 |
|------------|--------------------------------------|-------------|

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| NAME                      | SERVICE CODES |
|---------------------------|---------------|
| LAZARD ASSET MANAGEMENT   | 28            |
| LAZARD ASSET MANAGEMENT   | 51            |
| LAZARD ASSET MANAGEMENT   | 68            |
| LAZARD ASSET MANAGEMENT   | 71            |
| ZENITH AMERICAN SOLUTIONS | 12            |
| ZENITH AMERICAN SOLUTIONS | 13            |
| ZENITH AMERICAN SOLUTIONS | 14            |
| ZENITH AMERICAN SOLUTIONS | 36            |
| OPTUM RX                  | 12            |
| OPTUM RX                  | 50            |
| OPTUM RX                  | 62            |
| OPTUM RX                  | 99            |
| NORTHERN TRUST COMPANY    | 19            |
| NORTHERN TRUST COMPANY    | 50            |
| NORTHERN TRUST COMPANY    | 62            |
| NORTHERN TRUST COMPANY    | 68            |
| NORTHERN TRUST COMPANY    | 71            |

CODES TO SCHEDULE C, LINE 2(B)

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|            |                   |             |
|------------|-------------------|-------------|
| SCHEDULE H | OTHER RECEIVABLES | STATEMENT 2 |
|------------|-------------------|-------------|

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| DESCRIPTION                     | BEGINNING  | ENDING     |
|---------------------------------|------------|------------|
| ACCRUED INVESTMENT INCOME       | 125,339.   | 162,665.   |
| PRESCRIPTION DRUG REBATES       | 1,727,890. | 4,017,941. |
| PREPAID EXPENSES                | 48,139.    | 51,288.    |
| HMO PLAN PREMIUM REBATE         | 0.         | 247,636.   |
| TOTAL TO SCHEDULE H, LINE 1B(3) | 1,901,368. | 4,479,530. |

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|            |                        |             |
|------------|------------------------|-------------|
| SCHEDULE H | OTHER PLAN LIABILITIES | STATEMENT 3 |
|------------|------------------------|-------------|

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| DESCRIPTION                  | BEGINNING | ENDING |
|------------------------------|-----------|--------|
| DUE TO RELATED WELFARE PLAN  | 2,308.    | 202.   |
| DUE TO BROKER                | 2,281.    | 2,726. |
| TOTAL TO SCHEDULE H, LINE 1J | 4,589.    | 2,928. |

| SCHEDULE H                   | OTHER INCOME | STATEMENT 4 |
|------------------------------|--------------|-------------|
| DESCRIPTION                  |              | AMOUNT      |
| PRESCRIPTION DRUG REBATES    |              | 8,190,682.  |
| HMO PLAN PREMIUM REBATES     |              | 393,867.    |
| TOTAL TO SCHEDULE H, LINE 2C |              | 8,584,549.  |

| SCHEDULE H   | OTHER PAYMENTS TO PROVIDE BENEFITS | STATEMENT 5 |
|--|------------------------------------|-------------|
| DESCRIPTION  |                                    | AMOUNT      |
| PROVIDER ACCESS, ADMINISTRATIVE, AND COST CONTAINMENT FEES |                                    | 3,501,903.  |
| TOTAL TO SCHEDULE H, LINE 2E(3)                            |                                    | 3,501,903.  |

| SCHEDULE H                       | OTHER ADMINISTRATIVE EXPENSES | STATEMENT 6 |
|----------------------------------|-------------------------------|-------------|
| DESCRIPTION                      |                               | AMOUNT      |
| INSURANCE                        |                               | 66,397.     |
| POSTAGE                          |                               | 122,405.    |
| PRINTING                         |                               | 173,108.    |
| STORAGE                          |                               | 15,367.     |
| TELEPHONE                        |                               | 941.        |
| FEES MANDATED BY THE ACA         |                               | 30,653.     |
| OTHER CONSULTING FEES            |                               | 5,196.      |
| CLAIMS AUDIT FEES                |                               | 34,234.     |
| TOTAL TO SCHEDULE H, LINE 2I(11) |                               | 448,301.    |

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**



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

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

|   |   |
|---|---|
| <b>1a</b> Name of plan<br><b>ROCKY MOUNTAIN UFCW UNIONS &amp; EMPLOYERS HEALTH BENEFIT PLAN</b>   | <b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>JOINT BOARD OF TRUSTEES FOR THE ROCKY MTN EMPLOYERS</b><br><br><b>5511 W. 56TH AVENUE</b><br><b>SUITE 250</b><br><b>ARVADA</b> <span style="margin-left: 150px;"><b>CO 80002</b></span> | <b>1c</b> Effective date of plan<br><b>05/01/1965</b><br><br><b>2b</b> Employer Identification Number (EIN)<br><b>84-6044454</b><br><br><b>2c</b> Plan Sponsor's telephone number<br><b>303-430-1118</b><br><br><b>2d</b> Business code (see instructions)<br><b>445110</b> |

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

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

|                  |   |           |  |
|------------------|---|-----------|--|
| <b>SIGN HERE</b> |  | 2/3/26    | <b>MARTIN GARCIA</b>   |
|                  | <b>Signature of plan administrator</b>  | Date      | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 2/10/2026 | <b>HENRY B TAYLOR, III</b>                                   |
|                  | <b>Signature of employer/plan sponsor</b>   | Date      | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |           |  |
|                  | <b>Signature of DFE</b>   | Date      | Enter name of individual signing as DFE                      |

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

Form 5500 (2024)  
v. 240311

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|--|--|

|  |                                   |
|--|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |              |       |
|---|--------------|-------|
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>     | 8,864 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).  |              |       |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....  | <b>6a(1)</b> | 8,864 |
| <b>a (2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 8,950 |
| <b>b</b> Retired or separated participants receiving benefits .....   | <b>6b</b>    |       |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  | <b>6c</b>    |       |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....  | <b>6d</b>    | 8,950 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....  | <b>6e</b>    |       |
| <b>f</b> Total. Add lines 6d and 6e .....   | <b>6f</b>    |       |
| <b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... | <b>6g(1)</b> |       |
| <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....         | <b>6g(2)</b> |       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                | <b>6h</b>    |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                      | <b>7</b>     | 6     |

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

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

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

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

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

# 5500 Supplemental Schedules

1 MAY 24 - 30 APR 25

## ◆ 5% Report - Part A

### Single Transaction in Excess of 5%

| Security Description / Asset ID  | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost          | Current Value on Transaction Date | Net Gain/Loss |
|--|------------------|-----------|-------------------|-------------------|--------------|-------------------|---------------|-----------------------------------|---------------|
| <b>U.S. Government Securities</b>                                      |                  |           |                   |                   |              |                   |               |                                   |               |
| <b>United States - USD</b>   |                  |           |                   |                   |              |                   |               |                                   |               |
| UNITED STATES OF AMER TREAS BILLS 0% 03- 06-2025<br>CUSIP: 912797MM6   | 4,255,000.000    | 10 Sep 24 | 97.7750           |                   |              | 0.00              | 4,160,339.49  | 4,160,339.49                      | 0.00          |
| UNITED STATES OF AMER TREAS BILLS 0% 03- 06-2025<br>CUSIP: 912797MM6   | 815,000.000      | 1 Oct 24  | 98.1470           |                   |              | 0.00              | 799,902.41    | 799,902.41                        | 0.00          |
| UNITED STATES OF AMER TREAS BILLS 0% 03- 06-2025<br>CUSIP: 912797MM6   | -1,275,000.000   | 19 Sep 24 |                   | 97.9690           |              | 0.00              | 1,246,635.22  | 1,246,635.22                      | 0.00          |
| UNITED STATES OF AMER TREAS BILLS 0% 03- 06-2025<br>CUSIP: 912797MM6   | -3,575,000.000   | 2 Oct 24  |                   | 98.1500           |              | 0.00              | 3,498,501.00  | 3,498,501.00                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | 10,100,000.000   | 10 Sep 24 | 100.6280          |                   |              | 0.00              | 10,163,519.53 | 10,163,519.53                     | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | 1,920,000.000    | 1 Oct 24  | 100.6360          |                   |              | 0.00              | 1,932,225.00  | 1,932,225.00                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | 3,475,000.000    | 2 Oct 24  | 100.4600          |                   |              | 0.00              | 3,491,017.58  | 3,491,017.58                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | 1,845,000.000    | 29 Oct 24 | 98.9920           |                   |              | 0.00              | 1,826,405.86  | 1,826,405.86                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -2,350,000.000   | 19 Sep 24 |                   | 100.6210          |              | 0.00              | 2,364,779.30  | 2,364,595.70                      | -183.60       |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -2,900,000.000   | 16 Oct 24 |                   | 99.7610           |              | 0.00              | 2,916,940.72  | 2,893,089.84                      | -23,850.88    |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -3,595,000.000   | 7 Nov 24  |                   | 98.9060           |              | 0.00              | 3,606,304.40  | 3,555,679.69                      | -50,624.71    |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -1,105,000.000   | 13 Nov 24 |                   | 98.6710           |              | 0.00              | 1,108,474.65  | 1,090,324.22                      | -18,150.43    |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -940,000.000     | 18 Dec 24 |                   | 98.8430           |              | 0.00              | 942,955.81    | 929,131.25                        | -13,824.56    |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4 | -2,755,000.000   | 23 Dec 24 |                   | 98.5110           |              | 0.00              | 2,763,663.03  | 2,713,997.85                      | -49,665.18    |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID   | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>U.S. Government Securities</b>                                       |                  |           |                   |                   |              |                   |              |                                   |               |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027<br>CUSIP: 91282CLG4  | -2,495,000.000   | 9 Jan 25  |                   | 98.6670           |              | 0.00              | 2,502,845.47 | 2,461,765.82                      | -41,079.65    |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>06-15-2026 CUSIP: 91282CHH7 | -1,495,000.000   | 21 May 24 |                   | 98.6910           |              | 0.00              | 1,481,295.81 | 1,475,436.52                      | -5,859.29     |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>06-15-2026 CUSIP: 91282CHH7 | -1,145,000.000   | 27 Jun 24 |                   | 98.8630           |              | 0.00              | 1,134,504.14 | 1,131,984.57                      | -2,519.57     |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | 2,010,000.000    | 3 Dec 24  | 100.0580          |                   |              | 0.00              | 2,011,177.74 | 2,011,177.74                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | 1,645,000.000    | 4 Dec 24  | 100.0850          |                   |              | 0.00              | 1,646,413.68 | 1,646,413.68                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | 3,570,000.000    | 3 Feb 25  | 99.6400           |                   |              | 0.00              | 3,557,170.31 | 3,557,170.31                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | -1,005,000.000   | 9 Jan 25  |                   | 99.5000           |              | 0.00              | 1,005,712.55 | 999,975.00                        | -5,737.55     |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | -1,775,000.000   | 4 Feb 25  |                   | 99.6480           |              | 0.00              | 1,771,652.83 | 1,768,759.77                      | -2,893.06     |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | -1,365,000.000   | 18 Feb 25 |                   | 99.5420           |              | 0.00              | 1,362,425.98 | 1,358,761.52                      | -3,664.46     |
| UNITED STATES OF AMER TREAS NOTES 4.125%<br>11-15-2027 CUSIP: 91282CLX7 | -1,275,000.000   | 19 Mar 25 |                   | 100.3900          |              | 0.00              | 1,272,595.69 | 1,279,980.47                      | 7,384.78      |
| UNITED STATES OF AMER TREAS NOTES 4.25% 01-15-2028<br>CUSIP: 91282CMF5  | 3,555,000.000    | 9 Jan 25  | 99.7890           |                   |              | 0.00              | 3,547,501.17 | 3,547,501.17                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.25% 01-15-2028<br>CUSIP: 91282CMF5  | 705,000.000      | 27 Feb 25 | 100.5310          |                   |              | 0.00              | 708,745.31   | 708,745.31                        | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.25% 01-15-2028<br>CUSIP: 91282CMF5  | -820,000.000     | 12 Feb 25 |                   | 99.5540           |              | 0.00              | 818,270.31   | 816,348.44                        | -1,921.87     |
| UNITED STATES OF AMER TREAS NOTES 4.375%<br>12-15-2026 CUSIP: 91282CJP7 | 1,055,000.000    | 21 May 24 | 99.2890           |                   |              | 0.00              | 1,047,499.61 | 1,047,499.61                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.375%<br>12-15-2026 CUSIP: 91282CJP7 | -1,695,000.000   | 21 Jun 24 |                   | 99.5310           |              | 0.00              | 1,697,757.24 | 1,687,054.68                      | -10,702.56    |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                      | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|--|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>U.S. Government Securities</b>                                    |                  |           |                   |                   |              |                   |              |                                   |               |
| UNITED STATES OF AMER TREAS NOTES 4.375% 12-15-2026 CUSIP: 91282CJP7 | -1,005,000.000   | 27 Jun 24 |                   | 99.4760           |              | 0.00              | 1,006,634.82 | 999,739.45                        | -6,895.37     |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 4-15-2027 CUSIP: 91282CKJ9  | 985,000.000      | 12 Jul 24 | 100.5190          |                   |              | 0.00              | 990,117.38   | 990,117.38                        | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 4-15-2027 CUSIP: 91282CKJ9  | 1,105,000.000    | 5 Sep 24  | 102.0740          |                   |              | 0.00              | 1,127,920.12 | 1,127,920.12                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 4-15-2027 CUSIP: 91282CKJ9  | -3,275,000.000   | 10 Sep 24 |                   | 102.3280          |              | 0.00              | 3,291,303.57 | 3,351,246.09                      | 59,942.52     |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 5-15-2027 CUSIP: 91282CKR1  | 1,165,000.000    | 10 May 24 | 99.5230           |                   |              | 0.00              | 1,159,448.05 | 1,159,448.05                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 5-15-2027 CUSIP: 91282CKR1  | 1,200,000.000    | 21 May 24 | 99.7140           |                   |              | 0.00              | 1,196,578.13 | 1,196,578.13                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 5-15-2027 CUSIP: 91282CKR1  | 985,000.000      | 12 Jul 24 | 100.5700          |                   |              | 0.00              | 990,617.58   | 990,617.58                        | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 5-15-2027 CUSIP: 91282CKR1  | -2,950,000.000   | 10 Sep 24 |                   | 102.4020          |              | 0.00              | 2,948,161.53 | 3,020,869.14                      | 72,707.61     |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | 3,495,000.000    | 7 Nov 24  | 100.1870          |                   |              | 0.00              | 3,501,553.13 | 3,501,553.13                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | 1,380,000.000    | 3 Feb 25  | 100.1480          |                   |              | 0.00              | 1,382,048.44 | 1,382,048.44                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | 1,760,000.000    | 4 Feb 25  | 100.1520          |                   |              | 0.00              | 1,762,681.25 | 1,762,681.25                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | 810,000.000      | 12 Feb 25 | 100.0890          |                   |              | 0.00              | 810,727.73   | 810,727.73                        | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | -735,000.000     | 13 Nov 24 |                   | 100.1320          |              | 0.00              | 736,378.13   | 735,976.17                        | -401.96       |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | -1,930,000.000   | 3 Dec 24  |                   | 100.1320          |              | 0.00              | 1,933,618.75 | 1,932,563.28                      | -1,055.47     |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025 CUSIP: 91282CFW6  | -1,050,000.000   | 18 Feb 25 |                   | 100.1210          |              | 0.00              | 1,051,496.26 | 1,051,271.48                      | -224.78       |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                      | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|--|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>U.S. Government Securities</b>                                    |                  |           |                   |                   |              |                   |              |                                   |               |
| UNITED STATES OF AMER TREAS NOTES 4.625% 02-28-2026 CUSIP: 91282CKB6 | 2,695,000.000    | 21 May 24 | 99.5660           |                   |              | 0.00              | 2,683,314.65 | 2,683,314.65                      | 0.00          |
| UNITED STATES OF AMER TREAS NOTES 4.625% 02-28-2026 CUSIP: 91282CKB6 | -1,680,000.000   | 21 Jun 24 |                   | 99.6670           |              | 0.00              | 1,673,123.63 | 1,674,421.88                      | 1,298.25      |
| UNITED STATES OF AMER TREAS NOTES 4.625% 02-28-2026 CUSIP: 91282CKB6 | -1,210,000.000   | 27 Jun 24 |                   | 99.6600           |              | 0.00              | 1,205,047.38 | 1,205,887.89                      | 840.51        |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP: 91282CKV2               | 1,206,500.000    | 27 Jun 24 | 100.3630          |                   |              | 0.00              | 1,210,882.99 | 1,210,882.99                      | 0.00          |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP: 91282CKV2               | 1,723,600.000    | 27 Jun 24 | 100.3590          |                   |              | 0.00              | 1,729,794.19 | 1,729,794.19                      | 0.00          |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP: 91282CKV2               | 2,995,000.000    | 12 Jul 24 | 101.0110          |                   |              | 0.00              | 3,025,300.98 | 3,025,300.98                      | 0.00          |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP: 91282CKV2               | 835,000.000      | 8 Aug 24  | 101.9450          |                   |              | 0.00              | 851,243.36   | 851,243.36                        | 0.00          |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP: 91282CKV2               | -7,570,000.000   | 10 Sep 24 |                   | 102.8730          |              | 0.00              | 7,629,557.88 | 7,787,527.13                      | 157,969.25    |
| <b>Value of Interest in Registered Investment Companies</b>          |                  |           |                   |                   |              |                   |              |                                   |               |
| <b>United States - USD</b>   |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873   | 4,000,000.000    | 16 May 24 | 1.0000            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873   | 1,500,000.000    | 17 May 24 | 1.0000            |                   |              | 0.00              | 1,500,000.00 | 1,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873   | 4,350,000.000    | 20 May 24 | 1.0000            |                   |              | 0.00              | 4,350,000.00 | 4,350,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873   | 5,579,563.040    | 24 Jun 24 | 1.0000            |                   |              | 0.00              | 5,579,563.04 | 5,579,563.04                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873   | 2,088,171.190    | 1 Jul 24  | 1.0000            |                   |              | 0.00              | 2,088,171.19 | 2,088,171.19                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                       | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Registered Investment Companies</b>           |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 8,500,000.000    | 5 Jul 24  | 1.0000            |                   |              | 0.00              | 8,500,000.00 | 8,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 7,000,000.000    | 11 Jul 24 | 1.0000            |                   |              | 0.00              | 7,000,000.00 | 7,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,016,956.340    | 1 Aug 24  | 1.0000            |                   |              | 0.00              | 4,016,956.34 | 4,016,956.34                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 1,350,000.000    | 7 Aug 24  | 1.0000            |                   |              | 0.00              | 1,350,000.00 | 1,350,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 3,500,000.000    | 30 Aug 24 | 1.0000            |                   |              | 0.00              | 3,500,000.00 | 3,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 1,200,000.000    | 4 Sep 24  | 1.0000            |                   |              | 0.00              | 1,200,000.00 | 1,200,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,850,000.000    | 20 Sep 24 | 1.0000            |                   |              | 0.00              | 2,850,000.00 | 2,850,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 5,000,000.000    | 25 Sep 24 | 1.0000            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,000,000.000    | 30 Sep 24 | 1.0000            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 3,938,015.340    | 17 Oct 24 | 1.0000            |                   |              | 0.00              | 3,938,015.34 | 3,938,015.34                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,000,000.000    | 18 Oct 24 | 1.0000            |                   |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 3,000,000.000    | 23 Oct 24 | 1.0000            |                   |              | 0.00              | 3,000,000.00 | 3,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,035,697.500    | 28 Oct 24 | 1.0000            |                   |              | 0.00              | 2,035,697.50 | 2,035,697.50                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,995,697.840    | 14 Nov 24 | 1.0000            |                   |              | 0.00              | 2,995,697.84 | 2,995,697.84                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 5,000,000.000    | 27 Nov 24 | 1.0000            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                       | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Registered Investment Companies</b>           |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 3,000,000.000    | 3 Dec 24  | 1.0000            |                   |              | 0.00              | 3,000,000.00 | 3,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,024,913.140    | 19 Dec 24 | 1.0000            |                   |              | 0.00              | 2,024,913.14 | 2,024,913.14                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,518,614.760    | 24 Dec 24 | 1.0000            |                   |              | 0.00              | 4,518,614.76 | 4,518,614.76                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,500,000.000    | 27 Dec 24 | 1.0000            |                   |              | 0.00              | 2,500,000.00 | 2,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,000,000.000    | 8 Jan 25  | 1.0000            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 3,505,782.340    | 10 Jan 25 | 1.0000            |                   |              | 0.00              | 3,505,782.34 | 3,505,782.34                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,000,000.000    | 23 Jan 25 | 1.0000            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 5,000,000.000    | 31 Jan 25 | 1.0000            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 5,000,000.000    | 27 Feb 25 | 1.0000            |                   |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,000,000.000    | 19 Mar 25 | 1.0000            |                   |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 2,033,425.060    | 20 Mar 25 | 1.0000            |                   |              | 0.00              | 2,033,425.06 | 2,033,425.06                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,009,626.660    | 1 Apr 25  | 1.0000            |                   |              | 0.00              | 4,009,626.66 | 4,009,626.66                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | 4,000,000.000    | 23 Apr 25 | 1.0000            |                   |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,350,000.000   | 20 May 24 |                   | 1.0000            |              | 0.00              | 4,350,000.00 | 4,350,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,136,737.560   | 23 May 24 |                   | 1.0000            |              | 0.00              | 4,136,737.56 | 4,136,737.56                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                       | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Registered Investment Companies</b>           |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 21 Jun 24 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -5,600,000.000   | 25 Jun 24 |                   | 1.0000            |              | 0.00              | 5,600,000.00 | 5,600,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,732,625.650   | 9 Jul 24  |                   | 1.0000            |              | 0.00              | 1,732,625.65 | 1,732,625.65                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -7,000,000.000   | 11 Jul 24 |                   | 1.0000            |              | 0.00              | 7,000,000.00 | 7,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 12 Jul 24 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -6,955,179.870   | 15 Jul 24 |                   | 1.0000            |              | 0.00              | 6,955,179.87 | 6,955,179.87                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,350,000.000   | 7 Aug 24  |                   | 1.0000            |              | 0.00              | 1,350,000.00 | 1,350,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,397,879.640   | 9 Aug 24  |                   | 1.0000            |              | 0.00              | 1,397,879.64 | 1,397,879.64                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 16 Aug 24 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,200,000.000   | 4 Sep 24  |                   | 1.0000            |              | 0.00              | 1,200,000.00 | 1,200,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 6 Sep 24  |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,197,484.050   | 6 Sep 24  |                   | 1.0000            |              | 0.00              | 1,197,484.05 | 1,197,484.05                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 13 Sep 24 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,000,000.000   | 30 Sep 24 |                   | 1.0000            |              | 0.00              | 4,000,000.00 | 4,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -3,822,277.100   | 2 Oct 24  |                   | 1.0000            |              | 0.00              | 3,822,277.10 | 3,822,277.10                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                       | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Registered Investment Companies</b>           |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -3,000,000.000   | 11 Oct 24 |                   | 1.0000            |              | 0.00              | 3,000,000.00 | 3,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,458,719.650   | 18 Oct 24 |                   | 1.0000            |              | 0.00              | 4,458,719.65 | 4,458,719.65                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,500,000.000   | 28 Oct 24 |                   | 1.0000            |              | 0.00              | 2,500,000.00 | 2,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,502,954.560   | 30 Oct 24 |                   | 1.0000            |              | 0.00              | 2,502,954.56 | 2,502,954.56                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 8 Nov 24  |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,937,900.000   | 15 Nov 24 |                   | 1.0000            |              | 0.00              | 2,937,900.00 | 2,937,900.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -3,000,000.000   | 3 Dec 24  |                   | 1.0000            |              | 0.00              | 3,000,000.00 | 3,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,989,709.980   | 5 Dec 24  |                   | 1.0000            |              | 0.00              | 2,989,709.98 | 2,989,709.98                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 6 Dec 24  |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 13 Dec 24 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,029,730.550   | 20 Dec 24 |                   | 1.0000            |              | 0.00              | 2,029,730.55 | 2,029,730.55                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,500,000.000   | 27 Dec 24 |                   | 1.0000            |              | 0.00              | 4,500,000.00 | 4,500,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -3,547,501.170   | 15 Jan 25 |                   | 1.0000            |              | 0.00              | 3,547,501.17 | 3,547,501.17                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 17 Jan 25 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -5,000,000.000   | 31 Jan 25 |                   | 1.0000            |              | 0.00              | 5,000,000.00 | 5,000,000.00                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

| Security Description / Asset ID                                       | Shares/Par Value | Date      | Acquisition Price | Disposition Price | Lease Rental | Expenses Incurred | Cost         | Current Value on Transaction Date | Net Gain/Loss |
|---|------------------|-----------|-------------------|-------------------|--------------|-------------------|--------------|-----------------------------------|---------------|
| <b>Value of Interest in Registered Investment Companies</b>           |                  |           |                   |                   |              |                   |              |                                   |               |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -4,979,953.800   | 4 Feb 25  |                   | 1.0000            |              | 0.00              | 4,979,953.80 | 4,979,953.80                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 7 Feb 25  |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 21 Feb 25 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 7 Mar 25  |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 14 Mar 25 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 20 Mar 25 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -2,000,000.000   | 21 Mar 25 |                   | 1.0000            |              | 0.00              | 2,000,000.00 | 2,000,000.00                      | 0.00          |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873 | -1,500,000.000   | 17 Apr 25 |                   | 1.0000            |              | 0.00              | 1,500,000.00 | 1,500,000.00                      | 0.00          |

**5500 Supplemental Schedules**

1 MAY 24 - 30 APR 25

◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

| Security Description / Asset ID   |                    | Number of Transactions | Transaction Aggregate |                   | Lease Rental | Expenses Incurred | Cost of Asset  | Current Value of Asset on Transaction |
|---|--------------------|------------------------|-----------------------|-------------------|--------------|-------------------|----------------|---------------------------------------|
|   |                    |                        | Acquisition Price     | Disposition Price |              |                   |                |                                       |
| AMERICAN HONDA FIN CORP MED TERM NTS BOO 5.25%<br>07-07-2026 CUSIP: 02665WEK3 | Total acquisitions | 6                      | 505,742.00            |                   |              | 0.00              | 505,742.00     | 505,742.00                            |
|   | Total dispositions | 6                      |                       | 480,428.75        |              | 0.00              | 479,231.21     | 480,428.75                            |
| AMGEN INC 5.711% 03-01-2025 CUSIP: 031162DM9                                  | Total acquisitions | 6                      | 375,164.00            |                   |              | 0.00              | 375,164.00     | 375,164.00                            |
|   | Total dispositions | 6                      |                       | 600,108.25        |              | 0.00              | 600,152.75     | 600,108.25                            |
| BANK AMER CORP 4% DUE 01-22-2025 CUSIP: 06051GFM6                             | Total acquisitions | 5                      | 571,951.50            |                   |              | 0.00              | 571,951.50     | 571,951.50                            |
|   | Total dispositions | 7                      |                       | 922,440.50        |              | 0.00              | 917,272.00     | 922,440.50                            |
| CITIGROUP INC NT FXD/FLTG 5.050338% 01-25-2026<br>CUSIP: 17327CAN3            | Total acquisitions | 6                      | 591,673.50            |                   |              | 0.00              | 591,673.50     | 591,673.50                            |
|   | Total dispositions | 6                      |                       | 619,213.25        |              | 0.00              | 606,695.08     | 619,213.25                            |
| FEDERAL FARM CREDIT BANK 4.36% 10-28-2027 CUSIP:<br>3133ERYJ4                 | Total acquisitions | 2                      | 529,101.00            |                   |              | 0.00              | 529,101.00     | 529,101.00                            |
|   | Total dispositions | 2                      |                       | 233,185.50        |              | 0.00              | 234,601.39     | 233,185.50                            |
| GOLDMAN SACHS FIXED 3.5% DUE 04-01-2025 CUSIP:<br>38141GXJ8                   | Total acquisitions | 6                      | 519,662.50            |                   |              | 0.00              | 519,662.50     | 519,662.50                            |
|   | Total dispositions | 7                      |                       | 796,126.00        |              | 0.00              | 785,895.50     | 796,126.00                            |
| INTEL CORP FIXED 3.75% DUE 08-05-2027 CUSIP:<br>458140BY5                     | Total acquisitions | 4                      | 487,500.50            |                   |              | 0.00              | 487,500.50     | 487,500.50                            |
|   | Total dispositions | 4                      |                       | 219,403.00        |              | 0.00              | 219,384.77     | 219,403.00                            |
| JPMORGAN CHASE & FLTG RT 1.045% DUE 11-19-2026<br>CUSIP: 46647PBT2            | Total acquisitions | 4                      | 625,414.75            |                   |              | 0.00              | 625,414.75     | 625,414.75                            |
|   | Total dispositions | 3                      |                       | 337,688.00        |              | 0.00              | 336,714.94     | 337,688.00                            |
| MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL<br>CUSIP: 665279873         | Total acquisitions | 90                     | 124,251,604.19        |                   |              | 0.00              | 124,251,604.19 | 124,251,604.19                        |
|   | Total dispositions | 68                     |                       | 119,013,221.47    |              | 0.00              | 119,013,221.47 | 119,013,221.47                        |
| MFO LAZARD US CORP INCOME PORT INSTL CUSIP:<br>52106N699                      | Total acquisitions | 18                     | 1,095,842.31          |                   |              | 0.00              | 1,095,842.31   | 1,095,842.31                          |

# 5500 Supplemental Schedules

1 MAY 24 - 30 APR 25

## ◆ 5% Report - Part C Summary

### Series of Transactions by Issue in Excess of 5%

| Security Description / Asset ID                                      |                    | Number of Transactions | Transaction Aggregate |                   | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|--|--------------------|------------------------|-----------------------|-------------------|--------------|-------------------|---------------|---------------------------------------|
|  |                    |                        | Acquisition Price     | Disposition Price |              |                   |               |                                       |
|  | Total dispositions | 5                      |                       | 1,095,000.00      |              | 0.00              | 1,094,443.47  | 1,095,000.00                          |
| ORACLE CORP 2.5% DUE 04-01-2025 REG CUSIP: 68389XBT1                 | Total acquisitions | 6                      | 418,175.00            |                   |              | 0.00              | 418,175.00    | 418,175.00                            |
|  | Total dispositions | 6                      |                       | 645,214.75        |              | 0.00              | 635,999.75    | 645,214.75                            |
| PHILLIPS 66 COMPANY 3.605% DUE 02/15/2025 CUSIP: 718547AD4           | Total acquisitions | 6                      | 421,525.80            |                   |              | 0.00              | 421,525.80    | 421,525.80                            |
|  | Total dispositions | 6                      |                       | 647,347.75        |              | 0.00              | 642,772.80    | 647,347.75                            |
| T-MOBILE USA INC 2.625% DUE 04-15-2026 BEO CUSIP: 87264ABU8          | Total acquisitions | 6                      | 385,954.75            |                   |              | 0.00              | 385,954.75    | 385,954.75                            |
|  | Total dispositions | 6                      |                       | 315,098.00        |              | 0.00              | 311,244.08    | 315,098.00                            |
| UNITED STATES OF AMER TREAS BILLS 0% 03- 06-2025 CUSIP: 912797MM6    | Total acquisitions | 2                      | 4,960,241.90          |                   |              | 0.00              | 4,960,241.90  | 4,960,241.90                          |
|  | Total dispositions | 4                      |                       | 4,960,241.90      |              | 0.00              | 4,960,241.90  | 4,960,241.90                          |
| UNITED STATES OF AMER TREAS NOTES 3.75% 08-15-2027 CUSIP: 91282CLG4  | Total acquisitions | 4                      | 17,413,167.97         |                   |              | 0.00              | 17,413,167.97 | 17,413,167.97                         |
|  | Total dispositions | 11                     |                       | 17,206,753.91     |              | 0.00              | 17,413,167.97 | 17,206,753.91                         |
| UNITED STATES OF AMER TREAS NOTES 4.125% 06-15-2026 CUSIP: 91282CHH7 | Total dispositions | 4                      |                       | 3,544,758.98      |              | 0.00              | 3,557,091.60  | 3,544,758.98                          |
| UNITED STATES OF AMER TREAS NOTES 4.125% 11-15-2027 CUSIP: 91282CLX7 | Total acquisitions | 3                      | 7,214,761.73          |                   |              | 0.00              | 7,214,761.73  | 7,214,761.73                          |
|  | Total dispositions | 5                      |                       | 5,706,761.92      |              | 0.00              | 5,712,599.75  | 5,706,761.92                          |
| UNITED STATES OF AMER TREAS NOTES 4.25% 01-15-2028 CUSIP: 91282CMF5  | Total acquisitions | 3                      | 4,553,055.66          |                   |              | 0.00              | 4,553,055.66  | 4,553,055.66                          |
|  | Total dispositions | 1                      |                       | 816,348.44        |              | 0.00              | 818,270.31    | 816,348.44                            |
| UNITED STATES OF AMER TREAS NOTES 4.375% 12-15-2026 CUSIP: 91282CJP7 | Total acquisitions | 1                      | 1,047,499.61          |                   |              | 0.00              | 1,047,499.61  | 1,047,499.61                          |
|  | Total dispositions | 3                      |                       | 2,761,436.71      |              | 0.00              | 2,779,514.06  | 2,761,436.71                          |

# 5500 Supplemental Schedules

1 MAY 24 - 30 APR 25

## ◆ 5% Report - Part C Summary

### *Series of Transactions by Issue in Excess of 5%*

| Security Description / Asset ID   | Number of Transactions | Transaction Aggregate |                   | Lease Rental | Expenses Incurred | Cost of Asset | Current Value of Asset on Transaction |
|---|------------------------|-----------------------|-------------------|--------------|-------------------|---------------|---------------------------------------|
|   |                        | Acquisition Price     | Disposition Price |              |                   |               |                                       |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 4-15-2027<br>CUSIP: 91282CKJ9  | Total acquisitions     | 2                     | 2,118,037.50      |              | 0.00              | 2,118,037.50  | 2,118.037.50                          |
|   | Total dispositions     | 3                     |                   | 4,041,282.03 | 0.00              | 3,972,040.23  | 4,041.282.03                          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 0 5-15-2027<br>CUSIP: 91282CKR1  | Total acquisitions     | 3                     | 3,346,643.76      |              | 0.00              | 3,346,643.76  | 3,346.643.76                          |
|   | Total dispositions     | 2                     |                   | 3,420,884.77 | 0.00              | 3,346,643.76  | 3,420.884.77                          |
| UNITED STATES OF AMER TREAS NOTES 4.5% 1 1-15-2025<br>CUSIP: 91282CFW6  | Total acquisitions     | 5                     | 7,767,579.69      |              | 0.00              | 7,767,579.69  | 7,767.579.69                          |
|   | Total dispositions     | 11                    |                   | 6,444,084.18 | 0.00              | 6,445,698.68  | 6,444.084.18                          |
| UNITED STATES OF AMER TREAS NOTES 4.625%<br>02-28-2026 CUSIP: 91282CKB6 | Total acquisitions     | 1                     | 2,683,314.65      |              | 0.00              | 2,683,314.65  | 2,683.314.65                          |
|   | Total dispositions     | 3                     |                   | 3,333,017.00 | 0.00              | 3,332,835.85  | 3,333.017.00                          |
| UNITED STATES TREAS 4.625% 06-15-2027 CUSIP:<br>91282CKV2               | Total acquisitions     | 6                     | 7,629,557.88      |              | 0.00              | 7,629,557.88  | 7,629.557.88                          |
|   | Total dispositions     | 1                     |                   | 7,787,527.13 | 0.00              | 7,629,557.88  | 7,787.527.13                          |