

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: COLORADO LABORERS' HEALTH AND WELFARE TRUST FUND FOR COLORADO
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES - COLORADO LABORERS' HEALTH & WELFARE TRUST FUND FOR CO
2b Employer Identification Number (EIN): 84-6049226
2c Plan Sponsor's telephone number: 720-575-4211
2d Business code (see instructions): 238100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Anthony Trujillo (plan administrator), Alan Brooker (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1566
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1566
	6a(2)	1531
	6b	0
	6c	68
	6d	1599
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	44

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan COLORADO LABORERS' HEALTH AND WELFARE TRUST FUND FOR COLORADO</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COLORADO LABORERS' HEALTH & WELFARE TRUST FUND FOR CO</p>	<p>D Employer Identification Number (EIN) 84-6049226</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
SYMETRA 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
91-0742147	68608	16-014979-000	1516	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid 205163	(b) Total amount of fees paid 83305
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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
DIGITAL INSURANCE LLC **9781 S MERIDIAN BLVD**
STE 110
ENGLEWOOD, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
205163			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SBR SERVICES LLC **2300 WINDY RIDGE PKWY STE 695S**
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	83305	GROUP VOLUME BONUS	3

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	6838765
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

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 style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan COLORADO LABORERS' HEALTH AND WELFARE TRUST FUND FOR COLORADO</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COLORADO LABORERS' HEALTH & WELFARE TRUST FUND FOR CO</p>	<p>D Employer Identification Number (EIN) 84-6049226</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
SYMETRA 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
91-0742147	68608	01-018202-00	1531	05/01/2024	04/30/2025

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

(a) Total amount of commissions paid 6619	(b) Total amount of fees paid 0
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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
DIGITAL INSURANCE **9781 MERIDAN BLVD, SUITE 110**
ENGLEWOOD, CO 80112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6619			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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	(c) Amount	(d) Purpose	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	66187
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan COLORADO LABORERS' HEALTH AND WELFARE TRUST FUND FOR COLORADO	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COLORADO LABORERS' HEALTH & WELFARE TRUST FUND FOR CO	D Employer Identification Number (EIN) 84-6049226	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

CIGNA

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 38 50 13 49 56 31 62	NONE	591195	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

COMPUSYS OF COLORADO, INC

84-0721304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	346166	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)

TRANSFORM WEALTH

84-1522071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	229109	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)

ROBEIN URANN SPENCER PICARD & CANGE

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	79233	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)

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	67525	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)

CO DENTAL SERVICE DBA DELTA DENTAL

84-0568337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	60630	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)

BHA CONSULTING LLC

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	55202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEEDLES & ASSOCIATES, LLC

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	51623	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)

CRIS ESQUIVEL

84-6049226

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47756	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)

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	40086	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)

QUEST DIAGNOSTIC

38-2084239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	21929	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan COLORADO LABORERS' HEALTH AND WELFARE TRUST FUND FOR COLORADO	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - COLORADO LABORERS' HEALTH & WELFARE TRUST FUND FOR CO	D Employer Identification Number (EIN) 84-6049226

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2749811	2952687
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1390959	886257
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	876451	936590
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	407954	1942406
(2) U.S. Government securities	1c(2)	13764099	15992882
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	15820139	13463596
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5877703	8944633
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13293317	8994558
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	54180433	54113609
Liabilities			
g Benefit claims payable.....	1g	2700000	2739000
h Operating payables.....	1h	31423	29422
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6486588	6255898
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9218011	9024320
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	44962422	45089289

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	14409405	
(B) Participants.....	2a(1)(B)	307068	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14716473
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	609803	
(B) U.S. Government securities.....	2b(1)(B)	318858	
(C) Corporate debt instruments.....	2b(1)(C)	663994	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1592655
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	178105	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	71671	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		249776
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	948380	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	929497	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		18883
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2549833	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		79838
d Total income. Add all income amounts in column (b) and enter total.....	2d		19207458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16305162	
(2) To insurance carriers for the provision of benefits	2e(2)	1063800	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17368962
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	938308	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	51623	
(5) Investment advisory and investment management fees	2i(5)	229109	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	79233	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	20801	
(11) Other expenses.....	2i(11)	392555	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1711629
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19080591

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		126867
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NEEDLES, OYEWO & ASSOCIATES, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

COLORADO LABORERS HEALTH AND WELFARE FUND

***FINANCIAL STATEMENTS
APRIL 30, 2025 AND 2024***

COLORADO LABORERS HEALTH AND WELFARE FUND

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April 30, 2025 and 2024***

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INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees
Colorado Laborers Health and Welfare Fund
Aurora, CO

Opinion

We have audited the accompanying financial statements of the Colorado Laborers Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Colorado Laborers Health and Welfare Fund 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 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 Colorado Laborers Health and Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Colorado Laborers Health and Welfare Fund'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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules Required by ERISA

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

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

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

Needles, Oyewo & Associates, LLC.

Westminster, CO
February 13, 2026

COLORADO LABORERS HEALTH AND WELFARE FUND

**Statements of Net Assets Available for Benefits
April 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<i>Assets</i>		
Cash	\$ 2,952,687	\$ 2,749,811
Investments		
Interest bearing cash	443,221	197,771
Money market funds	1,499,185	210,183
Corporate bonds	13,463,596	15,820,139
Government bonds	14,447,386	12,372,771
Muni bonds	1,545,496	1,391,328
Common stock	8,944,633	5,877,703
Exchange traded funds	911,310	1,161,690
Mutual funds	8,083,248	11,960,123
REIT	-	171,504
Total investments	<u>49,338,075</u>	<u>49,163,212</u>
Receivables		
Employers' contributions	886,257	1,390,959
Accrued interest	259,802	295,873
Other receivables	<u>676,788</u>	<u>580,578</u>
Total receivables	<u>1,822,847</u>	<u>2,267,410</u>
Total assets	<u>\$ 54,113,609</u>	<u>\$ 54,180,433</u>
<i>Liabilities</i>		
Accounts payable		
Operating	\$ 29,422	\$ 31,423
Due to broker	-	2,344
Due to other Funds	<u>1,091,898</u>	<u>899,945</u>
Total liabilities	<u>\$ 1,121,320</u>	<u>\$ 933,712</u>
<i>Net assets available for benefits</i>	<u>\$ 52,992,289</u>	<u>\$ 53,246,721</u>

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

COLORADO LABORERS HEALTH AND WELFARE FUND

Statements of Changes in Net Assets Available for Benefits

Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
<i>Additions</i>		
Contributions		
Employers'	\$ 14,409,405	\$ 13,481,309
Participants'	307,068	340,917
Total contributions	<u>14,716,473</u>	<u>13,822,226</u>
Investment earnings		
Interest	1,592,655	801,196
Stock dividends	178,105	128,520
Mutual fund dividends	71,671	399,889
Net appreciation (depreciation) fair value	<u>2,568,716</u>	<u>1,438,983</u>
Total investment earnings	<u>4,411,147</u>	<u>2,768,588</u>
Other income	<u>79,838</u>	<u>72,411</u>
Total additions	<u>\$ 19,207,458</u>	<u>\$ 16,663,225</u>
<i>Deductions</i>		
Benefit payments		
Self-funded claims paid, net	\$ 16,686,461	\$ 13,649,440
Insurance premiums paid	<u>1,063,800</u>	<u>1,263,200</u>
Total benefit payments	<u>17,750,261</u>	<u>14,912,640</u>
Operating expenses (Note H)	<u>1,711,629</u>	<u>1,557,071</u>
Total deductions	<u>\$ 19,461,890</u>	<u>\$ 16,469,711</u>
Net increase (decrease)	(254,432)	193,514
<i>Net assets available for benefits</i>		
Beginning of year	<u>\$ 53,246,721</u>	<u>\$ 53,053,207</u>
End of year	<u>\$ 52,992,289</u>	<u>\$ 53,246,721</u>

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

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements April 30, 2025 and 2024

NOTE A - DESCRIPTION OF THE FUND

The following description of the Colorado Laborers Health and Welfare Fund (Plan) provides only general information. Participants should refer to the Summary Plan Description or Trust document for a more complete description of the Fund's provisions.

• General

The Plan is a multiemployer defined benefit health plan formed in 1966 under an agreement between certain contractors and associations and the Laborers' District Council of Colorado (now the Rocky Mountain District Council of Laborers') and its affiliated local unions. The Plan provides health and other benefits to eligible participants and covered dependents. The Plan is administered by a Board of Trustees with equal representation between union and management.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Trustees have adopted benefit provisions which have been amended from time to time.

The Plan had contracted with Compusys of Colorado to manage daily operations of the Plan and with Schwab Institutional to act as their custodian of the investments. Benefit Resources, Inc. is the Plan administrator as of July 1, 2025.

• Tax Status

The Trust funding benefits of the Plan received a letter from the Internal Revenue Service stating that the Trust is tax-exempt under the provision of Section 501(c)9 of the Internal Revenue Code. The Plan and the Trust are required to operate in conformity with the Internal Revenue Code to maintain the tax-exempt status of the Trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has evaluated the Plan's tax positions and concluded that the Plan has taken no uncertain tax positions that would require financial statement recognition or disclosure for the years ended April 30, 2025 and 2024.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to tax examinations by tax authorities for years preceding April 30, 2021.

• Funding

The Plan is funded by employers' contributions in accordance with formulas set forth in the applicable Collective Bargaining Agreement(s). Additionally, the Plan has entered into reciprocity agreements with other health and welfare plans, whereby, eligibility may be continued for a participant working out of jurisdiction.

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements
April 30, 2025 and 2024

NOTE A - DESCRIPTION OF THE FUND (Continued)

• **Funding (Continued)**

Under a Federal Law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), participants may elect to contribute a specified fixed amount, determined periodically by the Board of Trustees, to temporarily continue health coverage when there is a “qualifying event” that would result in loss of health coverage. Retirees may, under certain circumstances, make self-payments to extend their eligibility. All self-pay rates are set by the Board of Trustees.

• **Benefits**

The Plan self-insures health benefits (medical, chiropractic, hearing and speech, vision care, pregnancy, organ transplant and dental care medical and prescription drugs). Additionally, the Plan fully insures life insurance and accidental death and dismemberment benefits through the purchase of annual insurance contracts.

Retired participants are entitled to health benefits (in excess of Medicare coverage). The Plan also provides continuation of benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The claims for self-insured benefits are processed by the Plan’s third-party claims processor under an administrative service only (ASO) arrangement. Despite the Plan’s utilization of a third-party claim’s processor, ultimate responsibility for payments to providers and participants is retained by the Plan.

• **Stop-loss insurance**

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits of individual participant claims. The attachment point was increased from \$395,000 to \$600,000 effective January 1, 2025. During the years ended April 30, 2025 and 2024, stop loss reimbursements totaled \$215,883 and \$262,764 and have been netted against benefits paid.

• **Termination of the Plan**

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

COLORADO LABORERS HEALTH AND WELFARE FUND

***Notes to Financial Statements
April 30, 2025 and 2024***

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Following are the significant accounting policies used by the Plan.

- **Basis of accounting**
The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and presented in a format to coincide with the Form 5500.
- **Use of estimates**
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.
- **Investment valuation and income recognition**
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment custodian(s) and investment advisor(s).

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

- **Employers' contributions receivable**
Employers' contributions are recorded as income in the month the hours are worked. Employers' contributions receivable represent contributions applicable to work months prior to April 30, 2025 and 2024, but collected subsequent to those dates. Plan management believes these receivables to be fully collectible. The Board of Trustees has a policy of performing consulting procedures on the payroll records of contributing employers on a regular basis. Delinquencies may arise from these procedures, but due to the uncertainty of collections, no estimates of amounts due will be accrued until settlements are reached. Consequently, no allowance for uncollectible receivables is recorded.
- **Plan of continuing eligibility (hour bank liability)**
The Plan has established a plan of continuing eligibility under an "hour bank reserve" method. The Plan provides that participants accumulate rights to future benefits, after initial eligibility, when they work more than the one hundred twenty (120) hours required to maintain current eligibility. The hour bank is drawn upon only when actual hours worked are insufficient to otherwise maintain eligibility. The maximum "hour bank reserve" is three hundred sixty (360) hours after deduction for the current month's coverage.

The liability for participants' future benefits is calculated by multiplying the additional months of eligibility in the "hour bank reserve" times the projected cost per eligible. This cost includes estimated insurance premiums, self-funded benefits, and cost of administration as projected by the Plan's consultant.

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements April 30, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- **Claims incurred but not reported**

Plan obligations at April 30, 2025 and 2024, for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

- **Payment of benefits**

Claim payments are recorded when paid by the third-party claims processor.

- **Subsequent events**

Plan management has evaluated subsequent events through February 13, 2026, the date the financial statements were available to be issued. No subsequent events occurred requiring accrual or disclosure.

NOTE C - POST RETIREMENT BENEFIT OBLIGATION

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from participating employers and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated participants and their beneficiaries and dependents, and (b) active participants and their beneficiaries and dependents after retirement from service with participating employers.

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

For measurement purposes, a 6.50% annual rate of increase in the per capita cost of covered Pre-Medicare health care benefits was assumed for the 2025-26 Plan year and the rate was assumed to decrease gradually to an ultimate rate of 5.00% for the 2031-32 Plan Year and the Post-Medicare has been set at an ultimate rate of 4.5% per year.

The weighted-average health care cost-trend rate assumption has a significant effect upon the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point each year, it would increase the obligation as of April 30, 2025 and 2024 by \$1,589,294 and \$1,509,839 respectively. These results do not consider any change in liabilities resulting from the implementation of the provisions of the Patient Protection and Affordable Care Act.

There were no changes in actuarial assumptions.

COLORADO LABORERS HEALTH AND WELFARE FUND

*Notes to Financial Statements
April 30, 2025 and 2024*

NOTE C - POST RETIREMENT BENEFIT OBLIGATION (Continued)

The following were significant assumptions used in the valuations as of April 30, 2025.

Discount Rate	5.75%
Mortality Rates – Pre and Post Retirement	
Healthy Lives:	140% of the RP-2014 Blue Collar Table with Scale MP-2015
Disabled Lives:	140% of the RP-2014 Disabled Retiree Table with Scale MP-2015
Retirement Ages	25% at age 55 to 100% aged 71 and older
Administrative Expenses	Set at \$59 for each Retiree and Spouse covered. Administrative expenses are assumed to rise 3.5% per year
Marital status	70% of Active Employees are assumed to be married. Husbands are assumed to be three years older than wives.

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

The tables below show the estimated post-retirement benefit obligations of the Plan.

COLORADO LABORERS HEALTH AND WELFARE FUND

*Statements of Benefit Obligations
April 30, 2025 and 2024*

	<u>2025</u>	<u>2024</u>
<i>Other obligations for current benefit coverage</i>		
Claims incurred but not reported	\$ 2,739,000	\$ 2,700,000
Estimated future benefits based on accumulated eligibility	<u>5,164,000</u>	<u>5,584,300</u>
Total obligations other than postretirement benefits	<u>\$ 7,903,000</u>	<u>\$ 8,284,300</u>
<i>Postretirement benefit obligations (net of retiree self payments)</i>		
Current retirees	\$ 5,835,303	\$ 5,356,000
Other participants fully eligible for benefits	2,011,334	1,770,254
Other participants not yet fully eligible for benefits	<u>5,297,682</u>	<u>5,266,606</u>
Total accumulated postretirement benefit obligations	<u>\$ 13,144,319</u>	<u>\$ 12,392,860</u>
Total benefit obligations	<u><u>\$ 21,047,319</u></u>	<u><u>\$ 20,677,160</u></u>

COLORADO LABORERS HEALTH AND WELFARE FUND

*Notes to Financial Statements
April 30, 2025 and 2024*

NOTE C - POST RETIREMENT BENEFITS (Continued)

*Statements of Changes in Benefit Obligations
Years Ended April 30, 2025 and 2024*

<i>Other obligations for current benefits at present value of estimated amounts</i>	<u>2025</u>	<u>2024</u>
Balance at beginning of year	\$ 8,284,300	\$ 7,112,800
Net change during year:		
Claims incurred, but not reported	39,000	668,000
Estimated future benefits based on participants accumulated eligibility	<u>(420,300)</u>	<u>503,500</u>
Balance at end of year	<u>\$ 7,903,000</u>	<u>\$ 8,284,300</u>
 <i>Postretirement benefit obligations</i>		
Balance at beginning of year	\$ 12,392,860	\$ 17,331,559
Increase (decrease) during the year attributable to:		
Benefits paid	(739,140)	(786,182)
Interest	699,752	854,797
Benefits accumulated and actuarial experience	504,554	1,530,581
Assumption changes	-	(6,402,608)
Increased contribution rate to Plan benefits	-	(444,419)
Participant contributions received	<u>286,293</u>	<u>309,132</u>
Net balance at end of year	<u>\$ 13,144,319</u>	<u>\$ 12,392,860</u>
Net benefit obligations	<u>\$ 21,047,319</u>	<u>\$ 20,677,160</u>

NOTE D - FAIR VALUE MEASUREMENTS

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

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

COLORADO LABORERS HEALTH AND WELFARE FUND

***Notes to Financial Statements
April 30, 2025 and 2024***

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

Interest bearing cash: Value of cash held in interest bearing accounts with FDIC insured banking institutions.

Money market funds, mutual funds, common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements
April 30, 2025 and 2024

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024.

Assets at fair value as of April 30, 2025

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	1,942,406	-	-	1,942,406
Mutual and exchange traded funds	8,994,558	-	-	8,994,558
Government bonds	-	15,992,882	-	15,992,882
Corporate bonds	-	13,463,596	-	13,463,596
Common stock	8,944,633	-	-	8,944,633
Total assets at fair value	<u>\$ 19,019,886</u>	<u>\$ 28,678,175</u>	<u>\$ -</u>	<u>\$ 49,338,075</u>

Assets at fair value as of April 30, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	407,954	-	-	407,954
Mutual and exchange traded funds	13,121,813	-	-	13,121,813
Government bonds	-	13,764,099	-	13,764,099
Corporate bonds	-	15,820,139	-	15,820,139
Common stock	5,877,703	-	-	5,877,703
RIET	171,504	-	-	171,504
Total assets at fair value	<u>\$ 19,019,886</u>	<u>\$ 28,678,175</u>	<u>\$ -</u>	<u>\$ 49,163,212</u>

NOTE E - RISKS AND UNCERTAINTIES

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

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements
April 30, 2025 and 2024

NOTE E - RISKS AND UNCERTAINTIES (Continued)

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

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

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

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2025</u>	<u>2024</u>
Fund balance per financial statements	\$ 52,992,289	\$ 53,246,721
Less: Claims incurred but not reported	(2,739,000)	(2,700,000)
Less: Hour bank liability	(5,164,000)	(5,584,300)
Fund balance per Form 5500	<u>\$ 45,089,289</u>	<u>\$ 44,962,421</u>

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

NOTE H - AMENDMENTS

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

Plan amendment 10: the Trustees desire to amend the Plan to extend the qualifying reasons to receive paid sick leave and Public Health Emergency Supplemental Sick leave in accordance with the Colorado Healthy Families and Workplace act.

Plan amendment 11: effective December 1, 2024, this amendment removed the two-month limitation for speech therapy. The two-month limitation will remain in effect for all other rehabilitation services.

Plan amendment 12: effective January 1, 2024, the Trustees desire to amend the Plan, changing the definition of "FMLA" to include and incorporate the Family and Medical Leave Insurance (FAMLI) program offered under Colorado state law and to permit continued benefit coverage due to paid leave taken in accordance with FAMLI.

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

COLORADO LABORERS HEALTH AND WELFARE FUND

Notes to Financial Statements
April 30, 2025 and 2024

NOTE I – OPERATING EXPENSES

Following is a summary of the Plan’s operating expenses for the years ended April 30, 2025 and 2024.

	<u>2025</u>	<u>2024</u>
Third party administrator fees	\$ 345,266	\$ 345,264
Case management - utilization fees	593,042	552,136
Bank fees	67,525	67,525
Investment management - advisor fees	229,109	190,400
Consulting fees	73,200	67,440
Legal fees	79,233	31,939
Audit fees	51,623	53,835
Insurance	38,956	38,888
Office expenses	89,991	82,584
Meeting - conference expenses	20,801	14,879
Payroll and related taxes	66,059	64,447
Fringe benefits	17,174	15,410
Other expenses	<u>39,650</u>	<u>32,324</u>
Total operating expenses	<u>\$ 1,711,629</u>	<u>\$ 1,557,071</u>

NOTE J - MEDICARE PART D SUBSIDY

The Plan has received a subsidy that covers Medicare eligible participants that would otherwise be eligible for Medicare Part D drug coverage. A total of \$41,230 and \$40,544 respectively was received for the Plan years ending April 30, 2025 and 2024. The Plan’s actuary netted the subsidy with the prescription drug cost in the measurement of the post-retirement benefit obligation.

NOTE K - COLORADO LABORERS' MANAGEMENT CO-OPERATIVE COMMITTEE

The Colorado Laborers' Management Co-operative Committee (CLMCC) is a joint labor and management effort with the main purpose of administering a program of pre-employment drug testing. The programs of the committee are funded by separately negotiated employer contributions of \$.01 per hour that are in addition to the regular Health and Welfare rate of \$4.75 per hour. Total contributions received by the Plan for CLMCC activities were \$963 and \$1,659 for April 30, 2025 and 2024 and are included in the total employer contributions of \$14,261,851 and \$13,481,309 respectively. Expenses paid for activities of the CLMCC were \$900 and \$900 for April 30, 2025 and 2024 respectively. These expenses have been allocated to the proper classifications under the administrative expense section of the Statement of Changes in Net Assets Available for Benefits.

COLORADO LABORERS HEALTH AND WELFARE FUND

**Notes to Financial Statements
April 30, 2025 and 2024**

NOTE L - MULTIEMPLOYER PENSION PLANS

The Fund remits monthly contributions on behalf of an employee to a multiemployer pension plan. The Plan below was created to provide the employee with post- retirement pension benefits. The nature of a multiemployer plan differs in participation and risk from a single employer plan. During the fiscal years ended April 30, 2025 and 2024 the Fund did not contribute greater than five percent of the total contributions to a multiemployer pension plan, nor were there any significant changes in the contributions. Plan information is publicly available. The Fund has no direct control over these plans. The following is a summary of the Fund’s pension information and contributions as of April 30, 2025 and 2024::

<u>Pension Fund</u>	<u>EIN / Plan No.</u>	<u>Pension Protection</u>		<u>FIP/RP Status</u>	<u>Contributions</u>		<u>Surcharge</u>	<u>CBA</u>
		<u>Act - Zone</u>	<u>Status</u>		<u>Pending/</u>	<u>2025</u>		
Lab. Nat. Pen.	75-1280827/001	Critical	Critical	Implemented	\$ 6,491	\$ 5,549	No	May 2024

NOTE M - CONCENTRATION OF RISK

Five employers make up a significant percentage of total contributions. The withdrawal of one or more of these contributing employers may impact the funding of the Plan. In addition, financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash deposits. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to \$250,000. At April 30, 2025 and 2024, the Plan had \$2,702,687 and \$2,499.811 respectively in excess of the FDIC insured limit.

COLORADO LABORERS HEALTH AND WELFARE FUND

*EIN: 84-6049226, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
Year ended April 30, 2025*

		<u>(c) Description of investment</u>			
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	(d) Cost Value	(e) Current value
<u>DESCRIPTION</u>					
	INTEREST BEARING CASH	N/A	0.01%	359,127	359,127
				<u>84,094</u>	<u>84,094</u>
				\$ 443,221	\$ 443,221
	MONEY MARKET				
	SCHWAB TREASURY OBLIGATIONS, ULTRA			\$ 1,499,185	\$ 1,499,185
	CORPORATE BONDS				
	1ST CITIZEN BANK 6.254% 3/12/40 34 FRN			50,025	47,716
	ALABAMA POWER 5.600 03/15/33			102,812	102,575
	AMGEN 5.25% 3/02/2033			746,409	754,504
	BANK OF AMER 5% 2/1/33			1,486,735	1,482,380
	BB&T 3.625% (CALL 8/16/2025)			1,501,831	1,492,643
	BNY MELLON 6.474% 10/25/34			51,154	54,622
	BZ ALLN HMLTN 5.95% 4/15/35 35			99,986	99,426
	COLORADO HSG & FIN AUTH 5.539% 11/1/38 (CALL 11/01/32)			1,499,896	1,511,115
	CVS CAREMARK CORP 07 CTF SR SCHED FIX			92,778	93,490
	DTE ELTRC SECURITZATN FUNDING II L 23A A2 F(NV)			99,984	108,955
	DUKE ENERGY 6.45% 9/1/54			50,646	50,000
	DUKE ENERGY FLOR 2.858% 03/01/35			91,864	88,197
	DUKE ENERGY PROGRESS SC STORM FUNDING LL 1 A1			48,524	49,765
	EMPIRE DISTRICT BOND CO LLC 24A A2 FIX(NV)			50,043	50,718
	ENTERGY LA 5.8% 3/15/55 54			74,265	73,487
	EVERGY KANSAS 5.9% 11/15/33			101,831	105,365
	EVERGY MISSOURI WEST STORM FUNDING I LL 24A A1(NV)			48,281	48,905
	EXELTON 6.500 03/15/55 34 FRN			50,026	49,625
	HUNTINGTON US 5.749% 1/15/35 34			50,022	50,807
	JPMORGAN 5.1% 1/31/28 (CALL 7/31/25)			1,000,000	1,000,182
	L3HARRIS TECH 5.5% 8/15/54			24,688	23,436
	LG&E 5.450 04/15/33 33			98,683	102,538
	MASCO CORP 6.50% 8/15/2032			1,107,576	1,038,395
	MCCORMICK 4.95% 4/15/2033			747,633	742,793
	MORGAN STANLEY 7.25% 4/01/2032			1,201,941	1,199,090
	PAYCHEX 5.6% 4/15/35 35			24,828	25,332
	PNM ENERGY TRANSITION BOND COMPANY LLC 1 A1 Fix			120,750	125,065
	RAYTHEON TECH 4.125% 11/16/28 (CALL 8/16/28)			488,833	496,482
	STATE STREET 5.159% 5/18/34			96,183	100,311
	TVA 4.25% 9/15/65			82,417	80,585
	UNION 2007-3 6.176 01/02/31			37,607	35,246
	UNION ELECTRIC 4.000 04/01/48 47			104,581	97,528
	UTAH HSG CORP 6.000 02/21/53			90,445	89,593
	WELLS FARGO 4.1% 6/3/26			2,019,193	1,992,725
	TOTAL CORPORATE BONDS			\$ 13,542,470	\$ 13,463,596
	GOVERNMENT BONDS				
	FANNIE MAE 0.5% 7/21/25 (CALL 4/1/25)			1,295,700	1,288,963
	FANNIE MAE FNCK 5% 07/01/52			84,327	80,722
	FANNIE MAE FNCL MA5037 4.5% 6/1/53			174,407	172,682
	FANNIE MAE FNCL MA5386 4.5% 6/1/54			104,279	105,907
	FANNIE MAE FNCL MA5528 4% 11/1/54			113,558	113,711
	FANNIE MAE FNCL MA5529 4.5% 11/1/54			173,958	173,314
	FANNIE MAE FNCL MA5612 4.5% 2/1/55			109,123	108,659
	FANNIE MAE FNCL MA5644 4.500 02/01/55			107,736	109,340
	FANNIE MAE FNCL 4.5% 09/01/52			126,887	119,294
	FANNIE MAE FNCL 4.5% 07/01/52			125,819	118,524

COLORADO LABORERS HEALTH AND WELFARE FUND

*EIN: 84-6049226, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
Year ended April 30, 2025*

(c) Description of investment					
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	(d) Cost Value	(e) Current value
	FANNIE MAE FNCL FNCL MA5164	5% 10/1/53		179,384	178,681
	FANNIE MAE FNCL FNCL BW9639	5% 7/1/53		172,085	172,315
	FANNIE MAE FNCL MA5135	4.% 9/1/53		103,239	102,507
	FANNIE MAE FNCL MA5341	4% 4/1/54		91,524	87,952
	FANNIE MAE FNCL MA5467	4% 9/1/54		93,654	90,478
	FANNIE MAE FNCL MA5613	5% 1/1/55		215,259	218,064
	FEDERAL HOME LOAN MORTGAGE CORPORATION	5/15/48		85,467	82,972
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5201F	LV SE		164,115	166,454
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5206E	ZY SU		113,095	119,156
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5239C	VE SE		83,291	79,210
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5280C	A SEQ		146,688	145,209
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 1544D	DL SEQ		310,828	318,704
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 2257F	ZQ Z F		96,436	105,161
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 2262B	KA FIX		144,665	136,052
	FHLBANKS 1.4% 2/4/31 (CALL 8/12/25)			1,496,500	1,290,740
	FHLBANKS 4.55% 1/17/30 (CALL10/17/25)			994,700	998,751
	FNMA MBS 5% 11/01/53			542,068	533,755
	FNMA PI 6% 9/1/36			22,941	23,904
	FREDDIE MAC FGLMC G08784	3.500 10/01/47		213,594	206,626
	FREDDIE MAC FNCL SD8473	4.5% 11/1/54		102,981	103,174
	FREDDIE MAC FNCL QJ8168	5% 11/1/54		206,593	208,986
	FREDDIE MAC FNCL SD8286	4% 1/1/53		103,246	102,824
	FREDDIE MAC FNCL SD8366	5% 10/1/53		179,733	179,290
	FREDDIE MAC FNCL SD8484	4% 11/1/54		104,622	104,908
	FREDDIE MAC FNCL SD8492	5% 1/1/55		204,237	206,502
	FREDDIE MAC FNCL SD8504	4.5% 2/1/55		102,348	104,241
	FREDDIE MAC FNCL SD8512	4% 3/1/55		107,232	105,679
	FREDDIE MAC MBS 2% 4/1/41			1,419,719	1,172,198
	GINNIE MAE 2 G2SF 004838	6.500 10/20/40		94,865	94,363
	GNMA II 5.5% 9/20/34			46,643	42,477
	GNMA PL 5.5% 8/15/36			31,332	31,644
	GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 1457G	NP		210,135	220,843
	GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 22179B	ZA		101,502	104,055
	GOVT NATL MRTG 4.0% 9/20/2052			59,675	57,142
	GOVT NATL MRTG G200 787573	4.5% 8/20/64		91,283	92,995
	GOVT NATL MRTG G2SF MB0145	4.5%1/20/55		103,915	104,622
	US TREASURY 2.875 05/31/25			718,862	718,932
	US TREASURY 4.000 02/28/30			423,094	430,538
	US TREASURY 4.125% 8/15/2053			220,615	226,641
	US TREASURY 4.25% 2/15/54			120,776	115,703
	US TREASURY 4.5% 11/15/54			486,675	483,867
	US TREASURY 4.625% 5/15/54			125,335	123,247
	US TREASURY 4.75% 11/15/53			50,894	50,279
	US TREASURY TIPS 0.125% 1/15/30 FACTOR 1.19083000			1,710,287	1,814,429
	TOTAL GOVERNMENT BONDS			\$ 14,811,926	\$ 14,447,386

MUNI BONDS

	DALLAS TEX INDPT SCH DIST 6.450% 02/15/35			101,115	100,732
	DOUGLAS CNTY NEB SCH DIST 6% 12/01/28			103,848	100,274
	HOUSTON TEX INDPT SCH DIST 6.168% 2/15/2034			50,351	50,363
	KENTUCKY ST PPTY & BLDGS COMMN 4.393 06/01/27			100,016	100,725
	LAKE CENTRAL IND MULTI DISTRI 5.560 01/15/27 22			100,993	100,127
	LOUISIANA LOC GOVT 4.145% 2/1/33			96,397	98,649
	LOUISVILLE & JEFFERSON CNTY KY 6.25% 5/15/43			107,018	105,421
	MARSHALL MICH PUB SCHS DIST 6.375 05/01/27 22			102,560	101,662
	MARYLAND ST CMN 6.091% 9/1/2054			95,013	95,922

COLORADO LABORERS HEALTH AND WELFARE FUND

EIN: 84-6049226, Plan Number 501

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

Year ended April 30, 2025

		(c) Description of investment				
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	(d) Cost Value	(e) Current value	
	MICHIGAN FIN AUTH REV 3.26%	11/1/31		92,739	94,045	
	MICHIGAN ST UNIV REVS 6.173%	2/15/50 30		102,265	101,861	
	MIDLAND CNTY TEX 6.34XXXPARTIAL CALL@100 EFF: 05/1			-	10,000	
	MIDLAND CNTY TEX HOSP DIST 6.340	05/15/29		63,487	62,283	
	OKLAHOMA DEV FIN AUTH REV 3.877	05/01/37		80,246	78,268	
	UNIV MIAMI 4.063	04/01/52		87,471	78,575	
	UNIVERSITY MASS BLDG AUTH PROJ 5.45%	11/1/40		104,837	99,742	
	VIRGINIA COMWLTH UNIV REV 4.585	05/01/48 28		70,813	64,587	
	WARREN MICH CONS SCH DIST 6.375	05/01/27 22		105,120	102,260	
	TOTAL MUNI BONDS			1,564,289	1,545,496	
COMMON STOCK						
	A S M L HOLDING NV NEW	N/A	N/A	125,081	116,914	
	ADOBE SYSTEMS	N/A	N/A	119,630	74,996	
	AERCAP HOLDINGS NV	N/A	N/A	113,654	131,440	
	AMAZON COM INC	N/A	N/A	123,619	291,568	
	APPLE INC	N/A	N/A	53,352	323,854	
	BERKSHIRE HATHAWAY CL B	N/A	N/A	124,769	125,314	
	BLACKSTONE GROUP LP	N/A	N/A	62,275	223,335	
	BOOKING HLDGS INC	N/A	N/A	206,256	224,368	
	BROADCOM LIMITED SHS	N/A	N/A	103,473	134,729	
	CATERPILLAR INC	N/A	N/A	83,268	288,547	
	CHEVRONTEXACO CORP	N/A	N/A	116,871	168,318	
	CHUBB CORPORATION	N/A	N/A	141,600	143,040	
	CME GROUP INC.	N/A	N/A	140,320	147,129	
	COCA-COLA EUROPEAN PARTNERS PLC	N/A	N/A	81,360	90,740	
	CONSTELLATION ENERGY CO	N/A	N/A	95,368	111,720	
	COSTCO WHOLESALE CORP	N/A	N/A	118,350	341,207	
	CRH PLC	N/A	N/A	102,718	95,420	
	CUMMINS INC	N/A	N/A	182,255	146,920	
	ELI LILLY & CO	N/A	N/A	45,017	446,837	
	GOLDMAN SACHS GROUP INC	N/A	N/A	119,884	109,510	
	GOOGLE INC CLASS A	N/A	N/A	56,813	335,031	
	HOME DEPOT INC	N/A	N/A	68,472	252,859	
	HONEYWELL INTERNATIONAL	N/A	N/A	113,892	119,985	
	INTUITIVE SURGICAL	N/A	N/A	36,062	270,795	
	JP MORGAN & CO	N/A	N/A	144,974	386,619	
	LAM RESEARCH CORP	N/A	N/A	73,416	57,336	
	MCKESSON CORPORATION	N/A	N/A	172,465	213,837	
	META PLATFORMS INC	N/A	N/A	232,519	219,600	
	MICROSOFT CORP	N/A	N/A	96,473	324,410	
	NETFLIX	N/A	N/A	210,243	254,637	
	NVIDIA CORP	N/A	N/A	180,556	397,558	
	ONEOK INC	N/A	N/A	149,190	176,417	
	QUANTA SERVICES INC	N/A	N/A	124,699	146,345	
	SALESFORCE COM	N/A	N/A	170,768	174,662	
	SECTOR SPDR TR CON STPLS	N/A	N/A	162,194	163,660	
	SECTOR SPDR UTIL SELECT	N/A	N/A	117,945	118,350	
	T J X COS INC	N/A	N/A	251,300	276,662	
	T-MOBILE US INC	N/A	N/A	168,425	172,865	
	VISA INC CL A	N/A	N/A	115,850	247,404	
	WALMART	N/A	N/A	151,150	243,125	
	WASTE MANAGEMENT INC	N/A	N/A	68,893	297,051	
	WELLS FARGO	N/A	N/A	72,106	84,857	
	WELLTOWER INC COM	N/A	N/A	156,060	274,662	
	TOTAL COMMON STOCK			\$ 5,353,585	\$ 8,944,633	

COLORADO LABORERS HEALTH AND WELFARE FUND

*EIN: 84-6049226, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
Year ended April 30, 2025*

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment		(d) Cost Value	(e) Current value
		Maturity Date	Rate of Interest		
EXCHANGE TRADED FUNDS					
	SPDR GOLD SHARES	N/A	N/A	375,016	911,310
	TOTAL EXCHANGE TRADED FUNDS			\$ 375,016	\$ 911,310
MUTUAL FUNDS					
	ANGEL OAK FIN STRT INC TRM RTS	N/A	N/A	-	316
	ANGEL OAK FINANCIAL STRATS INCOME TERM			105,325	107,163
	BLACKROCK INCOME TR INC	N/A	N/A	10,246	10,633
	BLACKROCK TAXABLE MUNICIPAL BOND	N/A	N/A	163,543	161,469
	BNY MELLON MUNICIPAL INCOME	N/A	N/A	5,490	5,584
	COHEN & STEERS PREFERRED SEC & INC	N/A	N/A	1,102,224	965,662
	COHEN & STEERS REALTY (INSTL)	N/A	N/A	1,276,069	1,389,048
	DOUBLELINE OPPORTUNISTIC CREDIT	N/A	N/A	31,964	31,080
	DWS MUNICIPAL INCOME TRUST	N/A	N/A	115,704	107,814
	EDGEWOOD GROWTH INST'L	N/A	N/A	752,765	1,085,212
	EV CA Municipal Bond	N/A	N/A	9,116	8,960
	FIRST TRUST MORTGAGE INCOME	N/A	N/A	51,079	51,987
	HANCOCK JOHN INCM SECS	N/A	N/A	27,004	26,128
	JPMORGAN EQUITY INCOME I	N/A	N/A	870,979	1,038,601
	MFS® INTERMEDIATE INCOME	N/A	N/A	103,586	96,189
	NUVEEN MLTI MKT CLOSED END	N/A	N/A	51,298	51,936
	NUVEEN TAXABLE MUNI INCOME FD	N/A	N/A	81,576	83,316
	PIMCO COMMODITY REAL RET STRAT INSTL	N/A	N/A	942,058	594,894
	PUTNAM MASTER INTERMEDIATE INCOME	N/A	N/A	108,087	102,610
	PUTNAM PREMIER INCOME TR	N/A	N/A	104,617	104,980
	TCW STRATEGIC INCM FUND	N/A	N/A	26,418	26,406
	VANGUARD DEVELOPED MARKETS INDEX	N/A	N/A	725,060	775,069
	VANGUARD MID CAP INDEX ADMIRAL	N/A	N/A	422,620	649,758
	VANGUARD SMALL CAP INDEX ADM	N/A	N/A	315,203	608,433
	TOTAL MUTUAL FUNDS			\$ 7,402,031	\$ 8,083,248
	TOTAL INVESTMENTS			\$ 44,991,723	\$ 49,338,075

COLORADO LABORERS HEALTH AND WELFARE FUND

EIN: 84-6049226, Plan Number 501

Form 5500, Schedule H, line 4j

Schedule of Reportable Transactions

Year Ended April 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Schwab	Schwab Treas Obl Money Fund	-	22,851,884	-	-	22,851,884	22,851,884	-
Schwab	Schwab Treas Obl Money Fund	26,071,712	-	-	-	26,071,712	26,071,712	-

COLORADO LABORERS HEALTH AND WELFARE FUND

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				\$ 443,221	\$ 443,221
	MONEY MARKET				
	SCHWAB TREASURY OBLIGATIONS, ULTRA			\$ 1,499,185	\$ 1,499,185
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	ALABAMA POWER 5.600 03/15/33			102,812	102,575
	AMGEN 5.25% 3/02/2033			746,409	754,504
	BANK OF AMER 5% 2/1/33			1,486,735	1,482,380
	BB&T 3.625% (CALL 8/16/2025)			1,501,831	1,492,643
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	BZ ALLN HMLTN 5.95% 4/15/35 35			99,986	99,426
	COLORADO HSG & FIN AUTH 5.539% 11/1/38 (CALL 11/01/32)			1,499,896	1,511,115
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	DUKE ENERGY FLOR 2.858% 03/01/35			91,864	88,197
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	EVERGY MISSOURI WEST STORM FUNDING I LL 24A A1(NV)			48,281	48,905
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	JPMORGAN 5.1% 1/31/28 (CALL 7/31/25)			1,000,000	1,000,182
	L3HARRIS TECH 5.5% 8/15/54			24,688	23,436
	LG&E 5.450 04/15/33 33			98,683	102,538
	MASCO CORP 6.50% 8/15/2032			1,107,576	1,038,395
	MCCORMICK 4.95% 4/15/2033			747,633	742,793
	MORGAN STANLEY 7.25% 4/01/2032			1,201,941	1,199,090
	PAYCHEX 5.6% 4/15/35 35			24,828	25,332
	PNM ENERGY TRANSITION BOND COMPANY LLC 1 A1 Fix			120,750	125,065
	RAYTHEON TECH 4.125% 11/16/28 (CALL 8/16/28)			488,833	496,482
	STATE STREET 5.159% 5/18/34			96,183	100,311
	TVA 4.25% 9/15/65			82,417	80,585
	UNION 2007-3 6.176 01/02/31			37,607	35,246
	UNION ELECTRIC 4.000 04/01/48 47			104,581	97,528
	UTAH HSG CORP 6.000 02/21/53			90,445	89,593
	WELLS FARGO 4.1% 6/3/26			2,019,193	1,992,725
	TOTAL CORPORATE BONDS			\$ 13,542,470	\$ 13,463,596
	GOVERNMENT BONDS				
	FANNIE MAE 0.5% 7/21/25 (CALL 4/1/25)			1,295,700	1,288,963
	FANNIE MAE FNCK 5% 07/01/52			84,327	80,722
	FANNIE MAE FNCL MA5037 4.5% 6/1/53			174,407	172,682
	FANNIE MAE FNCL MA5386 4.5% 6/1/54			104,279	105,907
	FANNIE MAE FNCL MA5528 4% 11/1/54			113,558	113,711
	FANNIE MAE FNCL MA5529 4.5% 11/1/54			173,958	173,314
	FANNIE MAE FNCL MA5612 4.5% 2/1/55			109,123	108,659
	FANNIE MAE FNCL MA5644 4.500 02/01/55			107,736	109,340
	FANNIE MAE FNCL 4.5% 09/01/52			126,887	119,294
	FANNIE MAE FNCL 4.5% 07/01/52			125,819	118,524

COLORADO LABORERS HEALTH AND WELFARE FUND

*EIN: 84-6049226, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
Year ended April 30, 2025*

<u>(c) Description of investment</u>					
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	(d) Cost Value	(e) Current value
	FANNIE MAE FNCL FNCL MA5164	5% 10/1/53		179,384	178,681
	FANNIE MAE FNCL FNCL BW9639	5% 7/1/53		172,085	172,315
	FANNIE MAE FNCL MA5135	4.% 9/1/53		103,239	102,507
	FANNIE MAE FNCL MA5341	4% 4/1/54		91,524	87,952
	FANNIE MAE FNCL MA5467	4% 9/1/54		93,654	90,478
	FANNIE MAE FNCL MA5613	5% 1/1/55		215,259	218,064
	FEDERAL HOME LOAN MORTGAGE CORPORATION	5/15/48		85,467	82,972
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5201F	LV SE		164,115	166,454
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5206E	ZY SU		113,095	119,156
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5239C	VE SE		83,291	79,210
	FEDERAL HOME LOAN MORTGAGE CORPORATION 5280C	A SEQ		146,688	145,209
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 1544D	DL SEQ		310,828	318,704
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 2257F	ZQ Z F		96,436	105,161
	FEDERAL NATIONAL MORTGAGE ASSOCIATION 2262B	KA FIX		144,665	136,052
	FHLBANKS 1.4% 2/4/31 (CALL 8/12/25)			1,496,500	1,290,740
	FHLBANKS 4.55% 1/17/30 (CALL10/17/25)			994,700	998,751
	FNMA MBS 5% 11/01/53			542,068	533,755
	FNMA PI 6% 9/1/36			22,941	23,904
	FREDDIE MAC FGLMC G08784	3.500 10/01/47		213,594	206,626
	FREDDIE MAC FNCL SD8473	4.5% 11/1/54		102,981	103,174
	FREDDIE MAC FNCL QJ8168	5% 11/1/54		206,593	208,986
	FREDDIE MAC FNCL SD8286	4% 1/1/53		103,246	102,824
	FREDDIE MAC FNCL SD8366	5% 10/1/53		179,733	179,290
	FREDDIE MAC FNCL SD8484	4% 11/1/54		104,622	104,908
	FREDDIE MAC FNCL SD8492	5% 1/1/55		204,237	206,502
	FREDDIE MAC FNCL SD8504	4.5% 2/1/55		102,348	104,241
	FREDDIE MAC FNCL SD8512	4% 3/1/55		107,232	105,679
	FREDDIE MAC MBS 2% 4/1/41			1,419,719	1,172,198
	GINNIE MAE 2 G2SF 004838	6.500 10/20/40		94,865	94,363
	GNMA II 5.5% 9/20/34			46,643	42,477
	GNMA PL 5.5% 8/15/36			31,332	31,644
	GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 1457G	NP		210,135	220,843
	GOVERNMENT NATIONAL MORTGAGE ASSOCIATION 22179B	ZA		101,502	104,055
	GOVT NATL MRTG 4.0% 9/20/2052			59,675	57,142
	GOVT NATL MRTG G200 787573	4.5% 8/20/64		91,283	92,995
	GOVT NATL MRTG G2SF MB0145	4.5%1/20/55		103,915	104,622
	US TREASURY 2.875 05/31/25			718,862	718,932
	US TREASURY 4.000 02/28/30			423,094	430,538
	US TREASURY 4.125% 8/15/2053			220,615	226,641
	US TREASURY 4.25% 2/15/54			120,776	115,703
	US TREASURY 4.5% 11/15/54			486,675	483,867
	US TREASURY 4.625% 5/15/54			125,335	123,247
	US TREASURY 4.75% 11/15/53			50,894	50,279
	US TREASURY TIPS 0.125% 1/15/30 FACTOR 1.19083000			1,710,287	1,814,429
	TOTAL GOVERNMENT BONDS			\$ 14,811,926	\$ 14,447,386

MUNI BONDS

	DALLAS TEX INDPT SCH DIST 6.450% 02/15/35			101,115	100,732
	DOUGLAS CNTY NEB SCH DIST 6% 12/01/28			103,848	100,274
	HOUSTON TEX INDPT SCH DIST 6.168% 2/15/2034			50,351	50,363
	KENTUCKY ST PPTY & BLDGS COMMN 4.393 06/01/27			100,016	100,725
	LAKE CENTRAL IND MULTI DISTRI 5.560 01/15/27 22			100,993	100,127
	LOUISIANA LOC GOVT 4.145% 2/1/33			96,397	98,649
	LOUISVILLE & JEFFERSON CNTY KY 6.25% 5/15/43			107,018	105,421
	MARSHALL MICH PUB SCHS DIST 6.375 05/01/27 22			102,560	101,662
	MARYLAND ST CMN 6.091% 9/1/2054			95,013	95,922

COLORADO LABORERS HEALTH AND WELFARE FUND

EIN: 84-6049226, Plan Number 501

Form 5500, Schedule H, line 4i

Schedule of Assets (Held at End of Year)

Year ended April 30, 2025

		<u>(c) Description of investment</u>				
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	(d) Cost Value	(e) Current value	
	MICHIGAN FIN AUTH REV 3.26% 11/1/31			92,739	94,045	
	MICHIGAN ST UNIV REVS 6.173% 2/15/50 30			102,265	101,861	
	MIDLAND CNTY TEX 6.34XXXPARTIAL CALL@100 EFF: 05/1			-	10,000	
	MIDLAND CNTY TEX HOSP DIST 6.340 05/15/29			63,487	62,283	
	OKLAHOMA DEV FIN AUTH REV 3.877 05/01/37			80,246	78,268	
	UNIV MIAMI 4.063 04/01/52			87,471	78,575	
	UNIVERSITY MASS BLDG AUTH PROJ 5.45% 11/1/40			104,837	99,742	
	VIRGINIA COMWLTH UNIV REV 4.585 05/01/48 28			70,813	64,587	
	WARREN MICH CONS SCH DIST 6.375 05/01/27 22			105,120	102,260	
	TOTAL MUNI BONDS			1,564,289	1,545,496	
	COMMON STOCK					
	A S M L HOLDING NV NEW	N/A	N/A	125,081	116,914	
	ADOBE SYSTEMS	N/A	N/A	119,630	74,996	
	AERCAP HOLDINGS NV	N/A	N/A	113,654	131,440	
	AMAZON COM INC	N/A	N/A	123,619	291,568	
	APPLE INC	N/A	N/A	53,352	323,854	
	BERKSHIRE HATHAWAY CL B	N/A	N/A	124,769	125,314	
	BLACKSTONE GROUP LP	N/A	N/A	62,275	223,335	
	BOOKING HLDGS INC	N/A	N/A	206,256	224,368	
	BROADCOM LIMITED SHS	N/A	N/A	103,473	134,729	
	CATERPILLAR INC	N/A	N/A	83,268	288,547	
	CHEVRONTEXACO CORP	N/A	N/A	116,871	168,318	
	CHUBB CORPORATION	N/A	N/A	141,600	143,040	
	CME GROUP INC.	N/A	N/A	140,320	147,129	
	COCA-COLA EUROPEAN PARTNERS PLC	N/A	N/A	81,360	90,740	
	CONSTELLATION ENERGY CO	N/A	N/A	95,368	111,720	
	COSTCO WHOLESALE CORP	N/A	N/A	118,350	341,207	
	CRH PLC	N/A	N/A	102,718	95,420	
	CUMMINS INC	N/A	N/A	182,255	146,920	
	ELI LILLY & CO	N/A	N/A	45,017	446,837	
	GOLDMAN SACHS GROUP INC	N/A	N/A	119,884	109,510	
	GOOGLE INC CLASS A	N/A	N/A	56,813	335,031	
	HOME DEPOT INC	N/A	N/A	68,472	252,859	
	HONEYWELL INTERNATIONAL	N/A	N/A	113,892	119,985	
	INTUITIVE SURGICAL	N/A	N/A	36,062	270,795	
	JP MORGAN & CO	N/A	N/A	144,974	386,619	
	LAM RESEARCH CORP	N/A	N/A	73,416	57,336	
	MCKESSON CORPORATION	N/A	N/A	172,465	213,837	
	META PLATFORMS INC	N/A	N/A	232,519	219,600	
	MICROSOFT CORP	N/A	N/A	96,473	324,410	
	NETFLIX	N/A	N/A	210,243	254,637	
	NVIDIA CORP	N/A	N/A	180,556	397,558	
	ONEOK INC	N/A	N/A	149,190	176,417	
	QUANTA SERVICES INC	N/A	N/A	124,699	146,345	
	SALESFORCE COM	N/A	N/A	170,768	174,662	
	SECTOR SPDR TR CON STPLS	N/A	N/A	162,194	163,660	
	SECTOR SPDR UTIL SELECT	N/A	N/A	117,945	118,350	
	T J X COS INC	N/A	N/A	251,300	276,662	
	T-MOBILE US INC	N/A	N/A	168,425	172,865	
	VISA INC CL A	N/A	N/A	115,850	247,404	
	WALMART	N/A	N/A	151,150	243,125	
	WASTE MANAGEMENT INC	N/A	N/A	68,893	297,051	
	WELLS FARGO	N/A	N/A	72,106	84,857	
	WELLTOWER INC COM	N/A	N/A	156,060	274,662	
	TOTAL COMMON STOCK			\$ 5,353,585	\$ 8,944,633	

COLORADO LABORERS HEALTH AND WELFARE FUND

*EIN: 84-6049226, Plan Number 501
Form 5500, Schedule H, line 4i
Schedule of Assets (Held at End of Year)
Year ended April 30, 2025*

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment		(d) Cost Value	(e) Current value
		Maturity Date	Rate of Interest		
EXCHANGE TRADED FUNDS					
	SPDR GOLD SHARES	N/A	N/A	375,016	911,310
	TOTAL EXCHANGE TRADED FUNDS			\$ 375,016	\$ 911,310
MUTUAL FUNDS					
	ANGEL OAK FIN STRT INC TRM RTS	N/A	N/A	-	316
	ANGEL OAK FINANCIAL STRATS INCOME TERM			105,325	107,163
	BLACKROCK INCOME TR INC	N/A	N/A	10,246	10,633
	BLACKROCK TAXABLE MUNICIPAL BOND	N/A	N/A	163,543	161,469
	BNY MELLON MUNICIPAL INCOME	N/A	N/A	5,490	5,584
	COHEN & STEERS PREFERRED SEC & INC	N/A	N/A	1,102,224	965,662
	COHEN & STEERS REALTY (INSTL)	N/A	N/A	1,276,069	1,389,048
	DOUBLELINE OPPORTUNISTIC CREDIT	N/A	N/A	31,964	31,080
	DWS MUNICIPAL INCOME TRUST	N/A	N/A	115,704	107,814
	EDGEWOOD GROWTH INST'L	N/A	N/A	752,765	1,085,212
	EV CA Municipal Bond	N/A	N/A	9,116	8,960
	FIRST TRUST MORTGAGE INCOME	N/A	N/A	51,079	51,987
	HANCOCK JOHN INCM SECS	N/A	N/A	27,004	26,128
	JPMORGAN EQUITY INCOME I	N/A	N/A	870,979	1,038,601
	MFS® INTERMEDIATE INCOME	N/A	N/A	103,586	96,189
	NUVEEN MLTI MKT CLOSED END	N/A	N/A	51,298	51,936
	NUVEEN TAXABLE MUNI INCOME FD	N/A	N/A	81,576	83,316
	PIMCO COMMODITY REAL RET STRAT INSTL	N/A	N/A	942,058	594,894
	PUTNAM MASTER INTERMEDIATE INCOME	N/A	N/A	108,087	102,610
	PUTNAM PREMIER INCOME TR	N/A	N/A	104,617	104,980
	TCW STRATEGIC INCM FUND	N/A	N/A	26,418	26,406
	VANGUARD DEVELOPED MARKETS INDEX	N/A	N/A	725,060	775,069
	VANGUARD MID CAP INDEX ADMIRAL	N/A	N/A	422,620	649,758
	VANGUARD SMALL CAP INDEX ADM	N/A	N/A	315,203	608,433
	TOTAL MUTUAL FUNDS			\$ 7,402,031	\$ 8,083,248
	TOTAL INVESTMENTS			\$ 44,991,723	\$ 49,338,075

COLORADO LABORERS HEALTH AND WELFARE FUND

EIN: 84-6049226, Plan Number 501

Form 5500, Schedule H, line 4j

Schedule of Reportable Transactions

Year Ended April 30, 2025

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Schwab	Schwab Treas Obl Money Fund	-	22,851,884	-	-	22,851,884	22,851,884	-
Schwab	Schwab Treas Obl Money Fund	26,071,712	-	-	-	26,071,712	26,071,712	-

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 4085 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.)

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) _____

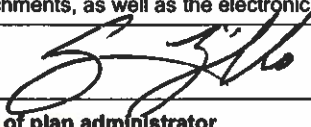
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan Colorado Laborers' Health and Welfare Trust Fund for Colorado</p>	<p>1b Three-digit plan number (PN) ▶ 501</p>
	<p>1c Effective date of plan 04/01/1966</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Trustees - Colorado Laborers' Health & Welfare Trust Fund for CO</p> <p>2821 South Parker Rd, Suite 215 Aurora CO 80014</p>	<p>2b Employer Identification Number (EIN) 84-6049226</p>
	<p>2c Plan Sponsor's telephone number (303) 745-0147</p>
	<p>2d Business code (see instructions) 238100</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.

SIGN HERE		2-4-26	Anthony Trujillo
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Alan Brooker
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE


<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>05/01/2024</u> and ending <u>04/30/2025</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information
<p>1a Name of plan Colorado Laborers' Health and Welfare Trust Fund for Colorado</p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Trustees - Colorado Laborers' Health & Welfare Trust Fund for CO</p> <p>2821 South Parker Rd, Suite 215 Aurora CO 80014</p>	<p>1b Three-digit plan number (PN) ▶ 501</p> <p>1c Effective date of plan 04/01/1966</p> <p>2b Employer Identification Number (EIN) 84-6049226</p> <p>2c Plan Sponsor's telephone number (303) 745-0147</p> <p>2d Business code (see instructions) 238100</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.

SIGN HERE			Anthony Trujillo
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<small>Signed by:</small>  <small>39C303A1EB55C426...</small>	2/9/2026	Alan Brooker
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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