

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	--

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES-COLORADO LABORERS AND PROF SERVICE EMPLOYEES PENSION FUND</u></p> <p><u>3033 S. PARKER ROAD, SUITE #360</u> <u>AURORA, CO 80014</u></p>	<p><b>1c</b> Effective date of plan <u>06/01/1992</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>84-1215340</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>720-575-4211</u></p> <p><b>2d</b> Business code (see instructions) <u>238100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/10/2026	ANTHONY TRUJILLO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/10/2026	ALAN BROOKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	764
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	760
	<b>6a(2)</b>	1012
	<b>6b</b>	11
	<b>6c</b>	47
	<b>6d</b>	1070
	<b>6e</b>	8
	<b>6f</b>	1078
	<b>6g(1)</b>	751
<b>6g(2)</b>	757	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	18

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2T

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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**

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

**b General Schedules**

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

---

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

---

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

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

---

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

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

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

---

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

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<p><b>A</b> Name of plan <b>COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-COLORADO LABORERS AND PROF SERVICE EMPLOYEES PENSION FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>84-1215340</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**MASSACHUSETTS MUTUAL 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
04-1590850	65935	780683-01	17	06/01/2024	05/31/2025

**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 <b>0</b>	(b) Total amount of fees paid <b>0</b>
--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	120561
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

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

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**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 ▶ GROUP ANNUITY CONTRACT

**b** Balance at the end of the previous year ..... **7b** 367767

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	112749
	<b>7c(2)</b>	0
	<b>7c(3)</b>	19104
	<b>7c(4)</b>	6727618
	<b>7c(5)</b>	0

(6) Total additions ..... **7c(6)** 6859471

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 7227238

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	379898
(2) Administration charge made by carrier.....	<b>7e(2)</b>	4494
(3) Transferred to separate account .....	<b>7e(3)</b>	6722285
(4) Other (specify below) .....	<b>7e(4)</b>	0

(5) Total deductions ..... **7e(5)** 7106677

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 120561

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES-COLORADO LABORERS AND PROF SERVICE EMPLOYEES PENSION FUND	<b>D</b> Employer Identification Number (EIN) 84-1215340	

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

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

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

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

EMPOWER ANNUITY INS. CO. OF AMERICA

84-0467907

(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?
64	RECORD KEEPER	38926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBEIN, URANN, SPENCER, PICARD & CA

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	32794	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	SERVICE PROVIDER	22109	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <b>06/01/2024</b> and ending <b>05/31/2025</b>	
<b>A</b> Name of plan <b>COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-COLORADO LABORERS AND PROF SERVICE EMPLOYEES PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>84-1215340</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	115196	111748
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1661	1652
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6663924	7623377
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	366104	118909
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7146885	7855686
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	26135	21927
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	26135	21927
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7120750	7833759

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	<b>2a(1)(A)</b>	1145426	
(B) Participants.....	<b>2a(1)(B)</b>	0	
(C) Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1145426
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>	0	
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
(E) Participant loans.....	<b>2b(1)(E)</b>	0	
(F) Other.....	<b>2b(1)(F)</b>	19104	
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		19104
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>	0	
(B) Common stock.....	<b>2b(2)(B)</b>	0	
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	543749	
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		543749
(3) Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>	0	
(B) Other.....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		248448
<b>c</b> Other income .....	<b>2c</b>		10461
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1967188

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1142394	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1142394
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	4200	
(3) Recordkeeping fees .....	<b>2i(3)</b>	39241	
(4) IQPA audit fees .....	<b>2i(4)</b>	22109	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	7500	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	32794	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	5941	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		111785
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1254179

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		713009
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **NEEDLES, 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES-COLORADO LABORERS AND PROF SERVICE EMPLOYEES PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>84-1215340</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 84-0467907

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>56</b>
--	----------	-----------

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

---

***FINANCIAL STATEMENTS  
May 31, 2025 and 2024***

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Table of Contents  
May 31, 2025 and 2024***

	<u>Pages</u>
Independent Auditor's Report	1 – 4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 – 13
Schedule of Assets (Held at End of Year)	14
Schedule of Assets Acquired and Disposed of in Plan Year	15
Schedule of Reportable Transactions	16-17

## INDEPENDENT AUDITOR'S REPORT

Plan Participants and Board of Trustees  
Colorado Laborers and Professional Service Employees Pension Fund  
Aurora, CO

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Colorado Laborers and Professional Service Employees Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years ended May 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Colorado Laborers and Professional Service Employees Pension Fund's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of May 31, 2025 and 2024, and for the year ended May 31, 2025, stating that the certified investment information, as described in Note A to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Colorado Laborers and Professional Service Employees Pension Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Colorado Laborers and Professional Service Employees Pension Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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**

The supplemental schedules of assets (held at end of year), assets acquired and disposed of in plan year, and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but is 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Needles, Oyewo & Associates, LLC.*

Westminster, CO  
February 25, 2026

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Statements of Net Assets Available for Benefits  
Modified Cash Basis  
May 31, 2025 and 2024***

	<u>2025</u>	<u>2024</u>
<b><i>Assets</i></b>		
Cash	\$ 111,748	\$ 115,196
Total Cash	<u>111,748</u>	<u>115,196</u>
Investments, at fair value		
Interest bearing cash	1,652	548
Mutual funds	<u>7,623,377</u>	<u>6,663,924</u>
Total investments, at fair value (Note D)	<u>7,625,029</u>	<u>6,664,472</u>
Investments, at contract value		
Guaranteed investment contract	<u>118,909</u>	<u>367,217</u>
Total investments, at contract value	<u>118,909</u>	<u>367,217</u>
Total assets	<u>\$ 7,855,686</u>	<u>\$ 7,146,885</u>
<b><i>Liabilities</i></b>		
Accounts payable		
Operating	<u>\$ 21,927</u>	<u>\$ 26,135</u>
Total liabilities	<u>\$ 21,927</u>	<u>\$ 26,135</u>
<b><i>Net assets available for benefits</i></b>	<u><u>\$ 7,833,759</u></u>	<u><u>\$ 7,120,750</u></u>

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

***COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES  
PENSION FUND***

***Statements of Changes in Net Assets Available for Benefits  
Modified Cash Basis  
Years Ended May 31, 2025 and 2024***

	2025	2024
<b><i>Additions</i></b>		
Contributions		
Employers'	\$ 1,145,426	\$ 998,389
Total contributions	1,145,426	998,389
Investment earnings		
Dividends	543,749	275,332
Guaranteed investment contract earnings	19,104	7,934
Net appreciation (depreciation) fair value	248,448	631,014
Total investment earnings	811,301	914,280
Other income	10,461	-
Total additions	\$ 1,967,188	\$ 1,912,669
<b><i>Deductions</i></b>		
Benefit payments		
Pension benefits	\$ 1,142,394	\$ 667,011
Operating expenses (Note G)	111,785	71,304
Total deductions	\$ 1,254,179	\$ 738,315
Net increase (decrease)	713,009	1,174,354
<b><i>Net assets available for benefits</i></b>		
Beginning of year	\$ 7,120,750	\$ 5,946,396
End of year	\$ 7,833,759	\$ 7,120,750

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

**COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND**

**Notes to Financial Statements  
May 31, 2025 and 2024**

**NOTE A - DESCRIPTION OF PLAN**

The following description of Colorado Laborers and Professional Service Employees Pension Fund (Plan) provides only general information. Participants should refer to the Trust Documents and Plan Documents for a complete description of the Plan's provisions.

- **General**

The Colorado Laborers and Professional Service Employees Pension Plan is a participant directed, defined contribution multiemployer plan that covers employees performing work under collective bargaining agreements with the Colorado Laborers Local Union #720.

The Plan was unanimously adopted by the Board of Trustees on April 7, 1993. A favorable determination letter was issued by the Internal Revenue Service on November 3, 2015. The Plan contracted with Mid-Atlantic Trust to act as custodian of these assets. As of November 1, 2022, plan assets were moved to Empower Retirement (previously Mass Mutual Retirement Services) which will act as both custodian and record keeper of the Fund's assets.

- **Certified Investment**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplement schedule, including investments held at May 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, for the year ended May 31, 2025, were obtained by the Board of Trustees and agreed to or derived from information certified as complete and accurate by Empower Retirement (the trustee of the Plan).

- **Tax status**

The Plan obtained its latest determination letter on November 3, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan qualifies under Section 401-1(b) (3) of the Internal Revenue Code (and the Trust under Section 501(a) and therefore, was not subject to income tax under present laws. A new plan document has been submitted to the IRS and a favorable determination has been obtained. The Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

***NOTE A - DESCRIPTION OF PLAN (Continued)***

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 May 31, 2021.

- **Funding**

The Plan provides that employer contributions made under the terms of the collective bargaining agreements are for the benefit of each participant as individual accounts. No participant contributions are required or allowed. The agreements require a contribution for each hour of covered employment worked. On a need-basis, an amount will be withheld from participants' accounts to cover administrative costs. The beneficiary's or participant's pension benefit account, represented by and attributable to contributions made on his or her behalf by any employer, less any annual fee, including the income and earnings thereon, will have a non-forfeitable interest and be 100% vested at all times.

- **Participants' directed accounts**

Participants' accounts are credited with contributions as received. Allocations of earnings less related expenses are applied as incurred (on an annual basis). Such allocations are based on individual participant earnings, account balances, or specific transactions, as applicable. Participants are vested fully and immediately in all contributions and earnings thereon.

The Plan accepts rollover contributions if the participant establishes to the satisfaction of the Trustees that the rollover contribution represents a qualified distribution from a qualified plan maintained by the former employer(s) of the participant.

- **Participants' Non-directed accounts**

When a participant has not chosen an investment option, the contributions made on behalf of such participant will be deposited into either the default investment- MM RetireSMART by JPM In Retirement Fund or a Lifecycle/Lifestyle fund (i.e., 2010, 2015, 2020, etc.) based on the participant's age. These are also known as the Target Date Retirement Funds.

- **Pension benefits**

Upon termination of service due to death, disability, or retirement, a participant may receive an amount equal to the value in the participants' account in a lump sum payment. For termination of service due to other reasons, a participant may receive the value of the account in accordance with the rules and regulations of the Plan.

- **Priorities upon termination**

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants. In the event the Plan terminates, participants are 100% vested in their accounts.

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

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

- **Basis of accounting**

The financial statements, statement of net assets available for benefits and the changes in those assets, are prepared on the modified cash basis of accounting. Under this method, the Plan recognizes income when received and expenses when paid. The Plan's expenses are paid from the \$80 fee per participant withheld from participants' accounts. The Plan has made provisions to comply with ERISA reporting requirements that show investments at fair value. Additionally, payables were accrued for legal and audit fees for the year ended May 31, 2025.

- **Use of estimates**

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

- **Investment valuation and income recognition**

The Plan's investments are exclusively in mutual funds and a group annuity contract which are stated at fair value and contract value respectively. The fair value of these investments is based on quotations obtained from national securities exchanges. Cash and cash equivalents are stated at cost which equates with fair market value. According to the new accounting rule ASU 2015-12 effective for years beginning after December 15, 2015, investment contracts held by a defined contribution plan are no longer required to be reported at fair value rather contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the value of the investment contracts at contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

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.

- **Payment of benefits**

Benefit payments to participants are recorded upon distribution.

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

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

- **Subsequent events**

Management has evaluated subsequent events through February 25, 2026, the date the financial statements were available to be issued. No subsequent events have occurred requiring accrual or disclosure.

- **Lockbox bank account**

The Plan, along with other related funds (Labor management, Health and Welfare, and Apprenticeship), maintains a joint bank account in custody of US Bank. None of these funds report the balance of the lockbox account on their respective statement of net assets available for benefits. Rather, each fund's individual checking account is adjusted for a "Deposit in transit" reconciling item which corresponds to a "Transfer out in transit" on the lockbox account.

***NOTE C - INVESTMENTS***

The Plan is invested in Empower Retirement funds which are in custody and management of the Reliance Trust company and Empower Retirement Services. The Board of Trustees has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the US Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Board of Trustees instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by Reliance Trust Company, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

As of August 2014, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Massachusetts Mutual Life Insurance Company totaling \$118,909 in 2025 and \$367,217 in 2024. The contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value is the relevant measure for a fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Empower maintains the contributions in a general account. The respective general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

This investment, the MassMutual SF Guaranteed Account (SFGA), is a stable value investment with a guaranteed rate of return and a guarantee of principal that is backed by the Massachusetts Mutual Life Insurance Company general account. The contract is issued by MassMutual and the crediting rate is established for a six-month period of time and all assets invested in the SFGA are credited with that rate. The GIA offers participants the following stable value features: guarantee of principal, guaranteed credited rate that is set in advance for six-month period, guarantee of principal and rate backed by MassMutual, safeguard against potential adverse

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

***NOTE C – INVESTMENTS (Continued)***

market volatility, investment management expertise of MassMutual and the full liquidity at book value for participant-directed benefit payments and transfers to non-competing investments. The key difference between a synthetic investment contract and a traditional investment contract is that the Plan owns the underlying assets of the synthetic investment contract. A synthetic investment contract includes a wrapper contract, which is an agreement for the wrap issuer, such as a bank or insurance company, to make payments to the Plan in certain circumstances.

***NOTE D - FAIR VALUE MEASUREMENTS***

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

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

*Mutual funds:* Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024:

<b>Assets at fair value as of May 31, 2025</b>				
Description	Level 1	Level 2	Level 3	Total
Interest bearing cash	1,652	-	-	1,652
Mutual funds	7,623,377	-	-	7,623,377
Total assets at fair value	\$ 7,625,029	\$ -	\$ -	\$ 7,625,029

<b>Assets at fair value as of May 31, 2024</b>				
Description	Level 1	Level 2	Level 3	Total
Interest bearing cash	548	-	-	548
Mutual funds	6,663,924	-	-	6,663,924
Total assets at fair value	\$ 6,664,472	\$ -	\$ -	\$ 6,664,472

***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.

***NOTE F - PARTY-IN-INTEREST TRANSACTIONS***

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

***COLORADO LABORERS AND PROFESSIONAL SERVICE  
EMPLOYEES PENSION FUND***

***Notes to Financial Statements  
May 31, 2025 and 2024***

***NOTE G - OPERATING EXPENSES***

The following is a detailed summary of the Plan's operating expenses for the years ended May 31, 2025 and 2024:

	2025	2024
Third party administrator fees	\$ 4,200	\$ 4,200
Recordkeeper fees	39,241	35,542
Investment management - advisor	7,500	-
Legal fees	32,794	8,080
Audit fees	22,109	19,555
Insurance - bonding premiums	5,396	3,482
Office expenses	545	445
Total operating expenses	\$ 111,785	\$ 71,304

***NOTE H - CHANGES IN CLASSIFICATION AND RECLASSIFICATION***

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

***NOTE I - RECONCILIATION OF PARTICIPANTS' ACCOUNTS***

The Plan maintains a cash account, held in custody by US Bank, outside of the assets in custody of Empower Retirement. Within the Empower Retirement investment holdings, there are two accounts, SF Guaranteed and Interest-bearing cash holding accounts that are not participant directed. In addition, accounts payable are a reconciling item. As a result of these items, the participants' accounts have reconciling items to the net assets available for benefits as follows:

	2025	2024
Per financial statements	\$ 7,833,759	\$ 7,120,750
Cash Account outside of Empower	(111,748)	(115,196)
Holding accounts-cash not participant directed	(1,652)	(1,661)
Accounts payable	21,927	26,135
Per Participants' accounts-Empower Retirement	\$ 7,742,286	\$ 7,030,028

***NOTE J - AMENDMENTS***

There were no amendments during the current and prior plan years that would restate the rules and regulations of the Plan. Participants should always refer to the Summary Plan Description or the Trust Documents for further information and all provisions of the Plan.

**COLORADO LABORERS AND PROFESSIONAL SERVICE EMPLOYEES PENSION FUND**

*EIN: 84-1215340, Plan Number 001*

*Form 5500, Schedule H, line 4i*

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

*May 31, 2025*

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			
(a)	(b) Identity of issue, borrower, lessor, or similar party	Maturity Date	Rate of Interest	Par or Maturity Value	(e) Current value
<b><i>Mutual Funds</i></b>					
	Amer Funds Wash Mutl Invs Fund	N/A	N/A	N/A	\$ 48,362
	American Funds New World Fund	N/A	N/A	N/A	21,616
	Franklin Small Cap Value Fund	N/A	N/A	N/A	20,259
	Vanguard Target Retirement Income Inv	N/A	N/A	N/A	24,250
	Vanguard Target Retirement 2070 Inv	N/A	N/A	N/A	63,730
	Vanguard Target Retirement 2020 Inv	N/A	N/A	N/A	292,136
	Vanguard Target Retirement 2065 Inv	N/A	N/A	N/A	447,893
	Vanguard Target Retirement 2060 Inv	N/A	N/A	N/A	503,794
	Vanguard Target Retirement 2040 Inv	N/A	N/A	N/A	661,466
	Vanguard Target Retirement 2045 Inv	N/A	N/A	N/A	670,096
	Vanguard Target Retirement 2030 Inv	N/A	N/A	N/A	712,128
	Vanguard Target Retirement 2025 Inv	N/A	N/A	N/A	721,280
	Vanguard Target Retirement 2050 Inv	N/A	N/A	N/A	878,021
	Vanguard Target Retirement 2055 Inv	N/A	N/A	N/A	1,031,412
	Vanguard Target Retirement 2035 Inv	N/A	N/A	N/A	1,161,000
	MFS New Discovery Fund	N/A	N/A	N/A	13,990
	MM S&P 500 Index Fd(Nrthrn Tr)	N/A	N/A	N/A	111,138
	Fidelity Mid Cap Index Fund	N/A	N/A	N/A	9,292
	PIMCO Total Return Fund	N/A	N/A	N/A	35,714
	MassMutual Small Cap Opps Fd	N/A	N/A	N/A	7,147
	MassMutual Blue Chip Growth I	N/A	N/A	N/A	149,680
	MassMutual Mid Cap Growth Fund	N/A	N/A	N/A	17,259
	MassMutual Overseas Fund	N/A	N/A	N/A	13,620
	Virtus Ceredex Lg Cp Val Eq Fd	N/A	N/A	N/A	901
	MFS Intl Intrinsic Value Fd	N/A	N/A	N/A	7,193
	<b><i>Total mutual fund</i></b>				<u>\$ 7,623,377</u>
<b><i>Stable Value Fund</i></b>					
	SF Guaranteed	N/A	N/A	N/A	\$ 118,909
	<b><i>Total corporate bonds</i></b>				<u>118,909</u>
	<b><i>Total assets (held at end of year)</i></b>				<u><u>\$ 7,743,938</u></u>

**ASSETS ACQUIRED AND DISPOSED OF IN PLAN YEAR**

GA

**Colorado Laborers' and Professional Service Employees' Pension Plan****01-JUN-24 to 31-MAY-25****03-JUN-25 17:07:11**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ACQUISITION	PROCEEDS FROM DISPOSITIONS
1MGDYB1		2.650	4,595.08	347,763.45
1MGDYB1		2.150	6,835,772.84	6,758,904.21

**NOTE:** Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therefore all variable funds are excluded from this report.

## LEGEND

## INVESTMENT OPTION:

1MGDYB1 General Account

COST OF ACQUISITIONS: The cost of the asset when acquired.

PROCEEDS FROM DISPOSITIONS: Amounts distributed from the investment option within the plan year.

## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

## Colorado Laborers' and Professional Service Employees' Pension Plan

01-JUN-24 to 31-MAY-25

03-JUN-25 17:07:11

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKSXX	0.01	0.010000	1	(0.11)	(0.117981)	1	(0.12)	SERIES
3MGDYB1	0.11	0.000000	1	0.00	0.000000	0	0.00	SERIES
4MGDYB1	0.00	0.000000	0	(9.04)	0.000000	12	(9.04)	SERIES
1VTINX	24,126.30	1,810.150214	28	(198.78)	(15.206539)	47	(202.61)	SERIES
1VTWNX	286,553.59	10,644.286253	47	(564.17)	(21.193073)	72	(570.54)	SERIES
1VTTVX	703,699.46	37,095.232281	143	(1,633.41)	(87.515085)	276	(1,660.03)	SERIES
1VTHRX	692,164.53	18,038.295381	164	(1,566.57)	(41.636852)	260	(1,597.69)	SERIES
1VTTHX	1,129,630.30	46,531.237392	176	(7,248.51)	(294.677848)	327	(7,154.11)	SERIES
1VFORX	640,032.52	14,646.914106	135	(2,352.92)	(54.683147)	255	(2,389.69)	SERIES
1VTIVX	646,062.23	21,550.764637	161	(1,734.56)	(59.538430)	347	(1,784.40)	SERIES
1VFIEX	843,160.61	16,751.350793	156	(1,952.09)	(39.870838)	332	(2,006.90)	SERIES
1VFFVX	992,942.22	17,679.547171	157	(4,714.20)	(84.671104)	385	(4,755.43)	SERIES
1VTTSX	512,885.60	9,910.922688	156	(29,585.71)	(584.851407)	331	(30,260.31)	SERIES
1VLXVX	436,815.87	12,877.164118	207	(8,144.57)	(239.108840)	404	(8,120.35)	SERIES
1VSVNX	61,446.33	2,281.944448	76	(403.49)	(15.586677)	134	(419.48)	SERIES
1MMKUX	120,512.87	10,762.905589	574	(742,587.58)	(66,382.112623)	1102	(699,867.61)	SERIES
1MRFX	99,185.70	8,419.960993	331	(578,970.98)	(49,489.534484)	638	(530,424.95)	SERIES
1MMRUX	146,080.64	17,010.259179	508	(811,869.19)	(95,082.485934)	874	(747,155.87)	SERIES
1MMWZX	172,086.51	17,561.212556	716	(1,029,879.96)	(105,286.972404)	1413	(962,928.61)	SERIES
1MRVUX	96,584.87	8,374.958498	363	(1,070,724.86)	(93,510.037703)	800	(980,939.13)	SERIES
1MMWIX	256,362.59	26,191.238904	1019	(723,138.60)	(75,268.798520)	1757	(697,461.94)	SERIES
1MMXUX	161,309.43	14,470.543898	560	(1,072,715.03)	(96,830.143579)	891	(1,017,265.54)	SERIES
1MRTDX	44,640.97	4,015.704330	157	(335,358.33)	(30,475.743512)	291	(317,326.11)	SERIES
1MMNUX	103,254.45	9,453.569460	347	(953,103.75)	(87,470.526457)	1016	(889,845.83)	SERIES
1MDRVX	24,873.31	2,468.195959	120	(248,726.60)	(24,677.772740)	509	(238,399.98)	SERIES
1RNWGX	900.50	11.620802	39	(257.52)	(3.198419)	123	(205.58)	SERIES
1MOSZX	1,243.13	147.356780	38	(755.74)	(82.747807)	81	(630.53)	SERIES
1MINJX	771.54	21.099529	38	(146.00)	(3.618799)	81	(135.73)	SERIES
1FRCSX	1,424.27	23.679826	48	(177.47)	(2.904748)	89	(159.33)	SERIES
1MSOOX	897.28	49.211130	26	(309.92)	(16.274076)	84	(255.91)	SERIES
1MNDKX	76.92	2.587191	23	(99.64)	(3.266772)	71	(84.78)	SERIES
1FSMDX	439.16	13.254499	30	(270.88)	(7.986817)	84	(211.09)	SERIES
1MEFZX	2,396.21	118.646837	27	(139.79)	(6.947625)	78	(136.43)	SERIES
1RWMGX	4,679.31	77.349129	49	(702.14)	(11.326007)	134	(600.83)	SERIES
1MBCCX	142,840.91	6,329.830497	43	(1,127.50)	(48.653496)	99	(1,083.89)	SERIES
1MMAZX	14,101.33	2,433.111389	28	(79,428.61)	(13,466.451267)	36	(66,979.52)	SERIES
1STVZX	195.44	19.071630	27	(35.18)	(3.077946)	64	(32.04)	SERIES
1MMIZX	57,379.59	3,377.213631	67	(1,716.71)	(108.247139)	188	(1,758.01)	SERIES
1PTRRX	2,371.78	276.053560	79	(793.20)	(91.752977)	85	(771.23)	SERIES
1MGDYB1	6,840,367.92	0.000000	1195	(7,106,667.66)	0.000000	1782	(7,106,667.66)	SERIES

## 5% TRANSACTIONS

1MMKUX	0.00	0.000000	0	(718,799.19)	(64,374.462442)	102	(678,708.04)	24-JAN-25
1MRFX	0.00	0.000000	0	(570,869.64)	(48,815.396648)	59	(523,211.93)	24-JAN-25
1MMRUX	0.00	0.000000	0	(800,156.50)	(93,745.350563)	79	(736,673.10)	24-JAN-25
1MMWZX	0.00	0.000000	0	(1,010,304.59)	(103,303.822398)	124	(944,842.68)	24-JAN-25
1MRVUX	0.00	0.000000	0	(629,092.15)	(54,710.125162)	73	(578,272.76)	24-JAN-25
1MMWIX	0.00	0.000000	0	(669,502.90)	(69,838.415758)	170	(648,865.06)	24-JAN-25
1MMXUX	0.00	0.000000	0	(1,007,451.80)	(91,133.372781)	79	(956,943.12)	24-JAN-25
1MMNUX	0.00	0.000000	0	(807,168.10)	(74,570.651474)	88	(759,345.09)	24-JAN-25
1MGDYB1	6,727,336.80	0.000000	839	0.00	0.000000	0	0.00	24-JAN-25
1VTTVX	683,799.58	36,046.366897	69	0.00	0.000000	0	0.00	04-MAR-25

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VTHRX	660,555.35	17,210.926263	66	0.00	0.000000	0	0.00	04-MAR-25
1VTTHX	1,098,747.34	45,253.185335	83	0.00	0.000000	0	0.00	04-MAR-25
1VFORX	613,748.30	14,041.370400	64	0.00	0.000000	0	0.00	04-MAR-25
1VTIVX	620,508.80	20,690.523505	87	0.00	0.000000	0	0.00	04-MAR-25
1VFIFX	814,455.05	16,175.869906	82	0.00	0.000000	0	0.00	04-MAR-25
1VFFVX	966,307.71	17,200.208433	97	0.00	0.000000	0	0.00	04-MAR-25
1VTTSX	473,743.20	9,150.921383	79	0.00	0.000000	0	0.00	04-MAR-25
1VLXVX	387,716.07	11,413.484546	102	0.00	0.000000	0	0.00	04-MAR-25
1MGDYBI	0.00	0.000000	0	(6,684,501.24)	0.000000	793	(6,684,501.24)	04-MAR-25

## LEGEND

## INVESTMENT OPTION:

4MKSXX	MassMutual US Government Mny Mkt Fd	3MGDYBI	General Account
4MGDYBI	General Account	1VTINX	Vanguard Target Retirement Income Inv
1VTWNX	Vanguard Target Retirement 2020 Inv	1VTTVX	Vanguard Target Retirement 2025 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFORX	Vanguard Target Retirement 2040 Inv	1VTIVX	Vanguard Target Retirement 2045 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv	1VFFVX	Vanguard Target Retirement 2055 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1VLXVX	Vanguard Target Retirement 2065 Inv
1VSVNX	Vanguard Target Retirement 2070 Inv	1MMKUX	MassMutual RetireSMART by JPM 2045 I
1MRFUX	MassMutual RetireSMART by JPM 2040 I	1MMRUX	MassMutual RetireSMART by JPM 2050 I
1MMWZX	MassMutual RetireSMART by JPM 2055 I	1MRYUX	MassMutual RetireSMART by JPM 2030 I
1MMWIX	MassMutual RetireSMART by JPM 2060 I	1MMXUX	MassMutual RetireSMART by JPM 2035 I
1MRTDX	MassMutual RetireSMART by JPM 2020 I	1MMNUX	MassMutual RetireSMART by JPM 2025 I
1MDRVX	MassMutual RetireSMART by JPM In Ret I	1RNWGX	American Funds New World R6
1MOSZX	MassMutual Overseas I	1MINJX	MFS International Intrinsic Value R6
1FRCSX	Franklin Small Cap Value R6	1MSOOX	MassMutual Small Cap Opportun I
1MNDKX	MFS New Discovery R6	1FSMDX	Fidelity Mid Cap Index
1MEFZX	MassMutual Mid Cap Growth I	1RWMGX	American Funds Washington Mutual R6
1MBCZX	MassMutual Blue Chip Growth I	1MMAZX	MassMutual Grth Opportunities I
1STVZX	Virtus Ceredex Large-Cap Value Equity R6	1MMIZX	MM S&P 500(R) Index I
1PTTRX	PIMCO Total Return Instl	1MGDYBI	General Account

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  This Form is Open to Public Inspection
---	--	--

<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2024 or fiscal plan year beginning		06/01/2024	and ending	05/31/2025
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
<b>B</b> This return/report is:	<input checked="" type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input checked="" type="checkbox"/>			
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....	<input type="checkbox"/>			

<b>Part II Basic Plan Information—enter all requested information</b>				
<b>1a</b> Name of plan	Colorado Laborers and Professional Service Employees Pension Fund		<b>1b</b> Three-digit plan number (PN) ▶	001
			<b>1c</b> Effective date of plan	06/01/1992
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)	Trustees-Colorado Laborers and Prof Service Employees Pension Fund		<b>2b</b> Employer Identification Number (EIN)	84-1215340
Mailing address (include room, apt., suite no. and street, or P.O. Box)	2821 S Parker Rd, Suite 215		<b>2c</b> Plan Sponsor's telephone number	(303) 745-0147
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	Aurora CO 80014		<b>2d</b> Business code (see instructions)	238100

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

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

<b>SIGN HERE</b>		3-3-26	Anthony Trujillo
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		3/6/2026	Alan Brooker
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Colorado Laborers' and Professional Service Employees' Pension Plan

01-JUN-24 to 31-MAY-25

03-JUN-25 17:07:11

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			23,923.63	24,249.68
1VTWNX			285,983.08	292,135.06
1VTTVX			702,039.38	721,280.44
1VTHRX			690,566.96	712,127.78
1VTTHX			1,122,476.02	1,160,999.99
1VFORX			637,642.87	661,465.76
1VTIVX			644,277.58	670,096.44
1VFIFX			841,153.58	878,021.15
1VFFVX			988,186.43	1,031,411.61
1VTTSX			482,625.17	503,794.40
1VLXVX			428,695.15	447,892.66
1VSVNX			61,026.83	63,729.97
1RNWX			16,345.81	21,615.77
1MOSZX			10,813.36	13,620.02
1MINJX			6,447.81	7,193.47
1FRCSX			19,661.25	20,259.27
1MSOOX			6,556.96	7,147.29
1MNDKX			11,915.74	13,989.93
1FSMDX			7,251.47	9,292.33
1MEFZX			18,134.30	17,259.07
1RWMGX			40,091.97	48,361.75
1MBCZX			141,757.04	149,680.45
1STVZX			937.35	901.24
1MMIZX			125,526.29	111,138.08
1PTTRX			35,143.14	35,713.86
1MGDYB1		2.150	116,855.48	118,908.86
			<b>7,466,034.65</b>	<b>7,742,286.33</b>
FORFEITURES			1,606.05	1,651.76

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Colorado Laborers' and Professional Service Employees' Pension Plan****01-JUN-24 to 31-MAY-25****03-JUN-25 17:07:11**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
-------------------	---------------	---------------	----------------	---------------

## LEGEND

## INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTWNX	Vanguard Target Retirement 2020 Inv
1VTTVX	Vanguard Target Retirement 2025 Inv	1VTHRX	Vanguard Target Retirement 2030 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1VLXVX	Vanguard Target Retirement 2065 Inv	1VSVNX	Vanguard Target Retirement 2070 Inv
1RNWX	American Funds New World R6	1MOSZX	MassMutual Overseas I
1MINX	MFS International Intrinsic Value R6	1FRCSX	Franklin Small Cap Value R6
1MSOOX	MassMutual Small Cap Opportun I	1MNDKX	MFS New Discovery R6
1FSMDX	Fidelity Mid Cap Index	1MEFZX	MassMutual Mid Cap Growth I
1RWGX	American Funds Washington Mutual R6	1MBCZX	MassMutual Blue Chip Growth I
1STVZX	Virtus Ceredex Large-Cap Value Equity R6	1MMIZX	MM S&P 500(R) Index I
1PTTRX	PIMCO Total Return Instl	1MGDYB1	General Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

**ASSETS ACQUIRED AND DISPOSED OF IN PLAN YEAR**

GA

**Colorado Laborers' and Professional Service Employees' Pension Plan****01-JUN-24 to 31-MAY-25****03-JUN-25 17:07:11**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ACQUISITION	PROCEEDS FROM DISPOSITIONS
1MGDYB1		2.650	4,595.08	347,763.45
1MGDYB1		2.150	6,835,772.84	6,758,904.21

**NOTE:** Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therefore all variable funds are excluded from this report.

## LEGEND

## INVESTMENT OPTION:

1MGDYB1 General Account

COST OF ACQUISITIONS: The cost of the asset when acquired.

PROCEEDS FROM DISPOSITIONS: Amounts distributed from the investment option within the plan year.

## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

## Colorado Laborers' and Professional Service Employees' Pension Plan

01-JUN-24 to 31-MAY-25

03-JUN-25 17:07:11

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKSXX	0.01	0.010000	1	(0.11)	(0.117981)	1	(0.12)	SERIES
3MGDYB1	0.11	0.000000	1	0.00	0.000000	0	0.00	SERIES
4MGDYB1	0.00	0.000000	0	(9.04)	0.000000	12	(9.04)	SERIES
1VTINX	24,126.30	1,810.150214	28	(198.78)	(15.206539)	47	(202.61)	SERIES
1VTWNX	286,553.59	10,644.286253	47	(564.17)	(21.193073)	72	(570.54)	SERIES
1VTTVX	703,699.46	37,095.232281	143	(1,633.41)	(87.515085)	276	(1,660.03)	SERIES
1VTHRX	692,164.53	18,038.295381	164	(1,566.57)	(41.636852)	260	(1,597.69)	SERIES
1VTTHX	1,129,630.30	46,531.237392	176	(7,248.51)	(294.677848)	327	(7,154.11)	SERIES
1VFORX	640,032.52	14,646.914106	135	(2,352.92)	(54.683147)	255	(2,389.69)	SERIES
1VTIVX	646,062.23	21,550.764637	161	(1,734.56)	(59.538430)	347	(1,784.40)	SERIES
1VFIEX	843,160.61	16,751.350793	156	(1,952.09)	(39.870838)	332	(2,006.90)	SERIES
1VFFVX	992,942.22	17,679.547171	157	(4,714.20)	(84.671104)	385	(4,755.43)	SERIES
1VTTSX	512,885.60	9,910.922688	156	(29,585.71)	(584.851407)	331	(30,260.31)	SERIES
1VLXVX	436,815.87	12,877.164118	207	(8,144.57)	(239.108840)	404	(8,120.35)	SERIES
1VSVNX	61,446.33	2,281.944448	76	(403.49)	(15.586677)	134	(419.48)	SERIES
1MMKUX	120,512.87	10,762.905589	574	(742,587.58)	(66,382.112623)	1102	(699,867.61)	SERIES
1MRFX	99,185.70	8,419.960993	331	(578,970.98)	(49,489.534484)	638	(530,424.95)	SERIES
1MMRUX	146,080.64	17,010.259179	508	(811,869.19)	(95,082.485934)	874	(747,155.87)	SERIES
1MMWZX	172,086.51	17,561.212556	716	(1,029,879.96)	(105,286.972404)	1413	(962,928.61)	SERIES
1MRYUX	96,584.87	8,374.958498	363	(1,070,724.86)	(93,510.037703)	800	(980,939.13)	SERIES
1MMWIX	256,362.59	26,191.238904	1019	(723,138.60)	(75,268.798520)	1757	(697,461.94)	SERIES
1MMXUX	161,309.43	14,470.543898	560	(1,072,715.03)	(96,830.143579)	891	(1,017,265.54)	SERIES
1MRTDX	44,640.97	4,015.704330	157	(335,358.33)	(30,475.743512)	291	(317,326.11)	SERIES
1MMNUX	103,254.45	9,453.569460	347	(953,103.75)	(87,470.526457)	1016	(889,845.83)	SERIES
1MDRVX	24,873.31	2,468.195959	120	(248,726.60)	(24,677.772740)	509	(238,399.98)	SERIES
1RNWX	900.50	11.620802	39	(257.52)	(3.198419)	123	(205.58)	SERIES
1MOSZX	1,243.13	147.356780	38	(755.74)	(82.747807)	81	(630.53)	SERIES
1MINJX	771.54	21.099529	38	(146.00)	(3.618799)	81	(135.73)	SERIES
1FRCSX	1,424.27	23.679826	48	(177.47)	(2.904748)	89	(159.33)	SERIES
1MSOXX	897.28	49.211130	26	(309.92)	(16.274076)	84	(255.91)	SERIES
1MNDKX	76.92	2.587191	23	(99.64)	(3.266772)	71	(84.78)	SERIES
1FSMDX	439.16	13.254499	30	(270.88)	(7.986817)	84	(211.09)	SERIES
1MEFZX	2,396.21	118.646837	27	(139.79)	(6.947625)	78	(136.43)	SERIES
1RWXGX	4,679.31	77.349129	49	(702.14)	(11.326007)	134	(600.83)	SERIES
1MBCZX	142,840.91	6,329.830497	43	(1,127.50)	(48.653496)	99	(1,083.89)	SERIES
1MMAZX	14,101.33	2,433.111389	28	(79,428.61)	(13,466.451267)	36	(66,979.52)	SERIES
1STVZX	195.44	19.071630	27	(35.18)	(3.077946)	64	(32.04)	SERIES
1MMIZX	57,379.59	3,377.213631	67	(1,716.71)	(108.247139)	188	(1,758.01)	SERIES
1PTRX	2,371.78	276.053560	79	(793.20)	(91.752977)	85	(771.23)	SERIES
1MGDYB1	6,840,367.92	0.000000	1195	(7,106,667.66)	0.000000	1782	(7,106,667.66)	SERIES

## 5% TRANSACTIONS

1MMKUX	0.00	0.000000	0	(718,799.19)	(64,374.462442)	102	(678,708.04)	24-JAN-25
1MRFX	0.00	0.000000	0	(570,869.64)	(48,815.396648)	59	(523,211.93)	24-JAN-25
1MMRUX	0.00	0.000000	0	(800,156.50)	(93,745.350563)	79	(736,673.10)	24-JAN-25
1MMWZX	0.00	0.000000	0	(1,010,304.59)	(103,303.822398)	124	(944,842.68)	24-JAN-25
1MRYUX	0.00	0.000000	0	(629,092.15)	(54,710.125162)	73	(578,272.76)	24-JAN-25
1MMWIX	0.00	0.000000	0	(669,502.90)	(69,838.415758)	170	(648,865.06)	24-JAN-25
1MMXUX	0.00	0.000000	0	(1,007,451.80)	(91,133.372781)	79	(956,943.12)	24-JAN-25
1MMNUX	0.00	0.000000	0	(807,168.10)	(74,570.651474)	88	(759,345.09)	24-JAN-25
1MGDYB1	6,727,336.80	0.000000	839	0.00	0.000000	0	0.00	24-JAN-25
1VTTVX	683,799.58	36,046.366897	69	0.00	0.000000	0	0.00	04-MAR-25

## TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

Colorado Laborers' and Professional Service Employees' Pension Plan

01-JUN-24 to 31-MAY-25

03-JUN-25 17:07:11

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VTHRX	660,555.35	17,210.926263	66	0.00	0.000000	0	0.00	04-MAR-25
1VTTHX	1,098,747.34	45,253.185335	83	0.00	0.000000	0	0.00	04-MAR-25
1VFORX	613,748.30	14,041.370400	64	0.00	0.000000	0	0.00	04-MAR-25
1VTIVX	620,508.80	20,690.523505	87	0.00	0.000000	0	0.00	04-MAR-25
1VFIFX	814,455.05	16,175.869906	82	0.00	0.000000	0	0.00	04-MAR-25
1VFFVX	966,307.71	17,200.208433	97	0.00	0.000000	0	0.00	04-MAR-25
1VTTSX	473,743.20	9,150.921383	79	0.00	0.000000	0	0.00	04-MAR-25
1VLXVX	387,716.07	11,413.484546	102	0.00	0.000000	0	0.00	04-MAR-25
1MGDYB1	0.00	0.000000	0	(6,684,501.24)	0.000000	793	(6,684,501.24)	04-MAR-25

## LEGEND

## INVESTMENT OPTION:

4MKSXX	MassMutual US Government Mny Mkt Fd	3MGDYB1	General Account
4MGDYB1	General Account	1VTINX	Vanguard Target Retirement Income Inv
1VTWNX	Vanguard Target Retirement 2020 Inv	1VTTVX	Vanguard Target Retirement 2025 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFORX	Vanguard Target Retirement 2040 Inv	1VTIVX	Vanguard Target Retirement 2045 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv	1VFFVX	Vanguard Target Retirement 2055 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1VLXVX	Vanguard Target Retirement 2065 Inv
1VSVNX	Vanguard Target Retirement 2070 Inv	1MMKUX	MassMutual RetireSMART by JPM 2045 I
1MRFUX	MassMutual RetireSMART by JPM 2040 I	1MMRUX	MassMutual RetireSMART by JPM 2050 I
1MMWZX	MassMutual RetireSMART by JPM 2055 I	1MRVUX	MassMutual RetireSMART by JPM 2030 I
1MMWIX	MassMutual RetireSMART by JPM 2060 I	1MMXUX	MassMutual RetireSMART by JPM 2035 I
1MRTDX	MassMutual RetireSMART by JPM 2020 I	1MMNUX	MassMutual RetireSMART by JPM 2025 I
1MDRVX	MassMutual RetireSMART by JPM In Ret I	1RNWGX	American Funds New World R6
1MOSZX	MassMutual Overseas I	1MINJX	MFS International Intrinsic Value R6
1FRCSX	Franklin Small Cap Value R6	1MSOOX	MassMutual Small Cap Opportun I
1MNDKX	MFS New Discovery R6	1FSMDX	Fidelity Mid Cap Index
1MEFZX	MassMutual Mid Cap Growth I	1RWMGX	American Funds Washington Mutual R6
1MBCZX	MassMutual Blue Chip Growth I	1MMAZX	MassMutual Grth Opportunities I
1STVZX	Virtus Ceredex Large-Cap Value Equity R6	1MMIZX	MM S&P 500(R) Index I
1PTTRX	PIMCO Total Return Instl	1MGDYB1	General Account