

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2021</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>REGENTS OF THE UNIVERSITY OF COLORADO</u></p> <p><u>1800 N GRANT ST STE 200</u> <u>DENVER, CO 80203-1125</u></p> <p><u>1800 N GRANT ST STE 200</u> <u>DENVER, CO 80203</u></p>	<p>1c Effective date of plan <u>07/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>84-6000555</u></p> <p>2c Plan Sponsor's telephone number <u>303-837-2112</u></p> <p>2d Business code (see instructions) <u>611000</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.

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2022	TONY DECROSTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2022	TONY DECROSTA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor CU HEALTH PLAN ADMINISTRATION 1800 N GRANT ST STE 620 DENVER, CO 80203-1125	3b Administrator's EIN 84-6000555 3c Administrator's telephone number 303-860-4185
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	22866
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....	6a(1)	20667
a(2) Total number of active participants at the end of the plan year	6a(2)	21431
b Retired or separated participants receiving benefits.....	6b	2107
c Other retired or separated participants entitled to future benefits	6c	968
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	24506
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	24506
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning **07/01/2021** and ending **06/30/2022**

A Name of plan UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 REGENTS OF THE UNIVERSITY OF COLORADO	D Employer Identification Number (EIN) 84-6000555	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ARTHUR J GALLAGHER MGMT SVC INC

6399 FIDDLERS GREEN CR, SUITE 200
GREENWOOD VILLAGE, CO 80111

36-2102482

(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?
23	NONE	151745	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)

AON CONSULTING OF NEW JERSEY

1100 REYNOLD BLVD
WINSTON-SALEM, NC 27105

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	184302	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)

BKD LIMITED

BUSCH, KELLEY AND BUCKIUS LIMITED
PO BOX 4184
ENGLEWOOD, CO 80155

84-0863643

(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	NONE	43680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAVIS GRAHAM & STUBBS

1550 17TH STREET, SUITE 500
DENVER, CO 80202

84-0421951

(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	NONE	10250	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)

FITDIGIT, INC

151 NOB HILL LANE
VENTURA, CA 93003

81-0811178

(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?
49	NONE	97000	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)

GALLAGHER BENEFIT SERVICES, INC

2850 GOLF ROAD
ROLLING MEADOWS, IL 60008

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	21250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INTERNATIONAL BUSINESS MACHINES COR

IBM CORPORATION
1 NORTH CASTLE DRIVE
ARMONK, NY 10504

13-0871985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	319238	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)

OVULINE, INC

OVIA HEALTH
308 CONGRESS ST. 6TH FLOOR
BOSTON, MA 02210

45-5608650

(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?
38 49	NONE	139920	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)

TRUDATARX, INC

PO BOX 1249
WHITE RIVER JUNCTION, VT 05001-9998

82-0602869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	249000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

METRO CRISIS SERVICES, INC

ROCKY MOUNTAIN CRISIS PARTNERS
1355 S COLORADO BLVD, C900
DENVER, CO 80222

27-0544143

(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?
38 49	NONE	64169	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)

KAISER FOUNDATION

1300 LAKESIDE DRIVE
OAKLAND, CA 94612

94-3203402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99	NONE	9287117	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)

ANTHEM BLUE CROSS BLUE SHIELD

HMO COLORADO, INC.
1351 WM HOWARD TAFT RD
CINCINNATI, OH 45206-1721

84-1017384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99	NONE	6181193	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANTHEM BLUE CROSS BLUE SHIELD

INGENIORX, INC.
1351 WM HOWARD TAFT RD
CINCINNATI, OH 45206-1721

82-3062245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	861	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ANTHEM BLUE CROSS BLUE SHIELD

RKY MTN HOSPITAL AND MED SERV, INC
1351 WM HOWARD TAFT RD
CINCINNATI, OH 45206-1721

84-0747736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 99	NONE	5894994	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)

CVS PHARMACY, INC.

9501 E SHEA BLVD, MC 019
SCOTTSDALE, AZ 85260

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 99	NONE	730324	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COLORADO DENTAL SERVICE, INC

DELTA DENTAL OF COLORADO
4582 S ULSTER ST., SUITE 800
DENVER, CO 80237

84-0568337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	642060	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)

APPLICATION SOFTWARE INC

201 W BROADWAY
COLUMBIA, MO 65203

43-1303571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18	NONE	91164	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUM BANK, INC

2525 LAKE PARK BLVD
SALT LAKE CITY, UT 84120

47-0858534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 38	NONE	55864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HIGHWAY TO HEALTH, INC.

WORLDWIDE INSURANCE SERVICES, LLC
933 FIRST AVENUE
KING OF PRUSSIA, PA 19406

23-2903313

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 23	NONE	129739	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022			
A Name of plan UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 REGENTS OF THE UNIVERSITY OF COLORADO	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 84-6000555</td> </tr> </table>	D Employer Identification Number (EIN) 84-6000555	
D Employer Identification Number (EIN) 84-6000555			

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash.....	1a	1162138	835808
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	933383	25513823
(2) Participant contributions.....	1b(2)	125557	3390047
(3) Other	1b(3)	6609956	6150573
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	25925223	32784604
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	32491241	26778042
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	228081	158288

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	67475579 95611185
Liabilities			
g	Benefit claims payable.....	1g	30454523 38226729
h	Operating payables.....	1h	4099884 4507500
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	827238 443907
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	35381645 43178136
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	32093934 52433049

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	333821100
	(B) Participants.....	2a(1)(B)	41288666
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	375109766
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16876
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	16876
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	539585
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	539585
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	4103235
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3994222
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	109013
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	-2361797
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-2361797

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		164210
d Total income. Add all income amounts in column (b) and enter total.....	2d		373577653
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	329847961	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		329847961
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	18737211	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4653366	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23390577
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		353238538
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		20339115
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FORVIS, LLP

(2) EIN: 44-0160260

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

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

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

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

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

**UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
Denver, Colorado**

**BASIC FINANCIAL STATEMENTS
June 30, 2022 and 2021**

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forvis.com

Independent Auditor's Report

Board of Trustees
University of Colorado Health and Welfare Trust
Denver, Colorado

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the University of Colorado Health and Welfare Trust (the Trust), a component unit of the University of Colorado, as of and for the years ended June 30, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Trust's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the fiduciary net position of the University of Colorado Health and Welfare Trust as of June 30, 2022 and 2021, and the changes in fiduciary net position for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplemental Schedules Required by ERISA (Subjected to Auditing Procedures)

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Supplementary Information (Not Subjected to Auditing Procedures)

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Trust's basic financial statements. The supplementary information (not subjected to auditing procedures) as listed in the table of contents are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

FORVIS,LLP

Denver, Colorado
October 24, 2022

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
MANAGEMENT'S DISCUSSION AND ANALYSIS (Not subjected to auditing procedures)
June 30, 2022 and 2021

We are pleased to present this financial discussion and analysis of the University of Colorado Health and Welfare Trust (the Trust). It is intended to make the Trust's basic financial statements easier to understand and communicate its financial status in an open, transparent, and accountable manner. It provides an analysis of the Trust's fiduciary net position and changes in fiduciary net position as of and for the years ended June 30, 2022 and 2021, with comparative information as of and for the year ended June 30, 2020. Trust management is responsible for the completeness and fairness of this discussion and analysis and for the basic financial statements.

The year ended June 30, 2020 has been restated from a special-purpose government engaged only in business-type activities and presented as an enterprise fund to a fiduciary fund presentation. The restatement was a result of the departure of UCHealth from the Trust effective July 1, 2020. The restatement did not change the beginning or ending net position.

UNDERSTANDING THE FINANCIAL STATEMENTS

Statements of Fiduciary Net Position present the assets, liabilities, and net position of the Trust at a point in time (June 30, 2022 and 2021). Its purpose is to present a financial snapshot. It aids readers in determining the assets available to continue the Trust's operations, how much the Trust owes to pay claims and vendors, and the resulting fiduciary net position. For purposes of the basic financial statements, current assets and liabilities are those assets and liabilities with immediate liquidity or which are collectible or will become due within twelve months of the statement date.

Statements of Changes in Fiduciary Net Position present the total additions and deductions of the Trust during the fiscal years ended June 30, 2022 and 2021. Its purpose is to assess the Trust's net increase or decrease in fiduciary net position. The major source of additions are member and participant contributions and the major sources of deductions are incurred claims and administrative and claims processing costs.

Notes to the Financial Statements present additional information to support the basic financial statements and are commonly referred to as "notes." Their purpose is to clarify and expand on the information in the financial statements.

Required Supplementary Information (RSI) presents additional information that is required by Governmental Accounting Standards Board to supplement the information in the basic financial statements. In this report, RSI includes this management discussion and analysis.

Supplementary Schedules present additional information required by the Employee Retirement Income Security Act of 1974. This additional information provides more detail on the Trust's cash equivalents and investments and the 10-year loss development information.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
MANAGEMENT'S DISCUSSION AND ANALYSIS (Not subjected to auditing procedures)
June 30, 2022 and 2021

FINANCIAL HIGHLIGHTS

Selected financial highlights for the fiscal year ended June 30, 2022 include:

- The Trust ended the year with \$52,433,049 in net position.
- Incurred but not reported claims, as estimated by an outside actuary, amounted to \$38,226,729.
- Total Trust premium additions were \$375,109,766.
- Incurred claims costs were \$329,847,961.
- Claims processing costs were \$18,737,211. Administrative costs were \$3,186,567.

STATEMENTS OF FIDUCIARY NET POSITION

At June 30, 2022, approximately 63% of total assets are held in cash and cash equivalents and noncurrent investments. Another 37% represents short-term receivables. At June 30, 2021, these amounts were approximately 88% held in cash and cash equivalents and noncurrent investments, with another 11% in short-term receivables. At June 30, 2020, these amounts were approximately 49% held in cash and cash equivalents, with another 51% in short-term receivables. The decrease in receivables from 2020 to 2021 was due to payments received from a terminated employer. The increase in receivables from 2021 to 2022 was due to the timing of the last monthly premium from an employer being received after year end.

At June 30, 2022, approximately 89% of total liabilities represent the estimate of incurred but not reported claims. This amount has been actuarially determined by an outside party. At June 30, 2021, approximately 86% of total liabilities represent the estimate of incurred but not reported claims. This amount has been actuarially determined by an outside party. At June 30, 2020, 91% of total liabilities represented the estimate of incurred but not reported claims, with another 1% representing claims submitted to the third-party administrator that were pending final payment. The decrease in incurred claims liability from 2020 to 2021 was due to claims no longer being processed for the terminated employer. The increase in incurred claims liability from 2021 to 2022 was from an increase in participation and the timing of claims payments.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
MANAGEMENT'S DISCUSSION AND ANALYSIS (Not subjected to auditing procedures)
June 30, 2022 and 2021

Figure 1 illustrates the Trust's summary of fiduciary net position.

Figure 1. Summary of Assets, Liabilities, and Fiduciary Net Position as of June 30, 2022, 2021, and 2020

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Current assets			
Cash and cash equivalents	\$ 33,620,412	\$ 27,087,361	\$ 46,893,935
Receivables	35,054,443	7,668,896	63,215,480
Prepaid expenses	158,288	228,081	272,148
Total current assets	<u>68,833,143</u>	<u>34,984,338</u>	<u>110,381,563</u>
Noncurrent assets			
Investments	<u>26,778,042</u>	<u>32,491,241</u>	<u>13,215,889</u>
Total assets	<u>\$ 95,611,185</u>	<u>\$ 67,475,579</u>	<u>\$ 123,597,452</u>
Current liabilities			
Claims payable	\$ 38,226,729	\$ 30,454,523	\$ 59,190,617
Other current liabilities	<u>4,951,407</u>	<u>4,927,122</u>	<u>5,464,616</u>
Total current liabilities	<u>43,178,136</u>	<u>35,381,645</u>	<u>64,655,233</u>
Restricted for health and welfare benefits	<u>52,433,049</u>	<u>32,093,934</u>	<u>58,942,219</u>
Total liabilities and net position	<u>\$ 95,611,185</u>	<u>\$ 67,475,579</u>	<u>\$ 123,597,452</u>

STATEMENTS OF CHANGES IN FIDUCIARY NET POSITION

For the years ended June 30, 2022, 2021 and 2020, premium additions for the Trust totaled \$375,109,766, \$284,639,002, and \$560,468,281, respectively.

For the year ended June 30, 2022, incurred claims (including incurred but not paid claims) were \$329,847,961 while claims processing and administrative costs were \$21,923,778. For the year ended June 30, 2021, incurred claims (including incurred but not paid claims) were \$287,911,554 while claims processing and administrative costs were \$22,309,697. For the year ended June 30, 2020, incurred claims were \$507,032,627 and administrative and claims processing costs were \$29,992,556.

The decrease in both additions and deductions from fiscal year 2020 to 2021 was a result of an employer terminating their membership in the Trust at July 1, 2020. The increase in additions from fiscal year 2021 to 2022 was due an employer contributing additional reserve premiums to the Trust. The increase in deductions from fiscal year 2021 to 2022 was a result of an increase in claim utilization and an increase in the cost of care.

As of June 30, 2022, 2021, and 2020, there were approximately 24,000, 22,000, and 41,000 employees and retirees, respectively, participating in the Trust which amounted to approximately 50,000, 47,000, and 89,000 lives covered during those years, respectively.

**UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
MANAGEMENT'S DISCUSSION AND ANALYSIS (Not subjected to auditing procedures)
June 30, 2022 and 2021**

Figure 2 illustrates the Summary of Changes in Fiduciary Net Position.

Figure 2. Summary of Changes in Fiduciary Net Position for the Years Ended June 30, 2022, 2021, and 2020

	<u>2022</u>	<u>2021</u>	<u>2020*</u>
Additions	\$ 373,577,653	\$ 284,935,640	\$ 561,714,589
Deductions	<u>353,238,538</u>	<u>311,783,925</u>	<u>538,714,685</u>
Net increase (decrease) in fiduciary net position	20,339,115	(26,848,285)	22,999,904
Net position, beginning of year	<u>32,093,934</u>	<u>58,942,219</u>	<u>35,942,315</u>
Net position, end of year	<u>\$ 52,433,049</u>	<u>\$ 32,093,934</u>	<u>\$ 58,942,219</u>

* Fiscal year 2020 nonoperating revenues and expenses as shown in the enterprise are included in the applicable categories of additions and deductions

BASIC FINANCIAL STATEMENTS

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
STATEMENTS OF FIDUCIARY NET POSITION
June 30, 2022 and 2021

	2022	2021
ASSETS:		
Current assets:		
Cash, noninterest bearing	\$ 1,286	\$ 1,493
Restricted cash - flexible spending accounts	834,522	1,160,645
Cash equivalents	32,784,604	25,925,223
Total cash and cash equivalents	33,620,412	27,087,361
Receivables:		
Premiums, net	28,499,794	75,222
Pharmacy rebates	5,742,815	6,517,205
Performance guarantee	55,728	-
Other rebates and refunds	321,674	50,546
Claims run out	404,076	983,718
Interest receivable	30,356	42,205
Total receivables	35,054,443	7,668,896
Prepaid expenses	158,288	228,081
Total current assets	68,833,143	34,984,338
Noncurrent assets:		
Investments	26,778,042	32,491,241
Total assets	95,611,185	67,475,579
CURRENT LIABILITIES:		
Claims payable	38,226,729	30,454,523
Accrued liabilities	928,014	910,796
Accounts payable	3,579,486	3,189,088
Flexible spending accounts payable	443,907	827,238
Total liabilities	43,178,136	35,381,645
Total net position restricted for health and welfare benefits	\$ 52,433,049	\$ 32,093,934

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

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
STATEMENTS OF CHANGES IN FIDUCIARY NET POSITION
Years ended June 30, 2022 and 2021

	2022	2021
ADDITIONS		
Premiums	\$ 375,109,766	\$ 284,639,002
Miscellaneous	164,210	-
Investment earnings (loss)	(1,696,323)	296,638
Total additions	373,577,653	284,935,640
DEDUCTIONS		
Incurred claims	329,847,961	287,911,554
Claims processing	18,737,211	19,472,929
Administrative	3,186,567	2,836,768
Wellness initiatives	1,466,799	1,562,674
Total deductions	353,238,538	311,783,925
Net increase (decrease) in fiduciary net position	20,339,115	(26,848,285)
NET POSITION		
Beginning of year	32,093,934	58,942,219
End of year	\$ 52,433,049	\$ 32,093,934

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

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 1 - DESCRIPTION OF THE TRUST

The University of Colorado Health and Welfare Trust (the Trust) was established June 28, 2010 to administer and manage certain health and welfare benefits for participating employees and retirees. The University of Colorado (the University) and University of Colorado Medicine (CU Med) were the Members of the Trust at June 30, 2022 and 2021. It is intended that the Trust shall qualify as a “voluntary employees’ beneficiary association” (VEBA) under Section 501(c)(9) of the Internal Revenue Code of 1986, as amended.

The Trust is self-insured and is financed through premiums collected from the employer members and their participants. Participant eligibility is determined pursuant to the terms of each Component Plan.

In the years ended June 30, 2022 and 2021, insurance coverage was provided through the following Component Plans:

- CU Health Plan – Exclusive Plan, which includes Blue View Vision,
- CU Health Plan – Extended,
- CU Health Plan – High Deductible/HSA Compatible,
- CU Health Plan – Medicare,
- CU Health Plan – Kaiser,
- CU Health Plan – Delta Dental EPO,
- CU Health Plan – Delta Dental PPO,
- CU Health Plan – Dental Dental Premier
- CU Health Plan – Vision, and
- The University of Colorado Flexible Benefits Plan

As part of the self-insured Medical Plan, employees and their eligible dependents are provided prescription drug benefits through CVS/Caremark, University of Colorado Health, or Kaiser Permanente, depending on the respective plan. The flexible spending plan listed above allows employees to set aside their own pre-tax dollars to pay for certain medical costs and is administered by Application Software, Inc. (ASI) for the University of Colorado Flexible Benefits Plan.

Participants and Members share the cost of coverage, based on actuarially determined premium rates. Each Member determines the amount that will be paid by the Member and its participants. Participants are responsible for copayments, deductibles, coinsurance amounts, if applicable, and are dependent on the level of coverage selected, as further described in each Component Plan document. The flexible spending plans noted above are funded with employee pre-tax dollars.

The intent of the Trust is to maintain it for an indefinite period. However, Members reserve the right to amend or terminate the Trust for any reason.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Reporting Entity

As defined by U.S. generally accepted accounting principles (GAAP), the financial reporting entity consists of a primary government, as well as its component units, which are legally separate organizations for which the elected officials of the primary government are financially accountable. Financial accountability is defined as:

- 1) Appointment of a voting majority of the component unit's board and either (a) the ability to impose will by the primary government or (b) the possibility that the component unit will provide a financial benefit to or impose a financial burden on the primary government; or
- 2) Fiscal dependency on the primary government.

The Trust is administered by a Trust Committee, consisting of five members; four designated by the President of the University and one designated by CU Med. Based upon the application of the above criteria, and the requirement for a supermajority vote of the trustees on key operating and fiduciary decisions, the Trust has no component units and is a component unit of the University.

Basis of Accounting

The accounting policies of the Trust conform to GAAP as applicable to governmental entities. For financial reporting purposes, the Trust is considered a fiduciary fund. Accordingly, the Trust's financial statements have been presented using the economic resources measurement focus and the accrual basis of accounting. Under the accrual basis, additions are recognized when earned, and deductions are recorded when an obligation has been incurred.

Classification of Additions and Deductions

Additions are derived from activities associated with providing services of the Trust and investment income. For the Trust, this includes premiums paid by both members and participants. Deductions are paid to produce the services provided by the Trust in return for the additions. Deductions include incurred claims, claims processing, administrative and wellness initiative costs.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents

Cash and cash equivalents include amounts in demand deposits, as well as amounts held in a money market account with a weighted average maturity date of less than approximately 30 days.

Investments

Investments are reported at fair value. The classification of investments as current or noncurrent is based on the underlying nature and restricted use of the asset. Current investments are those without restrictions imposed by third parties that can be used to pay current obligations of the Trust. Noncurrent investments include investments with a maturity in excess of one year, restricted investments, and those investments designated to be used for long-term obligations. The Trust's investment policy permits investments in mutual funds and highly rated fixed-income securities with effective maturities of 10 years or less. The Trust has an investment that is a cash equivalent on the statement of fiduciary net position. The other investment of the Trust is classified as a noncurrent asset.

Allowance for Doubtful Accounts

Premiums receivable are presented on the statement of fiduciary net position net of estimated uncollectible amounts. The Trust records an allowance for estimated uncollectible accounts in an amount approximating anticipated losses. Individual uncollectible accounts are written off against the allowance when collection of the individual accounts appears doubtful. The Trust recorded an allowance for doubtful accounts of \$0 as of June 30, 2022 and 2021.

Premiums

Premiums are recognized in the period when the insurance coverage is provided. Premiums are due monthly from the Members and participants based on the rates adopted by the Members.

Members may pay additional premiums or amounts to make up for any shortfall caused by adverse claims experience of their participants.

Flexible Spending Account Forfeitures

Federal regulations require that participants use the entire amount in their health care flexible spending account by the end of each plan year or during the following 75-day grace period. After the close of the grace period, an additional 60-day claims run-out period is provided for participants to submit claims for services performed during the previous plan year or grace period. At the end of the appeals process related to the plan year-end, participants' unused balances are permanently forfeited. The Trust uses these forfeitures to offset reasonable administrative costs incurred during the plan year. These forfeitures are recorded as miscellaneous additions on the statement of changes in fiduciary net position.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Pharmacy Rebates

The Trust receives rebates from its prescription drug programs. Pharmacy rebates are recognized in the period corresponding to the period that the participant fills the prescription. Rebates are recorded as a reduction of incurred claims in the statement of changes in fiduciary net position. In fiscal year 2022 and 2021, there were rebates received from two programs.

Performance Guarantee

The Trust may receive a performance guarantee related to failure to meet contract obligations from its vendors. Performance guarantees are recognized upon which the contractual settlement occurs with the vendor. Guarantees are recorded as a reduction of claims processing costs in the statement of changes in fiduciary net position.

Fiduciary Net Position

The Trust's fiduciary net position is classified as restricted for health and welfare benefits in accordance with the requirements stated in the Trust Agreement.

Administrative Costs/Deductions

All third-party costs, including significant trustee's fees and costs, are paid by the Trust.

Income Tax Status

The Trust is operating under the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The VEBA Trust was established pursuant to Section 501 (c)(9) of the Internal Revenue Code of 1986, as amended (IRC), and accordingly, the VEBA Trust's net investment income is exempt from income taxes. The Trust obtained an exemption letter from the Internal Revenue Service (IRS) on August 29, 2011, in which the IRS stated that the VEBA Trust was in compliance with applicable requirements of the IRC and Trust management believes that the VEBA Trust continues to qualify and to operate in accordance with applicable provisions of the IRC.

Use of Estimates

The preparation of the Trust's financial statements in conformity with GAAP requires Trust management to make significant estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 3 - CASH AND CASH EQUIVALENTS AND INVESTMENTS

The Trust's financial assets are authorized for investment primarily in cash equivalents and fixed-income securities using internal resources as well as external managers and commingled and mutual funds, where appropriate, in accordance with the Trust Investment Policy as adopted by the Trust Committee.

Deposits are exposed to custodial credit risk if they are uninsured and uncollateralized. Custodial credit risk is the risk that, in the event of bank failure, the Trust will not be able to recover the value of its deposits. The Trust does not have a formal policy for custodial credit risk.

Cash and restricted cash consist of amounts held in three noninterest bearing demand deposit accounts at Wells Fargo Bank, N.A. The Federal Deposit Insurance Corporation's limit of \$250,000 applies to the Trust's balances held at this bank. The Colorado Public Deposit Protection Act (PDPA) requires that all units of local government deposit cash in eligible public depositories. Eligibility is determined by state regulators. Amounts on deposit in excess of federal insurance levels must be collateralized. The eligible collateral is determined by the PDPA. PDPA allows the institution to create a single collateral pool for all public funds. The pool for all the uninsured public deposits as a group is to be maintained by another institution or held in trust. The fair value of the collateral must be at least 102% of the aggregate uninsured deposits. The State Commissioner for banks and financial services is required by statute to monitor the naming of eligible depositories and reporting of the uninsured deposits and assets maintained in the collateral pools.

At June 30, 2022 and 2021, cash equivalents consist of shares of a 2a-7-money market fund held in the Allspring Government Money Market Fund, formerly Wells Fargo Government Money Market Fund (ticker symbol GVIXX), which has a S&P credit rating of Aaam and a weighted average maturity of approximately 25 days. Cash equivalents are reported at amortized cost, which approximates fair value. The Wells Fargo Government Money Market Fund is an open-ended mutual fund and is, therefore, not exposed to custodial credit risk.

At June 30, 2022 and 2021, noncurrent investments consist of the Vanguard Admiral Fund (ticker symbol VFSUX) which invests in short term bonds and is an unrated mutual fund with an average duration of 2.8 years for the underlying investments. Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty, the Trust will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Trust has no formal policy for custodial credit risk. At June 30, 2022 and 2021, the Trust did not identify any investments subject to custodial credit risk.

Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligation to the Trust. The Trust has no formal policy for credit risk. At June 30, 2022 and 2021, the Trust believes the credit risk is minimal.

Interest rate risk is the risk that an investment's value will change due to a change in interest rates. The Trust has no formal policy for interest rate risk. At June 30, 2022 and 2021, the Trust believes the interest rate risk is minimal.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 3 - CASH AND CASH EQUIVALENTS AND INVESTMENTS (CONTINUED)

Concentration of credit risk is the risk of loss attributed to the magnitude of the Trust's investment in a single issuer. At June 30, 2022 and 2021, the Trust's investments consist of a single short-term duration bond fund.

NOTE 4 – FAIR VALUE

The Trust categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) in active markets for an identical asset that a government can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for an asset, either directly or indirectly. Level 2 inputs include quoted prices for similar assets, quoted prices for identical or similar assets in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

Level 3: Unobservable inputs for an asset.

The following table presents the fair value of measurements of assets recognized in the accompanying statement of fiduciary net position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
At June 30, 2022				
Cash equivalents				
Money Market Fund	\$ 32,784,604	\$ 32,784,604	\$ -	\$ -
Investments				
Mutual Fund	\$ 26,778,042	\$ 26,778,042	\$ -	\$ -
At June 30, 2021				
Cash equivalents				
Money Market Fund	\$ 25,925,223	\$ 25,925,223	\$ -	\$ -
Investments				
Mutual Fund	\$ 32,491,241	\$ 32,491,241	\$ -	\$ -

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 5 - UNPAID CLAIMS LIABILITY

The Trust establishes a liability based on the ultimate estimated cost of settling claims that have been reported but not settled, and of claims that have been incurred but not yet paid. This liability is based on the estimated ultimate cost of settling the claims, including the effects of inflation and other societal and economic factors and is reviewed by the Trust's independent consulting actuary. This includes a liability for claim processing costs associated with paying claims, which have been incurred, but not yet paid.

Unpaid claims are not discounted. Payments of claims under the Trust are made according to a schedule of benefits, upon submission of a proof of claim by an independent claims processor.

The Trust is fully self-insured and is subject to increased claims costs due to higher than anticipated utilization or a higher than anticipated number of catastrophic claims. Amounts receivable from UCHealth at June 30, 2022 and 2021 totaled \$404,076 and \$983,718, respectively, as a result of adverse claims experience during the year ended June 30, 2020.

The following represents changes in the claims payable liability during the years ended June 30, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Claims payable, beginning of year	\$ 30,454,523	\$ 59,190,617
Provision for claims costs		
Provision for covered events of the current year	323,743,701	292,860,531
Increase (decrease) in provisions for covered events of prior years	<u>6,104,260</u>	<u>(4,948,977)</u>
Total provision for claims costs	<u>329,847,961</u>	<u>287,911,554</u>
Payments		
Claims costs attributable to covered events of the current year	286,392,661	262,925,767
Claims costs attributable to covered events of prior years	<u>\$ 35,683,094</u>	<u>53,721,881</u>
Total payments	<u>322,075,755</u>	<u>316,647,648</u>
Claims payable, end of year	<u>\$ 38,226,729</u>	<u>\$ 30,454,523</u>

NOTE 6 - RELATED PARTY TRANSACTIONS

The University provides certain accounting and administrative services to the Trust for which fees are charged at cost, \$2,062,000 and \$1,845,000 for the years ended June 30, 2022 and 2021, respectively. The Trust's cash and investments are maintained in wholly separate accounts.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2022 and 2021

NOTE 7 - COMMITMENTS AND CONTINGENCIES

The Trust is exposed to various risks of loss related to torts and errors and omissions. The Trust has in place errors and omissions insurance coverage. Any losses related to torts are self-insured by the Trust. As a governmental trust, the Trust is immune from suit in tort, though the Trust's status as a governmental entity has not been finally determined. Under any circumstances, tort claims would be covered by the errors and omissions and the fiduciary policy. No claims against the Trust have been filed.

NOTE 8 - RECONCILIATION OF SCHEDULE H OF FORM 5500

There are no differences between the balances contained in the Trust's financial statements and those reported in Schedule H of Form 5500.

SUPPLEMENTARY INFORMATION

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
SUPPLEMENTARY INFORMATION
TEN-YEAR LOSS DEVELOPMENT INFORMATION (Not subjected to auditing procedures)
June 30, 2022

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
1) Net earned required contribution and investment earnings	\$ 199,945,749	\$ 285,918,491	\$ 316,481,456	\$ 365,546,362	\$ 402,990,316
2) Unallocated claims adjustment costs and reported other costs	18,873,069	25,630,781	26,995,891	28,689,606	28,396,292
3) Estimated incurred claims as of end of report year and allocated claim adjustment costs	175,180,914	260,104,673	285,422,019	324,928,970	364,311,674
4) Net paid (cumulative) claims as of					
End of incurred year	159,032,382	237,394,883	261,646,107	293,611,962	362,890,120
One year later	175,300,683	261,028,097	290,252,967	328,062,766	363,020,197
Two years later	175,313,650	261,319,966	290,048,207	327,923,421	365,799,156
Three years later	175,313,650	261,152,342	290,040,253	328,421,994	365,110,916
Four years later	175,313,650	261,152,342	290,040,253	328,221,155	365,073,298
Five years later	175,313,650	261,152,342	290,178,405	328,221,155	365,049,022
Six years later	175,313,650	261,156,480	290,178,405	328,221,155	-
Seven years later	175,313,650	261,156,480	290,178,405	-	-
Eight years later	175,313,650	261,156,480	-	-	-
Nine years later	175,313,650	-	-	-	-
5) Reestimated incurred claims					
End of incurred year	175,180,914	260,104,673	285,422,019	324,928,970	364,311,674
One year later	175,332,273	261,363,182	290,252,967	327,866,104	364,441,751
Two years later	175,332,263	261,319,966	290,048,207	327,976,541	365,799,156
Three years later	175,313,650	261,152,342	290,040,253	328,421,994	365,110,916
Four years later	175,313,650	261,152,342	290,040,253	328,221,155	365,073,298
Five years later	175,313,650	261,152,342	290,178,405	328,221,155	365,049,022
Six years later	175,313,650	261,156,480	290,178,405	328,221,155	-
Seven years later	175,313,650	261,156,480	290,178,405	-	-
Eight years later	175,313,650	261,156,480	-	-	-
Nine years later	175,313,650	-	-	-	-
6) Increase (decrease) in estimated incurred claims (5 less 3)	132,736	1,051,807	4,756,386	3,292,185	737,348
7) Net claim reserve (5 less 4)	-	-	-	-	-

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
SUPPLEMENTARY INFORMATION
TEN-YEAR LOSS DEVELOPMENT INFORMATION (Not subjected to auditing procedures) (CONTINUED)
June 30, 2022

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
1) Net earned required contribution and investment earnings	\$ 471,944,505	\$ 524,319,587	\$ 561,714,589	\$ 284,935,640	\$ 373,577,653
2) Unallocated claims adjustment costs and reported other costs	31,406,145	31,761,681	31,682,058	23,872,371	23,390,577
3) Estimated incurred claims as of end of report year and allocated claim adjustment costs	429,744,903	490,876,600	514,203,848	292,860,531	323,743,701
4) Net paid (cumulative) claims as of					
End of incurred year	387,623,927	437,548,938	456,724,222	262,925,767	286,392,661
One year later	432,077,791	487,666,814	510,020,262	296,370,448	-
Two years later	429,643,216	486,945,060	512,259,959	-	-
Three years later	429,637,197	486,724,022	-	-	-
Four years later	429,361,467	-	-	-	-
Five years later	-	-	-	-	-
Six years later	-	-	-	-	-
Seven years later	-	-	-	-	-
Eight years later	-	-	-	-	-
Nine years later	-	-	-	-	-
5) Reestimated incurred claims					
End of incurred year	429,744,903	490,876,600	514,203,848	292,860,531	323,743,701
One year later	432,077,791	487,666,814	510,020,262	297,246,137	-
Two years later	429,643,216	486,945,060	512,259,959	-	-
Three years later	429,637,197	486,724,022	-	-	-
Four years later	429,361,467	-	-	-	-
Five years later	-	-	-	-	-
Six years later	-	-	-	-	-
Seven years later	-	-	-	-	-
Eight years later	-	-	-	-	-
Nine years later	-	-	-	-	-
6) Increase (decrease) in estimated incurred claims (5 less 3)	(383,436)	(4,152,578)	(1,943,889)	4,385,606	-
7) Net claim reserve (5 less 4)	-	-	-	875,689	37,351,040

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
EIN: 27-6690619, PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Allspring: Government	Money Market Fund	\$ 32,784,604	\$ 32,784,604
	Vanguard: Vanguard Admiral Fund Short Duration Bond Fund	Defensive Fixed-Income Mutual Fund	28,794,969	26,778,042
	Total		<u>\$ 61,579,573</u>	<u>\$ 59,562,646</u>

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
EIN: 27-6690619, PLAN #501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - A series of transactions which exceed 5% of plan assets:						
Allspring	Government Money Market Fund	\$ 325,009,479	\$ -	\$ 325,009,479	\$ 325,009,479	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 318,150,098	\$ 318,150,098	\$ 318,150,098	\$ -
Vanguard	Admiral Fund	\$ -	\$ 4,000,000	\$ 3,994,223	\$ 4,000,000	\$ 5,777

There were no Category (i), (ii) or (iv) reportable transactions during the year ended June 30, 2022.
Columns (e) and (f) have not been presented, as this information is not applicable.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
EIN: 27-6690619, PLAN #501
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
June 30, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Allspring: Government	Money Market Fund	\$ 32,784,604	\$ 32,784,604
	Vanguard: Vanguard Admiral Fund Short Duration Bond Fund	Defensive Fixed-Income Mutual Fund	28,794,969	26,778,042
	Total		<u>\$ 61,579,573</u>	<u>\$ 59,562,646</u>

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
EIN: 27-6690619, PLAN #501
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended June 30, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - A series of transactions which exceed 5% of plan assets:						
Allspring	Government Money Market Fund	\$ 325,009,479	\$ -	\$ 325,009,479	\$ 325,009,479	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 318,150,098	\$ 318,150,098	\$ 318,150,098	\$ -

**University of Colorado Health and Welfare Trust
Multiple Employer Plan Information**

Employer	Employer Identification Number	Percentage of Total Contributions
Regents of University of Colorado	84-6000555	97.35%
University Physicians Inc.	74-2161737	2.65%