

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST	1b Three-digit plan number (PN) ▶ 501
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) REGENTS OF THE UNIVERSITY OF COLORADO 1800 N GRANT ST STE 200 DENVER, CO 80203-1125	1c Effective date of plan 07/01/2010
1800 N GRANT ST STE 200 DENVER, CO 80203-1125	2b Employer Identification Number (EIN) 84-6000555
1800 N GRANT ST STE 200 DENVER, CO 80203-1125	2c Plan Sponsor's telephone number 303-837-2112
	2d Business code (see instructions) 611000

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.	03/07/2025	TONY DECROSTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/07/2025	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

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

Form 5500 (2023)
v. 230728

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>CU HEALTH PLAN ADMINISTRATION 1800 N GRANT ST STE 620 DENVER, CO 80203-1148</p>	<p>3b Administrator's EIN 84-6000555</p> <p>3c Administrator's telephone number 303-860-4185</p>																				
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 25162</p>																				
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;">22718</td></tr> <tr><td>6a(2)</td><td>23609</td></tr> <tr><td>6b</td><td>2446</td></tr> <tr><td>6c</td><td>939</td></tr> <tr><td>6d</td><td>26994</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td>26994</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	22718	6a(2)	23609	6b	2446	6c	939	6d	26994	6e		6f	26994	6g(1)		6g(2)		6h	
6a(1)	22718																				
6a(2)	23609																				
6b	2446																				
6c	939																				
6d	26994																				
6e																					
6f	26994																				
6g(1)																					
6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

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)

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	12585	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)

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	9393380	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	744964	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)

ARTHUR J. GALLAGHER RISK MANAGEMENT

6300 SOUTH SYRACUSE WAY 7TH FLOOR
CENTENNIAL, CO 80111

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?
23	NONE	157656	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)

HIGHWAY TO HEALTH, INC

WORLDWIDE INSURANCE SERVICES, LLC
993 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	191286	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)

MERATIVE US L.P.

100 PHOENIX DRIVE
ANN ARBOR, MI 48108

88-1430661

(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	324300	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)

AON CONSULTING

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	115199	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	116000	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)

FORVIS MAZARS LLP

1801 CALIFORNIA ST, SUITE 2900
DENVER, CO 80202

44-0160260

(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	49875	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)

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	168548	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)

ROCKY MOUNTAIN HOSPITAL AND MEDICAL

3075 VANDERCAR WAY
CINCINNATI, OH 45209

84-0747736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	13665629	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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	53475	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)

TRUDATARX, INC

PO BOX 1249
WHITE RIVER JUNCTION, VT 05001

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	56000	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)

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	775225	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	89244	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)

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	77649	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 1280724	900862
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 29423591	31441089
(2) Participant contributions	1b(2) 3554994	4083637
(3) Other	1b(3) 6193281	18582315
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 37990353	48190664
(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) 32282006	34225690
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 297471	221917

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	111022420	137646174
Liabilities			
g Benefit claims payable	1g	37588807	41959819
h Operating payables	1h	3828940	4259247
i Acquisition indebtedness	1i		
j Other liabilities	1j	1011187	651795
k Total liabilities (add all amounts in lines 1g through 1j)	1k	42428934	46870861
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	68593486	90775313

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total	
a Contributions:				
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	380992397		
(B) Participants	2a(1)(B)	49484123		
(C) Others (including rollovers)	2a(1)(C)			
(2) Noncash contributions	2a(2)		430476520	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)			
b Earnings on investments:				
(1) Interest:				
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3443734		
(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)			3443734
(2) Dividends: (A) Preferred stock	2b(2)(A)			1254095
(B) Common stock	2b(2)(B)			
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1254095		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)			
(3) Rents	2b(3)			
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)			
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)			
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		689590	
(B) Other	2b(5)(B)	689590		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)			

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		435863939

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	386950364	
(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)		386950364
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	2213599	
(2) Contract administrator fees.....	2i(2)	21907473	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	89143	
(8) Legal fees	2i(8)	10731	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2510802	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		26731748
j Total expenses. Add all expense amounts in column (b) and enter total	2j		413682112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22181827
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 MAZERS**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

**BASIC FINANCIAL STATEMENTS
June 30, 2024 and 2023**

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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, 2024 and 2023, 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 financial position of the University of Colorado Health and Welfare Trust as of June 30, 2024 and 2023, 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "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 the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 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.

Supplementary Information Required by ERISA (Subjected to Auditing Procedures)

Our audits were conducted for the purpose of forming opinions on the financial statements that collectively comprise the Trust's basic financial statements. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the basic 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 basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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 basic 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 audits were 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 Mazars, LLP

**Denver, Colorado
October 7, 2024**

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, 2024 and 2023

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, 2024 and 2023, with comparative information as of and for the year ended June 30, 2022. Trust management is responsible for the completeness and fairness of this discussion and analysis and for the basic financial statements.

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, 2024 and 2023). 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, 2024 and 2023. 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 Information and 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, 2024 and 2023

FINANCIAL HIGHLIGHTS

Selected financial highlights for the fiscal year ended June 30, 2024 include:

- The Trust ended the year with \$90,775,313 in net position.
- Incurred but not reported claims, as estimated by an outside actuary, amounted to \$41,959,819.
- Total Trust premium additions were \$430,476,520.
- Incurred claims costs were \$386,950,364.
- Claims processing costs were \$21,907,473. Administrative costs were \$3,074,337.

STATEMENTS OF FIDUCIARY NET POSITION

At June 30, 2024, approximately 61% of total assets are held in cash and cash equivalents and noncurrent investments. Another 39% represents short-term receivables. At June 30, 2023, approximately 64% of total assets are held in cash and cash equivalents and noncurrent investments. Another 35% represents short-term receivables. 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. The ratios of total assets to cash and cash equivalents and noncurrent investments and short-term receivables were consistent from 2022 to 2023. The increase in receivables from 2023 to 2024 was due to the timing of the pharmacy rebates being received after year end.

At June 30, 2024, approximately 90% of total liabilities represent the estimate of claims payable. At June 30, 2023, approximately 89% of total liabilities represent the estimate of claims payable. At June 30, 2022, approximately 88% of total liabilities represent the estimate of claims payable. The estimate of incurred but not reported claims amounts have been actuarially determined by an outside party and are included in claims payable. The decrease in claims payable from 2022 to 2023 is a result of the timing of claims payments. The increase in claims payable from 2023 to 2024 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, 2024 and 2023

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, 2024, 2023, and 2022

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Current assets			
Cash and cash equivalents	\$ 49,091,526	\$ 39,271,077	\$ 33,620,412
Receivables	54,107,041	39,171,866	35,054,443
Prepaid expenses	158,318	164,491	146,871
Total current assets	<u>103,356,885</u>	<u>78,607,434</u>	<u>68,821,726</u>
Noncurrent assets			
Investments	34,225,690	32,282,006	26,778,042
IT subscription, net	63,599	132,980	202,361
Total noncurrent assets	<u>34,289,289</u>	<u>32,414,986</u>	<u>26,980,403</u>
Total assets	<u>\$ 137,646,174</u>	<u>\$ 111,022,420</u>	<u>\$ 95,802,129</u>
Current liabilities			
Claims payable	\$ 41,959,819	\$ 37,588,807	\$ 38,226,729
Other current liabilities	4,911,042	4,784,131	5,019,051
Total current liabilities	<u>46,870,861</u>	<u>42,372,938</u>	<u>43,245,780</u>
Noncurrent liabilities	<u>-</u>	<u>55,996</u>	<u>125,573</u>
Total liabilities	46,870,861	42,428,934	43,371,353
Restricted for health and welfare benefits	90,775,313	68,593,486	52,430,776
Total liabilities and net position	<u>\$ 137,646,174</u>	<u>\$ 111,022,420</u>	<u>\$ 95,802,129</u>

STATEMENTS OF CHANGES IN FIDUCIARY NET POSITION

For the years ended June 30, 2024, 2023 and 2022, premium additions for the Trust totaled \$430,476,520, \$399,099,266, and \$375,109,766, respectively.

For the year ended June 30, 2024, incurred claims (including incurred but not paid claims) were \$386,950,364 while claims processing and administrative costs were \$24,981,810. For the year ended June 30, 2023, incurred claims (including incurred but not paid claims) were \$359,059,624 while claims processing and administrative costs were \$24,811,652. 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 \$21,925,860.

The increase in additions from fiscal year 2022 to 2023 was due an increase in both premium contribution amounts and employees. The increase in deductions from fiscal year 2022 to 2023 was a result of an increase in claim utilization, an increase in the cost of care, and an increase in participants. The increase in additions from fiscal year 2023 to 2024 was due to an increase in premiums and an increase in employees. The increase in deductions from fiscal year 2023 to 2024 was a result of an increase in claim utilization and an increase in the cost of care.

As of June 30, 2024, 2023, and 2022, there were approximately 26,000, 25,000, and 24,000 employees and retirees, respectively, participating in the Trust which amounted to approximately 53,000, 52,000, and 50,000 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, 2024 and 2023

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, 2024, 2023, and 2022

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Additions	\$ 435,863,939	\$ 401,529,935	\$ 373,577,653
Deductions	<u>413,682,112</u>	<u>385,367,225</u>	<u>353,240,620</u>
Net increase in fiduciary net position restricted for health and welfare benefits	22,181,827	16,162,710	20,337,033
Net position, beginning of year	<u>68,593,486</u>	<u>52,430,776</u>	<u>32,093,743</u>
Net position, end of year	<u>\$ 90,775,313</u>	<u>\$ 68,593,486</u>	<u>\$ 52,430,776</u>

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, 2024 and 2023

	2024	2023
ASSETS:		
Current assets:		
Cash, noninterest bearing	\$ 1,292	\$ 1,499
Restricted cash - flexible spending accounts	899,570	1,279,225
Cash equivalents	<u>48,190,664</u>	<u>37,990,353</u>
Total cash and cash equivalents	<u>49,091,526</u>	<u>39,271,077</u>
Receivables:		
Premiums, net	35,524,726	32,948,585
Pharmacy rebates	18,310,082	5,985,467
Claims run out	-	30,000
Interest receivable	<u>272,233</u>	<u>207,814</u>
Total receivables	<u>54,107,041</u>	<u>39,171,866</u>
Prepaid expenses	<u>158,318</u>	<u>164,491</u>
Total current assets	<u>103,356,885</u>	<u>78,607,434</u>
Noncurrent assets:		
Investments	34,225,690	32,282,006
IT subscription, net	<u>63,599</u>	<u>132,980</u>
Total noncurrent assets	<u>34,289,289</u>	<u>32,414,986</u>
Total assets	<u>137,646,174</u>	<u>111,022,420</u>
LIABILITIES:		
Current liabilities:		
Claims payable	41,959,819	37,588,807
Accrued liabilities	1,808,566	1,169,619
Accounts payable	2,450,681	2,659,321
Current subscription liability	55,996	69,577
Flexible spending accounts payable	<u>595,799</u>	<u>885,614</u>
Total current liabilities	<u>46,870,861</u>	<u>42,372,938</u>
Noncurrent liabilities:		
Subscription liability, noncurrent	<u>-</u>	<u>55,996</u>
Total liabilities	<u>46,870,861</u>	<u>42,428,934</u>
Total net position restricted for health and welfare benefits	<u>\$ 90,775,313</u>	<u>\$ 68,593,486</u>

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, 2024 and 2023

	2024	2023
ADDITIONS		
Premiums	\$ 430,476,520	\$ 399,099,266
Miscellaneous	-	96,858
Investment earnings	<u>5,387,419</u>	<u>2,333,811</u>
Total additions	<u>435,863,939</u>	<u>401,529,935</u>
DEDUCTIONS		
Incurred claims - net	386,950,364	359,059,624
Claims processing	21,907,473	21,298,914
Administrative	3,074,337	3,512,738
Wellness initiatives	<u>1,749,938</u>	<u>1,495,949</u>
Total deductions	<u>413,682,112</u>	<u>385,367,225</u>
Net increase in fiduciary net position	22,181,827	16,162,710
NET POSITION		
Beginning of year	<u>68,593,486</u>	<u>52,430,776</u>
End of year	<u><u>\$ 90,775,313</u></u>	<u><u>\$ 68,593,486</u></u>

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, 2024 and 2023

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, 2024 and 2023. 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, 2024 and 2023, 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 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, 2024 and 2023

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.

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.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, 2024 and 2023.

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.

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 years 2024 and 2023, rebates totaled \$36,966,866 and \$23,558,412, respectively.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

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

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 two 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, 2024 and 2023, 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 37 days. The Allspring Government Money Market Fund is reported at fair value and as an open-ended mutual fund, is not exposed to custodial credit risk.

At June 30, 2024 and 2023, 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 2.6 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. At June 30, 2024 and 2023, 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, 2024 and 2023, 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, 2024 and 2023, the Trust believes the interest rate risk is minimal.

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, 2024 and 2023, the Trust's investments consist of a single short-term duration bond fund.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

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, 2024				
Cash equivalents				
Money Market Fund	\$ 48,190,664	\$ 48,190,664	\$ -	\$ -
Investments				
Mutual Fund	\$ 34,225,690	\$ 34,225,690	\$ -	\$ -
At June 30, 2023				
Cash equivalents				
Money Market Fund	\$ 37,990,353	\$ 37,990,353	\$ -	\$ -
Investments				
Mutual Fund	\$ 32,282,006	\$ 32,282,006	\$ -	\$ -

NOTE 5 - CLAIMS PAYABLE

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.

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 5 - CLAIMS PAYABLE (CONTINUED)

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 claims runout at June 30, 2023 totaled \$30,000 as a result of adverse claims experience during the year ended June 30, 2020 from a member that terminated.

The following represents changes in the claims payable liability during the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Claims payable, beginning of year	\$ 37,588,807	\$ 38,226,729
Provision for claims costs		
Provision for covered events of the current year	385,827,417	357,818,378
Increase in provisions for covered events of prior years	<u>1,122,947</u>	<u>1,241,246</u>
Total provision for claims costs	<u>386,950,364</u>	<u>359,059,624</u>
Payments		
Claims costs attributable to covered events of the current year	344,363,108	320,555,992
Claims costs attributable to covered events of prior years	<u>38,216,244</u>	<u>39,141,554</u>
Total payments	<u>382,579,352</u>	<u>359,697,546</u>
Claims payable, end of year	<u>\$ 41,959,819</u>	<u>\$ 37,588,807</u>

UNIVERSITY OF COLORADO HEALTH AND WELFARE TRUST
A COMPONENT UNIT OF THE UNIVERSITY OF COLORADO
NOTES TO FINANCIAL STATEMENTS
June 30, 2024 and 2023

NOTE 6 - IT SUBSCRIPTION

The Trust has a subscription based information technology arrangement with a company that holds the data warehouse and provides data analytics that started June 2021 and will end in May 2025. The IT subscription asset totaled \$277,524 for years ended June 30 2024 and 2023 and accumulated amortization totaled \$213,925 and \$144,544 for years ended June 30, 2024 and 2023, respectively. The corresponding subscription liability was originally recorded at \$277,524, with a balance at June 30, 2024 and 2023 of \$55,996 and \$125,573, respectively. Future principal and interest payments for year ending June 30, 2025 are \$55,996 and \$143, respectively.

NOTE 7 - RELATED PARTY TRANSACTIONS

The University provides certain accounting and administrative services to the Trust for which fees are charged at cost, \$2,216,867 and \$1,449,000 for the years ended June 30, 2024 and 2023, respectively. The Trust's cash and investments are maintained in wholly separate accounts.

NOTE 8 - 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 9 - 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, 2024

	2015	2016	2017	2018	2019
1) Net earned required contribution and investment earnings	\$ 316,481,456	\$ 365,546,362	\$ 402,990,316	\$ 471,944,505	\$ 524,319,587
2) Unallocated claims adjustment costs and reported other costs	26,995,891	28,689,606	28,396,292	31,406,145	31,761,681
3) Estimated incurred claims as of end of report year and allocated claim adjustment costs	285,422,019	324,928,970	364,311,674	429,744,903	490,876,600
4) Net paid (cumulative) claims as of					
End of incurred year	261,646,107	293,611,962	362,890,120	387,623,927	437,548,938
One year later	290,252,967	328,062,766	363,020,197	432,077,791	487,666,814
Two years later	290,048,207	327,923,421	365,799,156	429,643,216	486,945,060
Three years later	290,040,253	328,421,994	365,110,916	429,637,197	486,724,022
Four years later	290,040,253	328,221,155	365,073,298	429,361,467	486,724,022
Five years later	290,178,405	328,221,155	365,049,022	429,361,467	486,724,022
Six years later	290,178,405	328,221,155	365,049,022	429,361,467	-
Seven years later	290,178,405	328,221,155	365,049,022	-	-
Eight years later	290,178,405	328,221,155	-	-	-
Nine years later	290,178,405	-	-	-	-
5) Reestimated incurred claims					
End of incurred year	285,422,019	324,928,970	364,311,674	429,744,903	490,876,600
One year later	290,252,967	327,866,104	364,441,751	432,077,791	487,666,814
Two years later	290,048,207	327,976,541	365,799,156	429,643,216	486,945,060
Three years later	290,040,253	328,421,994	365,110,916	429,637,197	486,724,022
Four years later	290,040,253	328,221,155	365,073,298	429,361,467	486,724,022
Five years later	290,178,405	328,221,155	365,049,022	429,361,467	486,724,022
Six years later	290,178,405	328,221,155	365,049,022	429,361,467	-
Seven years later	290,178,405	328,221,155	365,049,022	-	-
Eight years later	290,178,405	328,221,155	-	-	-
Nine years later	290,178,405	-	-	-	-
6) Increase (decrease) in estimated incurred claims (5 less 3)	4,756,386	3,292,185	737,348	(383,436)	(4,152,578)
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, 2024

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
1) Net earned required contribution and investment earnings	\$ 561,714,589	\$ 284,935,640	\$ 373,577,653	\$ 401,529,935	\$ 435,863,939
2) Unallocated claims adjustment costs and reported other costs	31,682,058	23,872,371	23,390,577	26,307,601	26,731,748
3) Estimated incurred claims as of end of report year and allocated claim adjustment costs	514,203,848	292,860,531	323,743,701	357,818,378	385,827,417
4) Net paid (cumulative) claims as of					
End of incurred year	456,724,222	262,925,767	286,392,661	320,555,992	344,363,108
One year later	510,020,262	296,370,448	324,361,199	352,230,133	-
Two years later	512,259,959	297,129,781	325,614,955	-	-
Three years later	512,673,642	297,325,393	-	-	-
Four years later	512,673,642	-	-	-	-
Five years later	-	-	-	-	-
Six years later	-	-	-	-	-
Seven years later	-	-	-	-	-
Eight years later	-	-	-	-	-
Nine years later	-	-	-	-	-
5) Reestimated incurred claims					
End of incurred year	514,203,848	292,860,531	323,743,701	357,818,378	385,827,417
One year later	510,020,262	297,246,137	324,687,620	352,725,643	-
Two years later	512,259,959	297,129,781	325,614,955	-	-
Three years later	512,673,642	297,325,393	-	-	-
Four years later	512,673,642	-	-	-	-
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)	(1,530,206)	4,464,862	1,871,254	(5,092,735)	-
7) Net claim reserve (5 less 4)	-	-	-	495,510	41,464,309

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, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost	(e) Current Value
	Allspring: Government	Money Market Fund	\$ 48,190,664	\$ 48,190,664
	Vanguard: Vanguard Admiral Fund Short Duration Bond Fund	Defensive Fixed-Income Mutual Fund	35,790,477	34,225,690
	Total		<u>\$ 83,981,141</u>	<u>\$ 82,416,354</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, 2024

(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:						
Vanguard	Vanguard Admiral Fund Short Duration Bond Fund	\$ 1,221,821	\$ -	\$ 1,221,821	\$ 1,221,821	\$ -
Allspring	Government Money Market Fund	\$ 425,690,760	\$ -	\$ 425,690,760	\$ 425,690,760	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 415,490,448	\$ 415,490,448	\$ 415,490,448	\$ -

There were no Category (i), (ii) or (iv) reportable transactions during the year ended June 30, 2024.
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, 2024

(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	\$ 48,190,664	\$ 48,190,664
	Vanguard: Vanguard Admiral Fund Short Duration Bond Fund	Defensive Fixed-Income Mutual Fund	35,790,477	34,225,690
	Total		<u>\$ 83,981,141</u>	<u>\$ 82,416,354</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, 2024

(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:						
Vanguard	Vanguard Admiral Fund Short Duration Bond Fund	\$ 1,221,821	\$ -	\$ 1,221,821	\$ 1,221,821	\$ -
Allspring	Government Money Market Fund	\$ 425,690,760	\$ -	\$ 425,690,760	\$ 425,690,760	\$ -
Allspring	Government Money Market Fund	\$ -	\$ 415,490,448	\$ 415,490,448	\$ 415,490,448	\$ -

There were no Category (i), (ii) or (iv) reportable transactions during the year ended June 30, 2024. Columns (e) and (f) have not been presented, as this information is not applicable.

**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	97.83%
University Physicians Inc.	74-2161737	2.17%