

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

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

☒ a single-employer plan ☐ a DFE (specify) _____

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

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

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

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

☐ special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information		
1a Name of plan <u>CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CREDIT UNION OF COLORADO</u> <u>1390 LOGAN STREET</u> <u>DENVER, CO 80203</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	1c Effective date of plan <u>07/01/1969</u>	
	2b Employer Identification Number (EIN) <u>84-0174408</u>	2c Plan Sponsor's telephone number <u>303-832-4816</u>	
	2d Business code (see instructions) <u>522130</u>		

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.	10/12/2022	KAMELA PANCROFT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	616
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	380
a(2) Total number of active participants at the end of the plan year		6a(2)	379
b Retired or separated participants receiving benefits.....		6b	59
c Other retired or separated participants entitled to future benefits		6c	209
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	647
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	647
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	646
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	60
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION OF COLORADO	D Employer Identification Number (EIN) 84-0174408

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95049-03	46	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	4714312
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 4950014

c	Additions: (1) Contributions deposited during the year	7c(1)	66425	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	106216	
	(4) Transferred from separate account.....	7c(4)	89828	
	(5) Other (specify below)	7c(5)	8921	

▶ **LOAN PAYMENTS**

(6) Total additions **7c(6)** 271390

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5221404

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	380797	
(2) Administration charge made by carrier.....	7e(2)	832	
(3) Transferred to separate account.....	7e(3)	125463	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions **7e(5)** 507092

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4714312

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION OF COLORADO	D Employer Identification Number (EIN) 84-0174408	

Part I	Service Provider Information (see instructions)
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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)

GREAT WEST LIFE AND ANNUITY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	32780	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	10386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
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(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CREDIT UNION OF COLORADO</u>	D Employer Identification Number (EIN) <u>84-0174408</u>	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	667515	736344
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	42221087	48816448
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4950014	4714312
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	47838616	54267104

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47838616	54267104
---	-----------	----------	----------

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)	1831778	
(B) Participants	2a(1)(B)	1790233	
(C) Others (including rollovers).....	2a(1)(C)	247537	
(2) Noncash contributions.....	2a(2)	0	3869548
(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)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	33580	
(F) Other	2b(1)(F)	106284	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		139864
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	4183337
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4183337	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4183337
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	0
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2272390
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10465139
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3950971	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3950971
f Corrective distributions (see instructions).....	2f		7300
g Certain deemed distributions of participant loans (see instructions).....	2g		35214
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	32780	
(3) Investment advisory and management fees.....	2i(3)	10386	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		43166
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4036651
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6428488
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: HOLBEN, HAY, LAKE, BALZER CPAS

(2) EIN: 84-1474365

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		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.)			
4c		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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
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	
4f		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?			
4g		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?			
4h		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		
4i	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.)			
4j		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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CREDIT UNION OF COLORADO	D Employer Identification Number (EIN) 84-0174408

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN
FINANCIAL REPORT
DECEMBER 31, 2021

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Credit Union of Colorado 401(k) Retirement Plan

Opinion

We have audited the financial statements of Credit Union of Colorado 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for Plan benefits as of December 31, 2021 and 2020, the related statement of changes in net assets available for Plan benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at Year End) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Board of Trustees
Credit Union of Colorado 401(k) Retirement Plan
Page Three

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Singer Lewak LLP

September 22, 2022

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31,

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 48,750,025	\$ 42,121,436
Money market funds	12,926	16,563
Fixed annuity	<u>306,546</u>	<u>305,431</u>
Total investments, at fair value	<u>49,069,497</u>	<u>42,443,430</u>
Investments, at contract value		
Fixed annuities	<u>4,407,767</u>	<u>4,644,583</u>
Total investments	<u>53,477,264</u>	<u>47,088,013</u>
Receivables		
Notes receivable from participants	<u>777,880</u>	<u>677,664</u>
Net assets available for Plan benefits	<u>\$ 54,255,144</u>	<u>\$ 47,765,677</u>

See notes to the financial statements.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2021

Additions to net assets attributed to

Investment income:

Net appreciation in fair value of investments	\$ 2,237,122
Dividend and interest income	<u>4,289,541</u>

Total investment income	<u>6,526,663</u>
-------------------------	------------------

Interest income on notes receivable from participants	<u>34,039</u>
---	---------------

Contributions:

Participant	1,790,233
Employer	2,081,929
Rollovers	<u>247,970</u>

Total contributions	<u>4,120,132</u>
---------------------	------------------

Total additions	<u>10,680,834</u>
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Deductions from net assets attributed to

Benefits paid to participants	4,183,676
Administrative expenses net of revenue sharing allocation	<u>7,691</u>

Total deductions	<u>4,191,367</u>
------------------	------------------

Net increase in net assets	6,489,467
-----------------------------------	------------------

Net assets available for Plan benefits, beginning of year	<u>47,765,677</u>
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Net assets available for Plan benefits, end of year	<u>\$ 54,255,144</u>
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CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Credit Union of Colorado 401(k) Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Credit Union of Colorado 401(k) Retirement Plan is a defined contribution plan, formed July 1, 1969, to provide benefits to eligible employees of the Credit Union of Colorado (the “Credit Union”) as defined in the Plan document. The Plan is currently designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration

The Board of Trustees is responsible for the oversight of the Plan. The Board of Trustees also determines the appropriateness of the Plan’s investment offerings and monitors investment performance. The Credit Union has appointed a Plan administrator to manage the operation and administration of the Plan. The Credit Union has contracted with Great West Life and Annuity Company to act as the custodian and third-party administrator affiliated with the Plan to process and maintain the records of participant data.

Eligibility

To be eligible to participate in the Plan, an employee has to be at least eighteen years of age. “Peak Time” and off-duty police officers are excluded from being eligible to participate in the Plan.

Participants’ Contributions

Each year participants may contribute from 1% to 100% of pretax annual compensation, as defined in the Plan up to the maximum amount allowed by the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows for Roth 401(k) deferrals. Also, employees may elect to contribute additional amounts up to ten percent (10%) of their compensation, on an after-tax basis (non-Roth). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Participants who have the Company contribute a portion of their compensation to the Plan agree to accept an equivalent reduction in taxable compensation.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in a designated fund until changed by the participant.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Employer Contributions

The Credit Union matches 50% of the employee's elective deferral up to 5% of compensation.

The Credit Union may also make discretionary non-elective contributions to the Plan. Annual non-elective contributions made by the Plan Sponsor were 5% of compensation for the year ended December 31, 2021.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, rollovers from qualified plans of the participant's previous employers, and allocations of the Plan's earnings and administrative expenses. Each participant's account is credited with the participant's contribution and the employer's contribution. Plan earnings are allocated based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options

Participants must direct their salary deferral contributions to selected investments, as made available and determined by the Board of Trustees. Participants may change their investment options at any time throughout the year via the Great West Life and Annuity Company Empower website.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Credit Union's matching and additional non-elective contributions plus actual earnings thereon is based on years of continuous service.

A participant is fully vested after five years of credited service. Participants are also fully vested in all Credit Union contributions plus actual earnings thereon if they are employees upon their normal retirement age, they reach early retirement age, they die while an employee, or they terminate employment with the Credit Union due to a total and permanent disability as defined in the Plan.

Matching and additional contributions vest as follows:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Fewer than 2	0%
2 or more but fewer than 3	25%
3 or more but fewer than 4	50%
4 or more but fewer than 5	75%
5 or more	100%

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by the highest outstanding loan balance during the year before the loan date or 50 percent of the participant's vested account balance. The number of loans a participant may have outstanding at one time is two. Loan terms range from 1-5 years for general purpose loans or 6-15 years for principal residence loans. The loans are secured by the balance in the participant's accounts. Rates are based on a formula of the U.S. Prime Rate plus one percent and are reset upon changes to the U.S. Prime Rate. Principal and interest is paid ratably over the term of the loan through bi-weekly payroll deductions. At termination of employment, any outstanding balance is due. If any amount remains unpaid, the loan shall be considered in default and the amount of the outstanding loan will be treated as a distribution. As of December 31, 2021, outstanding loans bore interest ranging from 4.25% to 6.50% and mature through 2031. As of December 31, 2020, outstanding loans bore interest ranging from 4.25% to 6.50%.

Forfeited Accounts

Forfeited balances of terminated participants' nonvested accounts are used to restore previous forfeitures pursuant to the Plan requirements, to make qualified non-elective contributions, to pay Plan expenses or to reduce Credit Union contributions to the Plan. Any balance in the forfeiture account as of December 31 is carried over to the next year. At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$53,496 and \$83,088, respectively. For the year ended December 31, 2021, \$250,584 of forfeitures were used to reduce Credit Union contributions.

Plan Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Credit Union. Expenses paid by the Credit Union are excluded from these financial statements. Fees related to the administration of notes receivable and managed account fees from participants are charged directly to the participant's account and are included in administrative expenses.

Each participants' account is charged a \$32 annual fee. Additionally, the recordkeeper agreed to credit participants with balances in revenue-paying funds a share of revenue earned equal to the funds' revenue rate multiplied by the participant's average daily balance in the fund.

Administrative expenses consisted of the following for the year ended December 31, 2021:

Recordkeeping	\$ 43,027
Revenue sharing	<u>(35,336)</u>
Balance, end of year	<u>\$ 7,691</u>

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payments of Benefits

The entire vested interest of a participant becomes payable upon death, retirement or total and permanent disability and can be received in a lump sum or installments within certain limitations. For termination of service due to other reasons, a participant may receive the value of the vested interest in his/her account as a lump-sum distribution or as an annuity as outlined in the Plan document.

The Plan allows for an automatic distribution of participants' account balances that do not exceed \$5,000.

Financial Hardship Distributions

The Plan allows hardship withdrawals in accordance with Internal Revenue Service (IRS) regulations. Among other things, the withdrawal must be necessary in light of immediate and heavy financial needs of the participant and is limited to certain purposes.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value unless reported at contract value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. See Note 4 for discussion of investments measured at contract value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on a trade-date basis. Net appreciation includes the Plan's gains and losses on investment bought and sold as well as held during the year.

Management fees charged to the Plan for investments are based on assets invested and are deducted on a daily basis. Management fees are reflected as a reduction of investment return for such investments.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Uncertain Tax Positions

U.S. GAAP requires the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS or the DOL. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or asset, or disclosure, in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Subsequent Events

The Plan has evaluated subsequent events through September 22, 2022, the date the financial statements were made available to be issued and has determined that there are no subsequent events that require disclosure.

NOTE 3 – FAIR VALUE MEASUREMENT

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

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

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 – FAIR VALUE MEASUREMENT (Continued)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Registered investment companies/mutual funds:

Valued at the daily closing price as reported by the fund. Registered investment companies/mutual funds held by the Plan are open-end funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies/mutual funds held by the Plan are deemed to be actively traded.

Fixed Annuity:

Valued at the formula outlined in the Plan's contract with the insurance company.

Money Market Funds:

Valued at cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 – FAIR VALUE MEASUREMENT (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$48,750,025	\$ -	\$ -	\$48,750,025
Money market fund	12,926	-	-	12,926
Fixed annuity	-	306,546	-	306,546
Total investments	\$48,762,951	\$ 306,546	\$ -	\$49,069,497

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$42,121,436	\$ -	\$ -	\$42,121,436
Money market fund	16,563	-	-	16,563
Fixed annuity	-	305,431	-	305,431
Total investments	\$42,137,999	\$ 305,431	\$ -	\$42,443,430

NOTE 4 – FIXED ANNUITY CONTRACTS

Great West Certificate Fund

The Plan has entered into a non-benefit responsive annuity contract with Great West Life & Annuity Insurance Company (GWLA) in the form of the Great West Certificate Fund. Because the fund is non-benefit responsive, the investment is reported at fair value. At December 31, 2021 and 2020, the fair value and contract value of the fund were the same.

The maturities of the underlying certificates in the fund range from March 31, 2022 to December 31, 2028. The rates offered as of December 31, 2021 and 2020 were as follows: 0.05% for a 36 month certificate, 0.05% for a 60 month certificate and 0.05% for an 84 month certificate.

There are no unfunded commitments associated with the fund. Participants may transfer money into the fund at any time. Transfers out can only be made upon certificate maturity.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – FIXED ANNUITY CONTRACTS (Continued)

Great West Guaranteed Fixed Fund and Great West Guaranteed Interest Fund

The Plan has entered into fully benefit-responsive deposit annuity contracts with GWLA. The Great West Guaranteed Fixed Fund and the Great West Guaranteed Interest Fund are benefit-responsive investment contracts with GWLA. GWLA maintains the contributions in a general account. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. GWLA is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rates are based on a formula agreed-upon with GWLA. Such interest rates are reset quarterly. The interest rate for the Great West Guaranteed Fixed Fund was 3.50% at December 31, 2021 and 2020. The interest rate for the Great West Guaranteed Interest Fund was 1.15% at December 31, 2021 and 1.55% at December 31, 2020.

The contracts meet the fully benefit-responsive contract criteria and therefore are reported at contract value. Contract value is the permitted measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Great West and Annuity Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no unfunded commitments for either fund. For the Great West Guaranteed Fixed Fund, participants will always be able to transfer at least 20% of the prior year-end balance. For the Great West Guaranteed Interest Fund, the fund reserves the right to restrict transfers for 30 days.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with GWLA. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that would also limit the ability of the Plan to transact at contract value with the participants.

The deposit annuity contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Notes receivable from participants qualify as party-in-interest. Additionally, certain Plan investments are managed by Great West Life and Annuity Insurance Company. Great West Life and Annuity Insurance Company is the custodian and third-party administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan sponsor pays directly any other fees related to the Plan's operations. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

NOTE 6 – PLAN TERMINATION

The Credit Union intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time, by resolution of its board of directors, and is subject to the provisions of ERISA. Upon termination of the Plan, further contributions to the Plan shall cease, and all participants who are affected by such termination shall become 100% vested. Net assets available for benefits would be distributed to the participants based on each participant's interest in the Plan.

NOTE 7 – FORM 5500 RECONCILIATION

The following is a reconciliation of net assets available for plan benefits and statement of changes in net assets available for benefits, per the financial statements to the Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	\$ 54,255,144	\$ 47,765,677
Deemed distributed loans, December 31, 2021	(41,536)	-
Deemed distributed loans, December 31, 2020	-	(10,149)
Forfeiture account balance held separate from Plan assets	53,496	83,088
Net assets per the Form 5500	\$ 54,267,104	\$ 47,838,616
Net changes in net assets available for benefits per the financial statements	\$ 6,489,467	
Decrease in forfeiture account balance	(29,592)	
Deemed distributed loans, December 31, 2021	(41,536)	
Deemed distributed loans, December 31, 2020	10,149	
Net income per Form 5500	\$ 6,428,488	

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8 – TAX STATUS

The Plan has adopted a volume submitter plan, sponsored by Great West Life and Annuity Insurance Company. The volume submitter plan has received an opinion letter from the IRS as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan has been amended since the volume submitter plan received the opinion letter. The Plan administrator believes the Plan is designed, and is being operated, in compliance with the applicable provisions of the IRC.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the risk associated with certain investments securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits, and the statement of changes in net assets available for benefits.

SUPPLEMENTAL INFORMATION

CREDIT UNION OF COLORADO 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

Plan Sponsor EIN 84-0174408
Plan #001

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, or par or maturity value	Cost	Current value
	Vanguard Total International Stock Index Fund Admiral	Registered investment company	**	\$ 1,350,241
	Brown Advisory Small Cap Growth Institutional Fund	Registered investment company	**	1,730,046
	Diamond Hill Small Cap Y Fund	Registered investment company	**	888,566
	Fidelity Total Market Index Fund	Registered investment company	**	6,216,577
*	Great West Aggressive Profile Institutional Fund	Registered investment company	**	1,660,925
*	Great West Conservative Profile Institutional Fund	Registered investment company	**	903,980
*	Great West Government Money Market Inst	Money market fund	**	12,926
*	Great West Moderately Aggressive Profile Institutional Fund	Registered investment company	**	2,810,977
*	Great West Moderately Conservative Profile Institutional Fund	Registered investment company	**	304,248
*	Great West Moderate Profile Institutional Fund	Registered investment company	**	3,426,894
*	Great West T. Rowe Price Mid Cap Growth Institutional Fund	Registered investment company	**	2,481,185
	J Hancock Disciplined Value Mid Cap R6 Fund	Registered investment company	**	964,074
	JPMorgan Smart Retirement 2020 R5 Fund	Registered investment company	**	1,328,319
	JPMorgan Smart Retirement 2025 R5 Fund	Registered investment company	**	1,113,806
	JPMorgan Smart Retirement 2030 R5 Fund	Registered investment company	**	962,665
	JPMorgan Smart Retirement 2035 R5 Fund	Registered investment company	**	928,015
	JPMorgan Smart Retirement 2040 R5 Fund	Registered investment company	**	728,369
	JPMorgan Smart Retirement 2045 R5 Fund	Registered investment company	**	2,021,419
	JPMorgan Smart Retirement 2050 R5 Fund	Registered investment company	**	1,330,954
	JPMorgan Smart Retirement 2055 R5 Fund	Registered investment company	**	1,876,966
	JPMorgan Smart Retirement 2060 R5 Fund	Registered investment company	**	718,919
	JPMorgan Smart Retirement Income R5 Fund	Registered investment company	**	43,200
	Mainstay Winslow Large Cap Growth Fund I	Registered investment company	**	4,188,840
	Metropolitan West Total Return Bond Fund I	Registered investment company	**	3,068,782
	MFS International Intrinsic Value R4 Fund	Registered investment company	**	2,144,060
	MFS Value R6 Fund	Registered investment company	**	2,726,888
	Invesco Oppenheimer Global	Registered investment company	**	1,847,717
	Vanguard Total Bond Market Index Admiral	Registered investment company	**	983,393
*	Great West Guaranteed Certificate Fund	Fixed annuity	**	306,546
*	Great West Guaranteed Fixed Fund	Fixed annuity	**	2,228,630
*	Guaranteed Interest Fund	Fixed annuity	**	2,179,137
*	Participant loans	Interest rates of 4.25% to 6.50% maturing through 2031	**	777,880
Total				<u>\$ 54,255,144</u>

* Denotes party in interest

**Information is not required, as the investments are participant directed.

See Independent Auditor's Report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 00:08:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MXITX			3,032,111.04	3,426,893.85
1MXHRX			2,592,614.04	2,810,976.72
1MXJUX			280,173.85	304,247.67
1MXGTX			1,423,316.52	1,660,925.09
1MXKVX			838,954.71	903,980.06
1JSIIX			46,289.75	43,200.40
1JTTIX			1,402,848.44	1,328,318.71
1JNSIX			1,110,759.87	1,113,806.56
1JSMIX			933,006.95	962,664.87
1SRJIX			960,998.28	928,014.73
1SMTIX			695,646.30	728,369.22
1JSAIX			1,910,379.90	2,021,419.47
1JTSIX			1,245,868.12	1,330,953.55
1JFFIX			1,671,138.27	1,876,966.24
1JAKIX			655,936.84	718,919.11
1MINHX			1,630,235.90	2,144,059.56
1OGLYX			1,460,672.05	1,847,716.87
1VTIAX			1,347,033.87	1,350,240.66
1BAFSX			1,419,694.98	1,730,046.18
1DHSYX			837,331.48	888,565.79
1MXYKX			2,581,127.02	2,481,185.43
1JVMRX			779,173.04	964,074.37
1FSKAX			4,002,165.76	6,216,577.40
1MLAIX			3,455,212.99	4,188,840.19
1MEIKX			1,972,034.05	2,726,887.56
1MWTIX			3,078,800.71	3,068,781.70
1VBTLX			970,920.10	983,392.92
1GCF 36	31-MAR-2022	1.400	1,228.50	1,276.39
1GCF 36	31-MAR-2022	1.600	765.50	800.82
1GCF 36	30-JUN-2022	1.400	654.69	678.89
1GCF 36	30-JUN-2022	1.200	1,114.22	1,147.97
1GCF 36	30-SEP-2022	.500	1,163.01	1,176.14
1GCF 36	30-SEP-2022	1.200	665.18	684.16
1GCF 36	31-DEC-2022	.300	1,161.07	1,168.04
1GCF 36	31-DEC-2022	.500	674.17	681.30
1GCF 36	31-MAR-2023	.300	798.73	803.17
1GCF 36	31-MAR-2023	.050	1,175.38	1,176.41
1GCF 36	30-JUN-2023	.050	16,591.09	16,603.59
1GCF 36	30-SEP-2023	.050	2,283.44	2,284.90
1GCF 36	31-DEC-2023	.050	2,348.28	2,349.51
1GCF 36	31-MAR-2024	.050	3,207.93	3,209.22
1GCF 36	30-JUN-2024	.050	1,888.38	1,888.87
1GCF 36	30-SEP-2024	.050	14,953.68	14,955.56
1GCF 36	31-DEC-2024	.050	1,888.08	1,888.08
1GCF 60	31-MAR-2022	1.000	604.22	634.33
1GCF 60	31-MAR-2022	1.200	2,061.39	2,181.64
1GCF 60	30-JUN-2022	1.200	1,008.11	1,065.45
1GCF 60	30-JUN-2022	.700	1,911.04	1,972.04
1GCF 60	30-SEP-2022	.500	2,001.11	2,043.93
1GCF 60	30-SEP-2022	.700	799.87	824.58
1GCF 60	31-DEC-2022	.500	805.68	822.36

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 00:08:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IGCF 60	31-DEC-2022	.900	2,038.61	2,112.89
IGCF 60	31-MAR-2023	1.500	1,771.13	1,872.77
IGCF 60	31-MAR-2023	.900	811.43	839.97
IGCF 60	30-JUN-2023	1.700	11,588.94	12,292.99
IGCF 60	30-JUN-2023	1.500	666.44	703.49
IGCF 60	30-SEP-2023	1.700	117,958.78	124,713.49
IGCF 60	31-DEC-2023	1.700	3,223.89	3,391.14
IGCF 60	31-MAR-2024	1.500	3,197.24	3,330.91
IGCF 60	30-JUN-2024	1.300	3,230.86	3,336.95
IGCF 60	30-SEP-2024	.600	3,241.15	3,285.12
IGCF 60	31-DEC-2024	.500	2,719.93	2,747.20
IGCF 60	31-MAR-2025	.050	2,637.05	2,639.36
IGCF 60	30-JUN-2025	.050	2,189.04	2,190.69
IGCF 60	30-SEP-2025	.050	2,478.12	2,479.67
IGCF 60	31-DEC-2025	.050	2,682.41	2,683.75
IGCF 60	31-MAR-2026	.050	2,338.20	2,339.08
IGCF 60	30-JUN-2026	.050	2,270.99	2,271.56
IGCF 60	30-SEP-2026	.050	2,387.47	2,387.77
IGCF 60	31-DEC-2026	.050	2,197.65	2,197.65
IGCF 84	31-MAR-2022	1.000	670.03	717.29
IGCF 84	30-JUN-2022	1.000	27,615.58	29,461.91
IGCF 84	30-JUN-2022	.800	615.31	648.61
IGCF 84	30-SEP-2022	1.000	529.67	565.28
IGCF 84	30-SEP-2022	.800	401.81	422.34
IGCF 84	31-DEC-2022	1.000	396.93	421.35
IGCF 84	31-DEC-2022	.800	408.58	428.93
IGCF 84	31-MAR-2023	1.000	912.07	966.23
IGCF 84	30-JUN-2023	1.000	464.53	491.33
IGCF 84	30-JUN-2023	.700	355.28	369.19
IGCF 84	30-SEP-2023	.700	424.30	440.46
IGCF 84	30-SEP-2023	.500	393.01	403.44
IGCF 84	31-DEC-2023	.500	372.59	382.21
IGCF 84	31-DEC-2023	1.200	348.76	370.20
IGCF 84	31-MAR-2024	1.200	336.40	356.57
IGCF 84	31-MAR-2024	1.300	410.77	436.78
IGCF 84	30-JUN-2024	1.300	737.84	783.45
IGCF 84	30-JUN-2024	.800	289.44	300.01
IGCF 84	30-SEP-2024	.800	570.37	590.53
IGCF 84	30-SEP-2024	.600	386.29	396.22
IGCF 84	31-DEC-2024	.600	576.44	590.76
IGCF 84	31-DEC-2024	1.000	404.65	421.05
IGCF 84	31-MAR-2025	1.600	375.49	398.51
IGCF 84	31-MAR-2025	1.000	755.17	784.56
IGCF 84	30-JUN-2025	1.800	497.12	529.13
IGCF 84	30-JUN-2025	1.600	601.37	636.83
IGCF 84	30-SEP-2025	1.800	1,571.34	1,666.70
IGCF 84	31-DEC-2025	1.800	2,273.28	2,399.63
IGCF 84	31-MAR-2026	1.600	5,015.53	5,239.54
IGCF 84	31-MAR-2026	1.800	762.02	801.63
IGCF 84	30-JUN-2026	1.600	659.42	687.32
IGCF 84	30-JUN-2026	1.400	893.54	925.17
IGCF 84	30-SEP-2026	.700	858.73	872.33

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 00:08:01

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1GCF 84	30-SEP-2026	1.400	660.35	682.36
1GCF 84	31-DEC-2026	.700	679.03	689.08
1GCF 84	31-DEC-2026	.600	876.75	887.30
1GCF 84	31-MAR-2027	.050	858.13	858.89
1GCF 84	31-MAR-2027	.600	800.75	809.64
1GCF 84	30-JUN-2027	.450	1,242.97	1,251.39
1GCF 84	30-JUN-2027	.050	610.98	611.48
1GCF 84	30-SEP-2027	.050	1,097.11	1,097.79
1GCF 84	30-SEP-2027	.450	619.85	623.65
1GCF 84	31-DEC-2027	.050	1,307.59	1,308.28
1GCF 84	31-MAR-2028	.050	1,443.25	1,443.89
1GCF 84	30-JUN-2028	.050	405.35	405.45
1GCF 84	30-SEP-2028	.050	393.33	393.38
1GCF 84	31-DEC-2028	.050	443.79	443.79
1GTDFIX		3.500	1,532,436.78	2,228,629.51
1GIFGFF		1.150	2,063,510.64	2,179,137.25
1MXGXX			12,926.48	12,926.48
			46,238,023.70	53,477,263.78
PARTICIPANT LOANS	VARIOUS	4.250-6.500	735,633.36	736,343.51
FORFEITURES			53,496.20	53,496.20

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Credit Union of Colorado 401(k) Retirement Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 00:08:01

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

INVESTMENT OPTION:

1MXITX	Great-West Mod Profile Fund Inst	1MXHRX	Great-West Mod Agg Profile Fund Inst
1MXJUX	Great-West Mod Con Profile Fund Inst	1MXGTX	Great-West Agg Profile Fund Inst
1MXKVX	Great-West Con Profile Fund Inst	1JSIIX	JPMorgan SmartRetirement Income R5
1JTTIX	JPMorgan SmartRetirement 2020 R5	1JNSIX	JPMorgan SmartRetirement 2025 R5
1JSMIX	JPMorgan SmartRetirement 2030 R5	1SRJIX	JPMorgan SmartRetirement 2035 R5
1SMTIX	JPMorgan SmartRetirement 2040 R5	1JSAIX	JPMorgan SmartRetirement 2045 R5
1JTSIX	JPMorgan SmartRetirement 2050 R5	1JFFIX	JPMorgan SmartRetirement 2055 R5
1JAKIX	JPMorgan SmartRetirement 2060 R5	1MINHX	MFS International Intrinsic Value R4
1OGLYX	Invesco Global Y	1VTIAX	Vanguard Total Intl Stock Index Admiral
1BAFSX	Brown Advisory Small Cap Growth Inst	1DHSYX	Diamond Hill Small Cap Y
1MXYKX	Great-West T.Rowe Price Mid Cap Gr Inst	1JVMRX	JHancock Disciplined Value Mid Cap R6
1FSKAX	Fidelity Total Market Index	1MLAIX	Mainstay Winslow Large Cap Growth I
1MEIKX	MFS Value R6	1MWTIX	Metropolitan West Total Return Bond I
1VBTIX	Vanguard Total Bond Market Index Adm	1GCF 36	Great-West Guaranteed Certificate Fund
1GCF 60	Great-West Guaranteed Certificate Fund	1GCF 84	Great-West Guaranteed Certificate Fund
1GTDFIX	Great-West Guaranteed Fixed Fund	1GIFGFF	Guaranteed Interest Fund
1MXGXX	Great-West Government Money Market Inst		

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

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